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De facto state normalisation in a time of crisis:

An analysis of Transnistria's management of the COVID-19 pandemic

MA thesis

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Author's Declaration

I have written this Master's thesis independently. All viewpoints of other authors, literary sources and data from elsewhere used for writing this paper have been referenced.

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Abstract

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The COVID-19 pandemic has thrown the world into a global public health crisis unlike anything experienced this century, throwing people's lives and the international system into chaos. At this time, we do not have a complete understanding of the influence this pandemic may have had on international relations; nevertheless, it is interesting and important to begin analysing immediate changes. Thus, this thesis aims to take this context of the COVID-19 pandemic and apply it to an underrepresented political entity: the de facto state. The de facto state experience is already unique due to non-recognition and relative segregation from the international community; pairing this with the pandemic provides a compelling research opportunity for analysing the intersection of capacity to act vs. dependence and international engagement vs. isolation. Along these lines, this thesis proposes that the circumstances of crisis allow for altering the level of 'normalisation' of the de facto state in the international system. Through demonstrating capacity/incapacity and engagement/isolation de facto state authorities may be able to alter their perception from the international community.

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1 Introduction: COVID-19 and Transnistria

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The novel coronavirus (COVID-19) rapidly spread across countries in 2020, triggering an unprecedented global health crisis of the modern age. Globalization and interconnectedness allowed this virus to quickly develop into a worldwide pandemic, affecting almost every state and 'non-state' entity. The actions taken, or not taken, to handle the spread of the virus have come to the forefront of politics, bringing about judgements on how able or willing a government is to act to keep its citizens safe. At the same time, the challenges of the COVID-19 pandemic have produced lasting changes to the international system. International politics have had to adjust, shifting between isolation and collaboration to combat this threat. In this context, de facto states, or unrecognised states, present an unusual and interesting case for analysing capacity to act and international cooperation in times of crisis. On a basic level, de facto states are entities that are considered to fulfil most criteria for statehood, but legally 'do not exist' based on their lack of international recognition (Pegg, 1998). Due to this shortcoming, the study of de facto states has been largely ignored in mainstream international relations literature which tends to view the state as the most important unit of analysis. Despite this, over the last twenty or so years, de facto states have begun to be studied more extensively, with scholars looking at how the authorities in these entities are able to make policy decisions independently and interact with the international system, despite legally 'not existing' (Pegg, 2017). Within the field of international relations, it has become clear that it is necessary to pay more attention to non-state entities in general, as confirmed states are not the only units that can influence the international system.

This thesis aims to further the research within this subfield under the lens of the COVID-19 pandemic, determining what insight this crisis can provide for the understanding of de facto states. Specifically, this analysis focuses on how a crisis may

affect the acceptance of a de facto state in the international system through impacting its capacity to act and external engagement. In reality, lacking recognition impacts not only the status of a de facto state, but also hinders its ability to act like a state by isolating it from the support of the international community. At the same time, any shortcomings in its capabilities undermine the de facto state's claims of legitimacy. In this way, it is extremely difficult for a de facto state to overcome its pariah status, usually leading to reliance on a patron state for existence. As a result, de facto states are often seen as mere puppets of those powerful patron states, without independent agency. Under the circumstances of the COVID-19 pandemic, one might expect that de facto authorities would not have the independent capabilities to manage the pandemic. Similarly, de facto states have been characterised as completely isolated from the international community, not only politically and economically, but also physically and socio-culturally (see Pegg 1998, p. 50; Geldenhuys 2009, p. 47; International Crisis Group 2020, p. 1). Thus, expectations would suggest that COVID-19 should take significant time to spread to the de facto territory; upon the arrival the virus de facto authorities would then have no ability to engage with the outside world for obtaining necessary resources. This thesis tests these assumptions using the case study of the de facto Pridnestrovian Moldavian Republic, also known as Transnistria. It examines if it is possible for a de facto state to further normalise its existence within the international system, while amidst a crisis. If the de facto state is able to use its management of the pandemic to prove that it has developed capacity to care for its citizens and engage with the outside world, then its existence can be seen as more legitimate, and therefore more acceptable as a sovereign entity in the international system.

Figure 1. Map of Moldova and Transnistria
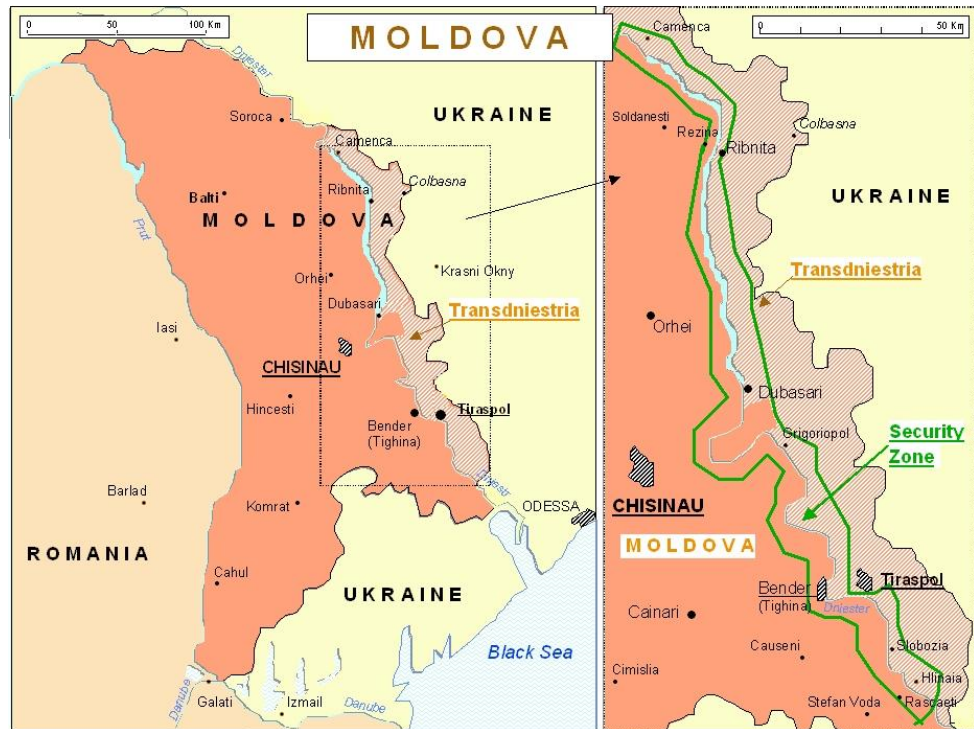
Source: De Facto States Research Unit

For some context, Transnistria is a breakaway territory on the Eastern border of the Republic of Moldova, narrowly situated between the Dniester River and the Western border of Ukraine (cf. Figure 1). With the aid of the 14th Soviet Army, Transnistria effectively seceded from Moldova in 1992 as a result of tensions between the region and Chisinau[1] that had developed during the dissolution of the Soviet Union. The authorities which came to power in the territory have since been (unsuccessfully) attempting to establish Transnistria as either a state and/or part of the Russian Federation.[2] Over this almost thirty-year existence, no confirmed[3] state has acknowledged Transnistria's statehood and its territory has continued to legally be a part of Moldova, leading to immense challenges in development. Under these conditions, Transnistria entered into a client-patron relationship with Russia, relying

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[1] Chisinau is the capital of Moldova.

[2] The official position of the Transnistrian government is that Transnistria 'is a sovereign, independent, democratic, legal state' (Ministry of Foreign Affairs), but at the same time, based on the 2006 referendum, its intention is to pursue integration with the Russian Federation.

[3] 'Confirmed statehood' refers to the political entities which have been recognised as being states by most other states in the international system (Geldenhuys 2009, p. 7).

heavily on the country for financial and security assistance in order to exist. Similar to other de facto states, Transnistria has endured relative isolation from the international community, as most states promote the principle of territorial integrity. However, over the last decade especially, Transnistria has experienced a greater level of self-sufficiency as well as engagement with the outside world. Tiraspol (the de facto capital of Transnistria) and Chisinau have had improved relations, particularly economically, allowing for some level of interaction with the European Union (EU) and other countries. As a result of these connections, the coronavirus outbreak inevitably reached Transnistria. By closely analysing the COVID-19 experience in Transnistria, this thesis sheds some light on its developing de facto normalisation. The observations from this case study are relevant in bringing about greater understanding of the pandemic experience on international relations, as well as the normalisation of other de facto states.

The structure of this thesis is as follows:

Chapter Two provides a theoretical framework for this study, defining the de facto state and how it differs from a confirmed state. It presents relevant theories concerning de facto states and how these pertain to the level of normalisation or acceptance of a de facto state by the international system. This chapter has three objectives: to present context for understanding the rest of the paper, provide insight on how existing theories might explain how Transnistria performed during this crisis, and what implications this case study has for developing conventional knowledge on de facto states. The following chapter presents the methodology that is used for analysis in this thesis. This includes details of the research design, rationalisation for why Transnistria is being used as a case study, data sources and an explanation of the method of process tracing.

Chapter Four presents the empirical analysis. The period of time leading up to the first registered case of coronavirus and the development of events and decisions made between March and June 2020 are systematically analysed.[4] This chapter is divided into four sections. First, a discussion of how and when the coronavirus spread across the

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[4] This timeframe of March through June represents the first wave of the coronavirus in Transnistria and, therefore, the initial reactions and capabilities of the de facto state.

border to Transnistria is used to comment on its isolation. Next, the domestic actions taken by the de facto Transnistrian government are analysed with a focus on determining its independent capacity to manage the COVID-19 pandemic based on the guidelines provided by the World Health Organization (WHO). The capabilities of Tiraspol to take control of prevention measures independently are assessed through the status of healthcare capacity and ability to adapt and purchase necessary equipment and protect citizens. The third section of Chapter Four introduces Transnistria's engagement with the outside world during the pandemic. This is assessed through political, economic and social interactions to determine the extent of engagement with not only Transnistria's patron state, Russia, but also from its parent[5] state, Moldova, as well as other countries and international organisations. Imposed isolation, continued settlement discussions and changes to trade, donations or aid are outlined here. International aid includes donations of medical technology and personal protective equipment (PPE), provision of testing services, professional training for medical personnel and monetary assistance. The final section of this chapter discusses how well Transnistria was able to manage the pandemic in comparison to Moldova.

Chapter Five summarises the most important aspects of this case study, concluding on the significance and results of this thesis. The aim is to demonstrate that elements of crisis management, specifically showing capacity to act and participating in outside engagement, can help add to the legitimacy and normalisation of a de facto state.

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[5] The internationally recognised state with legal claim over the de facto state is referred to as a 'parent state'.

2 Conceptual Framework: Normalisation of the De Facto State

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The literature on de facto states has grown significantly since the dissolution of the Soviet Union in 1991 and the subsequent rise of breakaway states in the region. Several of the theories from this literature are helpful for understanding the case of Transnistria. Accordingly, this chapter synthesises the relevant literature to provide context for the rest of the thesis. First, the theoretical criteria determining what is a legitimate, sovereign 'state' is outlined, including how a de facto state is different from a confirmed state. Next, the normalisation of de facto states is discussed. This section focuses on how capacity to act and engagement tie into the level of tolerance a de facto state is allowed by the international system. The third section presents the conditions that have been linked to influencing the capacity and engagement of a de facto state, and includes insights from relevant literature on the impact of the 'parent-de facto state relationship', the 'patron-client relationship' and 'engagement without recognition'.

2.1 Differentiating the de facto state

In order to understand how a de facto state can become normalised in the international system, it is first important to recognise why and how a de facto state is different from an established, confirmed state. Having the qualifier of 'de facto' affects the entity's levels of capacity and engagement; thus, it is necessary to provide clarification of the atypical circumstances that lead to the different set of developmental conditions for a de facto state. To emphasise the importance of this distinct status, the sovereign state has come to be recognised as the fundamental unit of legitimate authority in the modern international system; having confirmed statehood grants entry into a framework of interaction with other states and generally a certain level of protection and respect in this system. Therefore, statehood is the ultimate status objective of an entity aspiring to be independent.

To establish an understanding and definition the state, we should first consider the Montevideo Convention of 1933. This treaty has long been accepted as the basis for statehood under international law. Under this convention, the state should have the following qualifications: 'a permanent population', 'a defined territory', 'government' and 'capacity to enter into relations with the other states'. Generally speaking, the de facto state fulfils the requirements of the first three criteria, but misses the fourth through a lack of international recognition. It is an entity that exists in reality with most of the conditions of a state, but it is not legally accepted as such. Hence, the caveat of *de facto* is used. Scott Pegg (1998) bases his comprehensive definition of the de facto state on these components of the Montevideo Convention, articulating that:

> A *de facto* state exists where there is an organized political leadership which has risen to power through some degree of indigenous capability; receives popular support; and has achieved sufficient capacity to provide governmental services to a given population in a specific territorial area, over which effective control is maintained for a significant period of time. The de facto state views itself as capable of entering into relations with other states and it seeks full constitutional independence and widespread international recognition as a sovereign state. It is however, unable to achieve any degree of substantive recognition and therefore remains illegitimate in the eyes of international society (p. 26).

Through this definition, we can see how a de facto state is distinct from a small, developing or dependent state, even though it might have similar capacities. Most obviously, it is different in that it is unable to participate in international politics or benefit from being a part of intergovernmental organisations through investment or outside aid (Pegg 1998, p. 50). Interstate interaction is scarce for a de facto state, meaning that it is usually much more isolated than a confirmed, small-state counterpart. This became particularly apparent during the COVID-19 pandemic. On the one hand, having physical isolation from the outside world can help delay, or even prevent, of the spread of virus to the territory. But on the other hand, in the inevitable case of viral spread, the de facto state may be limited in terms of its ability to get aid from international organisations or larger states.

The de facto state is also distinct from other non-state entities based on its abilities, goals and circumstances. Unlike failed states, de facto states have 'some sort of viable, organised, functioning governing entity'; unlike a puppet state, the de facto government

has organic and popular support from its citizens; unlike a peaceful secessionist movement, the secession of the de facto state is not accepted by the parent state government (Pegg 1998, pp. 29-37). During the pandemic, having greater organisational capacity would give the de facto state an advantage in acting to protect its citizens; there is less of a need for outside dependence than for these other entities, but a de facto state is likely still more limited than a confirmed state.

In the post-Soviet world, Abkhazia, Nagorno-Karabakh, South Ossetia and Transnistria are all labelled as de facto states. They fit the criteria of de facto states because they are not recognised by most confirmed states as separate from their parent countries, while in practice, their de facto authorities have control over the territory, provide government services and view themselves as legitimate constitutional states. Transnistria in particular has stated that its official intention is to become a part of the Russian Federation; however, as this is very unlikely to happen, Transnistria has shifted its goal towards international recognition and independence in an attempt to maintain and protect itself (Blakkisrud and Kølsto 2011, p. 182). In this way, Transnistria continues to focus its efforts on state-building in order to be viewed as worthy of recognition.

Despite these efforts and improvements made to the capacity of the Transnistrian government, it is still unlikely that recognition will come about any time soon. Almost universally, the international community has been unwilling to support the claims of a breakaway territory over that of its parent state. Even though under international law the right to self-determination of a people is an accepted principle amongst the international community, in reality, most states are wary of setting the precedent of recognising breakaway states due to the possible consequences it could lead to in terms of more secessionist movements. Secession is usually a destabilising force, therefore maintaining the status quo of territories is strongly preferred by members of the international system. As such, Transnistria and other de facto states are suspended in frozen conflict, unwilling to let go of their semi-sovereignty and unable to advance beyond their unfavourable position. In the midst of this standstill, one of the only realistic goals is encouraging normalisation, or greater tolerance, from the international community. De Waal (2018) proposes that the actual ambitions of de facto state authorities are probably much more modest than they claim; in reality their aspirations

are likely less focused on formal independence, and more on developing a form of continued self-governance that is accepted within the international system (p. 3).

2.1.1 Degrees of legitimacy and sovereignty

There are further conditions that result in the de facto state having different developmental experiences and how these experiences lead to it being seen as less qualified than the confirmed state. De facto states are international outcasts with a history of suffering through suppression and existential security concerns (Berg and Vits 2020). This perpetual fight for survival inevitably affects internal governance and external perceptions. Along these lines, mainstream international relations literature tends to argue that not having widespread recognition means de facto states lack real sovereignty and legitimacy, even if they have internal authority over a territory and population (e.g. Jackson 2007). Although I explained in the previous section that de facto states are generally defined as being states that are just missing recognition, the international community tends to see them as even lesser entities. Other defining traits of states, specifically legitimacy and sovereignty, are often viewed in black-and-white terms to which a de facto state has no claim. The following paragraphs present a more nuanced review of these terms based on theories from the relevant literature. In this way I hope to show that, in fact, legitimacy and sovereignty can be understood in relative terms, or degrees, which can be applied to de facto states.

Following the Peace of Westphalia (1648), the treaty which has become the foundation for the state system, it has long been agreed that supreme domestic authority and its external recognition as such are an absolute requirement for sovereignty. International relations scholars have since clarified that for a state to be sovereign, it must have complete independence from any other authority; that is, territorial jurisdictions cannot overlap (see Fowler & Bunck 1995; Jackson 2007). Hence, as the territory of a de facto state is recognised as being part of another state, its claims of sovereignty and independence must be considered illegitimate. Complete governmental supremacy has been cited as another requirement of sovereignty, meaning the state must have 'the highest and final authority' over its territory and people (Jackson 2007, p. 8-10). For the de facto state, this is somewhat of a grey area. The de facto state may be

able to act inwardly towards its own population, but its domestic affairs can also be affected by outside powers.

As for legitimacy, this concept has been defined most simply as the 'right to rule' (Gilley 2009) or the 'license to govern' (Schmelze 2015). Legitimacy is understood as support and acceptance, both internally and externally, that enables the endurance of a state (Weber 1972). Thus, legitimacy can include a multitude of factors related to state governance, including the strength of state capacity and international engagement and recognition. For the de facto state, if the traditional assumption is that recognition is equated with external legitimacy, then its independence will automatically be deemed illegitimate. Along these lines, internal legitimacy would also likely be seen as lacking, as de facto states have limited infrastructure and are supposedly only pawns external powers (Caspersen 2015, p. 185). De facto states typically come about due to the presence of a population which strongly supports its existence – but this alone cannot guarantee internal legitimacy. Being deemed illegitimate is, of course, undesirable for a state because this status constrains external relations and undermines the government's control over its citizens.

Nonetheless, based on the continued existence of these de facto states and other entities of limited statehood, some scholars have begun to challenge the strict binary treatment applied to statehood, sovereignty and legitimacy, suggesting that there can be different forms and meanings for these concepts (see Clapham 1998; Sørensen 1999; Krasner 1999). There are both internal and external aspects to sovereignty and legitimacy that can be understood empirically in relative terms for both states and non-state entities (Berg and Kuusk 2010). The qualifications for statehood are met to a greater or lesser degree even amongst confirmed states; thus, it seems reasonable to imagine that this variance could be carried over to unrecognised states, granting them some acceptance as legitimate, semi-sovereign entities in the international system.

Berg and Mölder (2012) have studied whether it is possible to 'earn sovereignty' as an unrecognised political entity. Their work suggests that if a de facto state continues to work on building liberal-democratic standards, it may be able to develop credible sovereignty and get closer to achieving recognition. De facto state sovereignty can then be measured in terms of capacity to enforce laws and implement policies as well as introduce political reforms, independent of the parent or patron state's influence.

Legitimacy can be viewed in normative, legal or empirical terms, so even if the de facto state does not have legal legitimacy, we can still analyse its degrees of empirical legitimacy (Risse and Stollenwerk 2018). In order to survive, de facto states must have at least minimal degrees of internal and external legitimacy. These entities are not protected by international norms of territorial integrity and thus do not have standard protection from outside incursions. Thus, on a basic existential level, a combination of popular support for mobilisation and security support from a patron state is necessary. Likely de facto states would also not endure if they were not able to provide public goods to maintain public approval and prevent uprisings or drastic emigration (Caspersen 2015). Additionally, no de facto state experiences complete isolation; even if they do not have recognition, they participate in degrees of engagement with the international community, which can foster legitimacy (Pacher 2020). Therefore, Transnistria's level of legitimacy can be measured in terms of its capacity to provide public goods and normalised engagement.

Along these lines, if the de facto state can improve its degree of sovereignty and legitimacy using its management of the COVID-19 pandemic, it stands to reason that it can become more normalised in the view of the international community. Breaking this idea down further, important components that tie into sovereignty and legitimacy are expressions of capacity and engagement. The following section discusses these specific components further, and how they relate to the pandemic and normalisation.

2.2 Presenting normalisation

The way that a de facto state is viewed by the international community, beyond just being 'illegal' plays a significant role its ability to function well politically and economically. Even if the de facto state is not widely recognised, if it has a certain level of tolerance from enough confirmed states, it can have a closer to 'normal' amount of interaction and enjoy greater benefits from the international system. For example, Taiwan has a much higher level of acceptance than other de facto states. It has a significant amount of foreign trade and is part of various international organisations, which undoubtably contributes to a better quality of life for its citizens.

Berg and Toomla (2009) provide a framework to measure these varying degrees of acceptance of different de facto states – creating a 'normalisation index' that ranges

from 'negation' to 'quasi-recognition'. Their work explores three different spheres of interest that represent the level of integration or isolation of de facto states, including those based on political, economic and public engagement (Berg and Toomla 2009, p. 30). This thesis adds to this index, a fourth area that may contribute to the normalisation of a de facto state: its response to the COVID-19 pandemic. The ability to arrive at decisions and then act on them is a necessary criterion of a state, and therefore the actions taken (or not taken) by the de facto Transnistrian government present an opportunity for analysing this capacity. Essentially, the elements of engagement (whether it be political, economic or public) are combined with capacity to act in response to crisis to come to a new assessment of the normalisation level of Transnistria. As stated in the previous section, showing capacity is a vital condition of perceived legitimacy, and thus sovereignty and statehood.

2.2.1 Capacity

Defining state capacity is complex, and scholars have not reached consensus on the determinants of capacity. Nevertheless the main themes from the literature are synthesised here to form a workable definition. Akbar and Ostermann (2015) provide a helpful distinction for capacity, dividing their analysis between the ability of the state to fulfil its 'traditional' and 'modern roles'. Following the traditional Weberian understanding of the state, capacity is based on the state's ability to monopolise 'the use of coercive force in a given territory' (Weber, 2015). This capacity has been measured in military, fiscal and bureaucratic terms (see Fearon and Laitin 2003; DeRouen and Sobek 2004; Hendrix 2010). In modern times, the role of the state has expanded. Expectations of the state now include the ability to bring about social and economic development as well as maintaining borders and security. Today, the state is considered capable if it is able to provide for its citizens through consistent and regular access to a range of goods and services (Akbar and Ostermann 2015, pp. 850-851). Having capacity in these traditional and modern areas has been found to have a significant correlation with the strength of the state in terms of socio-political stability and economic health (Besley and Persson 2010; Dimitrova et al. 2021). To summarise, state capacity encompasses the ability of the state to *repress* rebellion or internal conflict and

also *accommodate* the needs and wants of its population by redistributing resources and power (Hendrix 2010).

For the de facto state, there are additional challenges to building capacity in both the traditional and modern sense. De facto state authorities tend to be most focused on security concerns, as they are not protected by the international legal norm of territorial integrity. De facto states are also usually fiscally challenged and struggle to establish viable institutions. Nevertheless, they typically have physical protection guaranteed by a patron state and strong support from their population. As for the modern expectations of state capacity, the assumption is that de facto states are lacking real capacity and reliant on their patron. However, after years of state- and nation-building, this may be starting to change. Transnistrian authorities in particular have been working on political reforms and creating better infrastructure during its thirty-year existence (Blakkusrud and Kølsto 2011). Indeed, the healthcare capacity provided and adapted upon by the Transnistrian government during the COVID-19 pandemic is used as an indicator of its modern state capacity.

Substantial evidence suggests that healthcare capacity is linked to better health outcomes of a population (see Holmberg and Rothstein 2011; Brieba 2018). In regard to the COVID-19 pandemic, recent studies have shown that public-sector capacity is particularly important, stressing the importance of having the capabilities to adjust and implement policy in crisis (Mazzucato and Kattel 2020). Serikbayeva et al. (2020) found that increased state capacity is significantly associated with lower coronavirus fatality rates. It is clear that the more hospital beds and trained hospital staff, and the better the health infrastructure, the less severe the COVID-19 outcomes. As previously mentioned, state authorities' ability to suppress uprisings and support its population through capacity is important here. If the state is able to reasonably protect its citizens from high mortality rates and prevent significant levels of unrest due to mismanagement, it is showing capacity to keep its population at least somewhat content. Therefore, this pandemic is an appropriate test for measuring modern state capacity in Transnistria.

2.2.2 Engagement

Engagement is the other determinant of normalisation for the de facto state in the international system. Caspersen (2018) defines de facto state engagement as a 'form of catch-all term that covers a range of links between the contested territory and the outside world, albeit usually not links between the de facto states and their patrons' (p. 375). The frequency and ways that confirmed states, international organisations and NGOs interact with a de facto state provides evidence of its relative acceptance. This kind of engagement is usually under the caveat of non-recognition, but it can still help to strengthen the status quo existence of the de facto state, encouraging further normalisation within the international system (Berg and Toomla 2009). Continuous external relations help diminish the de facto state's image as a puppet-state and supports the image of a legitimate participant in the international system (Caspersen 2018, p. 375).

Relationships with confirmed states and international organisations are necessary for de facto state survival without complete reliance on a patron state. State-building requires resources that the de facto state probably does not naturally possess. To provide the public goods expected from a normal state and build up domestic legitimacy, the de facto state needs some exchange with the outside world. If an adequate standard of living is not provided by authorities, large-scale emigration becomes more likely, domestic legitimacy is undermined and the de facto state will probably not survive (Bakke et al. 2014). Thus, external interactions through humanitarian aid, travel, educational exchange and trade can build legitimacy, capacity and ultimately normalisation in the international system, even if they do not bring about the desired official recognition. In this way, the criteria of capacity and engagement are linked.

A de facto states also has specific incentive to cultivate diverse engagement with entities other than its patron. If there is an overreliance on the patron, the de facto state will have a harder time claiming that it is truly independent and legitimate, and would have to bend to the desires of an outside power (Caspersen 2018, p. 374). Engagement with the wider international community is therefore the most ideal form of engagement for bringing about normalisation. Nevertheless, as is detailed further in the following section, the parent state has a significant influence on the extent of the possible impact

of outside engagement. If all outside engagement must first be agreed upon with the parent state, this is evidence of a hierarchical structure and limited legitimacy.

In relation to the circumstances of the COVID-19 pandemic, engagement would include not only aid provided from parent state, patron state and the wider international community, but also political and economic relations that are affected by the crisis. In this way, this thesis assesses how Transnistria's engagement may or may not have improved during this pandemic. Moldova's interference and Transnistria's reliance on Russia are crucial elements of this analysis.

2.3 Determinants of capacity and engagement

Several conditions can affect a de facto state's level of capacity and engagement. These conditions are interrelated, and the relationships that a de facto state has with different international players directly influence the extent of agency it has internally. The following subsections outline the theories on the factors that can affect the variance in these relationships and how this variance in turn contributes to levels of de facto capabilities.

2.3.1 The parent state and the de facto state

The relationship that a de facto state has with its parent state (the recognised sovereign state from which it is attempting to secede) has considerable influence on its functioning. For the most part, parent states attempt to isolate the secessionist entities from the outside world, economically, politically and socio-culturally (Bartmann 2004, p. 12). This strategy is supposed to encourage the de facto state to reintegrate with the parent state. However, the degree of isolation that the parent state imposes can vary. Parent states have two options for resolving secessionist conflicts when they occur, ranging from attempted 'forcible eradication' to simply letting the secessionists leave (Berg and Pegg 2020, p. 53). When neither extreme is chosen, the relationship between the parent state and de facto state results in some level of integration and hostility. At the most accommodative, the parent state has open engagement with secessionists, and at the least accommodative, it imposes isolation with sanctions. Berg and Pegg (2020) find that the extent of accommodation allowed by parent states does not affect the likelihood of reintegration, but it can affect the experience of the de facto state. If the

parent state allows greater openness, the de facto state can be expected to have more opportunity to integrate with the international system and benefit from its resources.

Moldova has maintained relatively open engagement with Transnistria. Tiraspol is allowed more contact with the outside world than most other de facto states, notably through the ability to legally export goods through Moldovan customs offices (Berg 2018, p. 10). Having access to the international market, in particular customs-free trade with the EU, has had a substantial effect on Transnistrian trade capabilities. Since the Association Agreement between the EU and Moldova came into effect in 2016, more than 70 percent of Transnistria's export share has shifted to the European market, despite rhetorical and political closeness with Russia (Necsutu 2019). Also unlike other de facto states, up until the pandemic, the border between Transnistria and Moldova was virtually completely open, with cross-border interaction happening constantly. Ordinary people travelling to and from the de facto state was a standard practice, and there are still plenty of social and familial contacts across the Dniester. Additionally, Transnistrians are able to obtain Moldovan passports in order to travel visa-free throughout Europe. Nevertheless, this openness allowed by Moldova should not be seen as an act of approval or support for Transnistria's secession. Berg (2018) suggests that this relative integration is in fact 'due to the *ambivalence* and incapability of both sides to authorise their own proclaimed sovereignty over the contested territories' (p. 12). Moldova appears to be less concerned about principles of international law on sovereign territorial integrity and more focused on a realistic, cost-benefit approach. It appears that it is less costly to be open with Transnistria and this is why isolation is not enforced (Berg and Pegg 2018, p. 394).

Based on this openness, when the COVID-19 pandemic began to spread, one would expect that Transnistria would incur cases more quickly than other, more isolated de facto states. The rate of travel to a state has been proven to have a significant impact on coronavirus transmission in that state, and thus, parent state strategy towards its secessionist entity should have some correlation with the speed of initial coronavirus spread (Abu-Hamad et al. 2020, p. 4). If the COVID-19 pandemic took considerable time to spread to the de facto state, the assumption would be that the de facto state is isolated. If the opposite is true, and the time of viral arrival is similar to that of nearby states, it would appear that the de facto state is not particularly isolated. Parent state

strategy could also play a role in the ability of a de facto state to get assistance for managing the pandemic.

2.3.2 The patron-client relationship

The international patron-client relationship, or a mutual arrangement between unequal states, has been studied extensively as a mode of state-to-state exchange since the late Cold War era. More recently, the observations from this field have been extended to cover the relations between state and non-state entities, such as relations with the de facto state. Kosienkowski (2019) defines this kind of patron-client relationship 'as a mutually beneficial exchange of goods and services between two international actors… that are unequal in terms of their military, economic and political power' (p. 183). Typically one actor is a stronger, more powerful state that provides economic or military support and the other is more limited and provides more intangible benefits, usually relating to advancing the geopolitical interests of the patron state. Accordingly, the resources exchanged are not easily comparable, but there is still value for both the patron and the client (Kosienkowski 2019, p. 183).

Having a patron state that provides financial and political support is a standard characteristic of the de facto state. Although it is possible for confirmed states to have a patron state as well, de facto states essentially always have this kind of relationship. In most cases, the de facto state would not have come into existence or been able to survive without the backing of a stronger state. Certainly, it is unlikely that Transnistria would have come into existence without Russia's military and financial help. Following in the footsteps of the Soviet foreign policy of competing with the West over control of weaker states, Russia has been working on developing patron-client relationships in its 'sphere of influence' or geopolitical neighbourhood since the early 2000s. This pattern of forming patronal relationships with weaker states in order to obtain diplomatic and strategic support in its region has become a standard practice of the Putin regime (Kosienkowski 2019, p. 184). In this way, Moscow has helped to bring into existence several breakaway states in the post-Soviet region, Transnistria included. Having these breakaway states as clients has allowed Moscow to have influence in the respective parent states, preventing them from getting too close to the West. Georgia, Moldova and

Ukraine[6] are unable to cut out Russian influence for as long as their breakaway regions exist under Russia's patronage. The lasting frozen conflict over Transnistria provides Moscow with a strategic advantage over Chisinau. To some extent, the Kremlin can use Transnistria as a bargaining chip; Moscow can threaten destabilisation in the region while also suggesting that if Chisinau stays in close relations with the Kremlin, the Transnistrian region could be reintegrated (Kosienkowski 2019, p. 188). Due to Transnistria's location and Moscow's commitment to protecting the territory, Russia also has the strategic benefit of military forces stationed very near Ukraine's western border. Moscow justifies its patronage through its stated obligation to protect people of the *Ruskii Mir*, or Russian citizens and compatriots living in Transnistria.

Russia plays an essential role for all its client de facto states through military presence and substantial funding. Transnistria is completely dependent on the presence of Russian forces, investment, aid and free natural gas (Blakkisrud and Kolstø 2017, p. 507). By having Moscow handle security and economic concerns, Tiraspol is free to focus on state- and nation-building activities that strengthen its de facto statehood, without concern of losing territory or having an economic collapse (Kosienkowski 2019, pp. 191-192). Though this dependence on Moscow is not ideal for Transnistria directly asserting its independence, this patronal relationship is essential for providing a voice for Tiraspol's national interests. Russian interaction with Transnistria helps legitimise the de facto state in an international capacity; by interacting directly with Transnistrian officials, Russia helps give them authority.

At the same time, Moscow's relationships with the post-Soviet de facto states have arguably been weakening in recent years (Avdaliani 2020). Over time, the de facto states have built up their independence while Moscow has also been pulling back from its expensive contributions due to economic troubles at home. Though Russia was crucial in the initial stages of de facto state development, its assistance has proved overall to be limited. Tiraspol has yet to receive any real indication that Moscow would be willing to integrate the territory into Russia and the Kremlin has also proved unwilling to formally recognise Transnistria. More opportunities to interact with other

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[6] Ukraine's breakaway territories of Donetsk and Luhansk are not generally considered fully-fledged de facto states yet, but they are de facto independent and under the patronage of Moscow.

countries are presenting themselves and there is less of a need to depend entirely on Russia. Moscow appears to be involved in Transnistrian affairs less and less, as evidenced by the lack of interference in the 2016 presidential election (Kolstø and Blakkisrud 2017, p. 528). This dynamic of Transnistria's reliance on and independence from Russia is meaningful in the context of managing the COVID-19 pandemic. How much Transnistria has or has not relied on Russia for assistance during the pandemic should be related to Tiraspol's capacity and agency.

2.3.3 Engagement without recognition

When a de facto state forms, confirmed states are faced with a dilemma. Initially there is a strong disinclination to interact with the authorities of an illegal entity due to concerns of legitimising the secession (and possible future secessions). De facto states are seen 'as unwelcome would-be entrants into an exclusive club of sovereign states that does not want to admit them' (Berg and Pegg 2018, p. 392). In an effort to support claims of territorial integrity, states and organisations of the international community usually choose to stand by the strategy of isolation imposed by the parent state, hoping that the insurgency will fall apart (Ker-Lindsay and Berg, 2018 p. 337). However, this tactic has often proved to be ineffective at bringing about reintegration. The outdated expectation that unrecognised states are always on the verge of collapse has turned out to be inaccurate and unproductive (De Waal 2017, p. 1). Instead, complete isolation can lead to greater dependence on the patron state or possibly foment a human rights disaster.

For this reason, the approach of 'engagement without recognition' has grown in popularity as an alternative strategy. This concept was first proposed by Peter Semneby, the EU special representative for the South Caucuses in 2009 as a strategy for interacting with the breakaway territories of Georgia (Ker-Lindsay and Berg 2018, p. 337). The idea is that parent states and third parties should actually consider engaging with de facto states – under the caveat that this does not imply acceptance or recognition – as a way of encouraging the regime in control to adhere to liberal norms. Economic and political incentives can be used to 'moderate popular attitudes, reduce the influence of patron states and increase leverage over the de facto authorities' with the hope of eventually bringing about reintegration (Caspersen 2018, p. 373). Legally, recognition

cannot come by accident or be built up over many interactions. In theory, if a state insists that it does not recognise a de facto state and does not enter into formal diplomatic relations, regular interaction will not result in a change to the lawful territorial integrity of the parent state. By this logic, confirmed states, in particular those of the EU, have adopted this policy of non-recognition and engagement (De Waal 2018, p. 11-14).

The challenge then becomes how exactly how to interact with these secessionist entities. Determining the degree to which a state or organisation should interact with the authorities of a de facto state, the extent of aid, and the level of coordination with the parent state is a complex endeavour. For the most part, the form of engagement with de facto states is based on the policy of the parent state, as discussed in the previous section. Caspersen (2018) explains that parent states usually require certain conditions for engagement with de facto states: engagement should only be used as a means to promote reintegration, all engagement must go through the parent state, interaction with the de facto authorities is limited and engagement that may be perceived as enabling capacity-building is not allowed (p. 381). The real independence of the de facto state depends on the strictness of the parent state in approving all forms of engagement. If the de facto state has no legitimate agency in engagement with the outside world, this makes its claims of autonomy less effective.

Moldova has generally been more accepting of Transnistrian participation in international engagement than other parent states with their secessionist regions. As a result, Tiraspol has developed a relatively extensive trade network with other states, particularly those of the EU, in recent years. These trade ties have already helped establish some normalisation of Transnistria's place in the international system. Between 2013 and 2017, only 20% of the news from the Transnistrian Ministry of Foreign Affairs was about Russia, suggesting that a majority of Transnistrian engagement is with states or organisations other than its patron. A large number of reports were on information on meetings with representatives of international organisations. This includes the Organization for Security and Cooperation in Europe (OSCE), Red Cross, UNICEF and World Bank (Pacher 2019 pp. 568-569). There were also a number of reports of meetings with representatives of European countries and the United States. At the same time, Tiraspol has been cautious about a future partnership

with the EU or other Western states and organisations. Transnistrian businesses are largely economically involved with the EU, but on a social level, Transnistrians have been hesitant towards the spread of so-called 'European values', instead relating more to Russian attitudes (De Waal 2018, p. 44-46). Although a large number of NGOs in Transnistria are supported by European funding, there is still much mistrust towards Western institutions and their true intentions (Berg and Vits 2018, p. 400).

Returning again to the COVID-19 pandemic, how willing the international community is to engage with a de facto state relates to its perceived level of normalisation. The de facto state's management of the crisis is likely to have been affected by its prior level of engagement with the outside world and how well it has been able to continue these relationships or build upon them during the pandemic. As mentioned before, parent state openness can influence de facto state engagement for the purposes of coronavirus management. If the de facto state is attempting to obtain medical equipment, training, virus-testing, etc., its efforts will be hindered to the extent that the parent state limits this interaction. In turn, the capability and agency of the de facto state may be shown to be less substantial than that of a confirmed state. Depending on the stance of the parent state, other states or international organisations may be less willing or able to work with and/or aid a struggling de facto state. Conversely, if the de facto state is permitted to acquire equipment or assistance without obstruction, it suggests that it is acting more similarly to a confirmed state that has traditional healthcare infrastructure, albeit some deficiencies.

3   Research Design, Data and Methods

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3.1 Research design

This thesis uses a descriptive, case-study approach to analyse agency and normalisation of a de facto state during the COVID-19 pandemic. The actions of the Transnistrian de facto authorities during the first wave of the pandemic are analysed using the method of process tracing. This case study uses process tracing to identify the causal mechanisms between Transnistria's crisis management and its ensuing development (or lack of development) of normalisation in the international space. The following sections further explain the reasoning behind this case study and why process tracing is an effective method for analysing it. This chapter aims to demonstrate the rationale in choosing Transnistria during COVID-19 as a case study, and provide background information for the logical progression of the empirical chapter.

3.2 Case selection and data

A case study is a highly focused study of a single case through observational data that should have results that can be applied to a larger context (Gerring 2017 p. 28). Rather than focusing on the magnitude of variance amongst a population and determining the existence of a correlation between variables, case study research allows for testing the *how* between independent causes and outcomes, or why hypotheses hold.[7] Case studies reflect on the relationship between empirical observations and abstract concepts in order to strengthen hypotheses and theories. Researching the context of a specific instance allows for exploring the complexities of a more generalised theory and developing that theory by looking at the specific relationships between causal mechanisms and their outcomes. The circumstances and events of a case

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[7] This claim is particularly true when using the method of process tracing.

study are unique, but the results from this kind of research can still provide insight that is relevant to other, causally similar cases (Beach and Pedersen 2013, p. 144).

In order to reap the benefits of this kind of research, there are certain criteria that suggest what might make a good case study. The characteristics that apply most directly to this thesis and make it a good case study are intrinsic importance, policy relevance, cross-case comparability and the presence of substantial data (Van Evera 1997, p. 79). First, the COVID-19 pandemic is an inherently extraordinary event that is and will continue to be researched for its extensive effect on many aspects of our lives, political and otherwise. The de facto state is also an engaging and evolving topic in itself, sitting on the edges of our modern international system as a fascinating place that 'does not exist'. Though de facto states have small populations, their existence is a complex issue for the international system that is unlikely to change fundamentally any time soon. However, the occurrence of a devastating phenomenon such as a global pandemic could bring about unexpected changes to any part of our society, including the existence of places that are 'not real'.

Though at this time it might seem farfetched to claim that the pandemic could alter territories, smaller yet significant changes are likely. As the spread of COVID-19 continues, it is necessary for de facto states to pay attention to how current policy decisions could affect their status in the future. They already experience an abnormal level of physical, economic and diplomatic isolation; an isolation that has nevertheless been penetrated by the virus. The pandemic has required immediate expansion of self-governing as well as a level of engagement to prevent humanitarian disaster due to the weak healthcare infrastructure that exists in most post-Soviet breakaway states (International Crisis Group 2020, p. 1).

Transnistria presents a compelling case when looking at a de facto state pushing for normalisation during a crisis. Compared to the other post-Soviet de facto states, Transnistria has a greater level of engagement but has even less genuine recognition. Its ranking in terms of 'normalisation' is on the lower end, but this has the potential to change based on certain policy decisions of the de facto government (Berg and Toomla 2009). Transnistria is less isolated than other de facto states as it has a relatively high level of integration with its parent state. It has tariff-free trade with the EU through

Moldova and a meaningful position in the '5+2 Talks'[8]. The de facto state has been advancing its self-reliance and internal legitimacy in recent years through state-building projects that have led citizens to believe they have better living standards than their Moldovan counterparts (Blakkisrud and Kølsto 2011, p. 193). However, Transnistria's pre-pandemic conditions put it at a particularly high level of risk, with a large aging population and outdated medical facilities (International Crisis Group 2020, p. 9). Though Transnistria is unique in its circumstances, it has enough similarities to the other de facto states that this research could be applied to other cases for further investigation of the effect of crisis on de facto state normalisation.

Transnistria also makes a good case because of the high amount of data provided by the de facto government. Though there is potential for bias in the data, the authorities have been rather forthcoming on their official news sites, with daily case numbers, mortality rates, healthcare details and information on policy decisions published regularly. For this reason, Transnistria is ideal for studying the chronological details of COVID-19 management in a de facto state. Accordingly, this study compiles the sources of data from de facto state news, including primary information from the Office of the President, Ministry of Foreign Affairs, Ministry of Internal Affairs and Ministry of Health. This is supplemented with information from outside sources, such as that from Moldova, Russia and international organisations, in an effort to account for possible bias. Tiraspol's independent policy actions and how well measures were implemented are the main data points. The coordination of the response to changes in the incidence of coronavirus cases and deaths are also an important part of the empirical analysis.

3.3 Method: process tracing

Process tracing as a method of qualitative data analysis aims to identify 'causal mechanisms' between independent and dependent variables through closely studying the intervening causal processes (Beach and Pedersen 2013, p. 1). In focusing on the

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[8] The '5+2 Talks' are regular negotiations that take place between Transnistria, Moldova, the OSCE, Russia, Ukraine, the EU and the United States to determine a resolution for Transnistria and Moldova (OSCE). As an unrecognised state, it is meaningful for Transnistria's agency that it has a seat at the table in these negotiations (Berg and Vits 2020, p. 5).
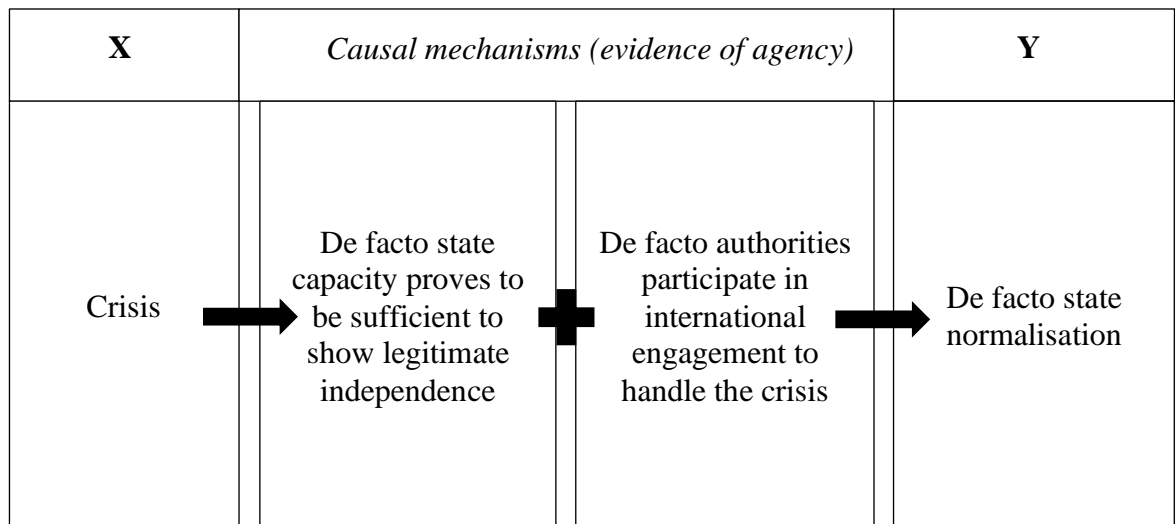
precise chain of events in a single case study, process tracing goes beyond identifying correlations and allows for stronger inferences about a causal process that brings about a specific outcome. Process tracing is based on 'ontological determinism and logic', exploring whether a certain outcome is possible or not within a given case, rather than across different cases (Beach and Pedersen 2013, p. 9). Examining the pieces of 'evidence' in a case is a way of finding information to support or overturn explanatory hypotheses (Bennett 2010). Thus analysing the actions taken by the de facto Transnistrian government in this systematic way allows for explaining how a crisis can provide insight on the legitimate agency and normalisation of a de facto state. In detailing the noteworthy decisions made by the Transnistrian government as well as actions that it did not have true control over, i.e. areas in which reliance on outside aid was necessary, this thesis comments on the causal relation between independent de facto capability and normalisation of the Transnistrian state in the international system.

The procedure for using process tracing as a methodology starts with the theorization of the causal mechanisms linking causes and outcomes. Each part of the causal process should be broken down into steps that are linked to the outcome. This means looking at entities and their activities that make up each causal mechanism and whether they produce changes that can set in motion the causal forces within a mechanism. The next step is to analyse the observable empirical manifestations of these theorized mechanisms. Empirical evidence is applied to the theory to determine whether or not the mechanisms operated as hypothesised. To do this, qualitative tests for causation are estimated, looking at the relationship between the evidence and the hypothesis and whether it is sufficient and/or necessary for accepting the explanation. The result of the application of empirical evidence to the theory is then used to make some generalisations of findings that could be compared to causally similar cases.

Based on the theoretical framework proposed in the previous chapter, I will now break down the hypothesis in terms of its conditional context, explaining the causal mechanism which leads to an specific outcome. Figure 2 on the following page provides an illustration of the hypothesis: the causal mechanism – evidence of agency – explains how a crisis could lead to a change in de facto state normalisation. There are two components within this mechanism: proving sufficient capacity and participating in international engagement. Applying this hypothesis to the case study, Transnistria is

tested as an entity under the condition of the COVID-19 pandemic crisis for whether its de facto government's actions provide evidence of developing normalisation in the international system. The empirical components of the causal mechanism are divided into (1) independent actions that show capacity or incapacity in preventing the spread and controlling the mortality rate of coronavirus and (2) displays of engagement with or isolation from Moldova, Russia and other states/organisations. A comprehensive account of these two aspects of Transnistria's pandemic management follow in the next chapter.

Figure 2. Hypothesised causal mechanisms between crisis and normalisation

X	*Causal mechanisms (evidence of agency)*		**Y**
Crisis	De facto state capacity proves to be sufficient to show legitimate independence	De facto authorities participate in international engagement to handle the crisis	De facto state normalisation

3.4 Research expectations

The condition of parent-state relations, patron-state relations and international engagement all influence a de facto state's fulfilment of state criteria and normalisation in the international system. During the COVID-19 pandemic, these determinants have been put under unique pressure, bringing underlying dynamics of de facto state relationships to the foreground. These pressurised circumstances allow for a deeper understanding of the de facto state's capacity to act and engagement level. Traditional expectations suggest that de facto states would not have the capacity to handle the management of the pandemic without significant aid from their patron states. It could also be predicted that de facto states would not be able to maintain meaningful outside engagement and instead be isolated by their parent states from international aid. Based

on this thesis' conceptual framework, if these assumptions hold true, then the level of normalisation of the de facto state in the international system would decrease. On the other hand, if Transnistria is found to have presented enough evidence to suggest that it has shown the capacity to handle this crisis and participated in relevant international engagement, then its validity as an independent entity may be further normalised and thus alter its status quo on the international stage

4 Empirical Application: Transnistria's Capacity and Engagement

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4.1 The arrival of COVID-19

The first confirmed cases of coronavirus in Transnistria were registered on the 21st of March, 2020, about two weeks after the first cases reached Moldova. Most initial cases in Europe were reported between the end of February and mid-March, and therefore, it appears Transnistria's first case came at a slightly delayed date from the neighbouring confirmed states. However, compared to other de facto states in the post-Soviet region, the virus reached Transnistria the fastest in relation to its parent state (cf. Table 1). This supports the belief that Transnistria is the least physically isolated of its peer states. Notably, the first cases came after Transnistrian authorities had implemented restrictive measures including a state-wide quarantine beginning on the 16th of March and restricted movement from Moldova and Ukraine (President PMR 16/3/20a). Therefore, it is probable that coronavirus spread to Transnistria somewhat earlier than the 21st of March and that confirmation of infection had been impossible due to the absence of testing in the de facto state (Grâu 18/3/20).

Table 1. The arrival of COVID-19 in de facto states and their parent states

De facto state	First COVID-19 case (date)	Parent state	First COVID-19 case (date)	Days between transmission
Transnistria	21 March	Moldova	8 March	13
Abkhazia	7 April	Georgia	26 February	41
South Ossetia	6 May	Georgia	26 February	70
Nagorno-Karabakh	7 April	Azerbaijan	28 February	39

Sources: International Crisis Group, 2020; Johns Hopkins Coronavirus Resource Centre

The speed of transmission suggests that Transnistria had been experiencing a relatively 'normal' level of interaction with the wider international system. Prior to the COVID-19 pandemic, Transnistrian citizens were able to travel and regularly interact

with people from other countries. The consistent sociocultural engagement signifies a basic level of acceptance of the existence of this de facto state from Moldova and the international community. In the following sections, the other factors which can substantiate de facto state normalisation during the COVID-19 pandemic – capacity and engagement – are analysed. This is supplemented with a comparison of how Transnistria and Moldova managed the pandemic, to see whether this de facto state can measure up to a confirmed state during a crisis.

4.2 Capacity

This section applies empirical evidence to the first proposed causal mechanism of de facto state normalisation: proving meaningful capacity during crisis to show legitimate independence from the parent state. To begin, 2020 had, somewhat ironically, previously been dubbed the "Year of Health" by the Transnistrian government (Novosti PMR 14/10/19). In some ways the timing of this scheme was serendipitous in that budgetary resources had already been set aside for healthcare; but the extent of funding needed to handle the COVID-19 pandemic far outweighed expectations the government originally had when preparing for a healthcare overhaul driven by internal motivations. These resources were intended to promote the general health of Transnistrians, but due to COVID-19 they instead focused much more on improving infrastructure than running public health awareness initiatives (Novosti PMR 22/01/21). From the end of March into April and May, Tiraspol had to focus most of its governmental power on improving the capacity of both the healthcare system as well as providing resources to make quarantine manageable for the overall population. Significant effort was put into organising internal production of necessary medical supplies, due to the shortage of PPE around the world, for example. This effort may have potentially also been driven in part by concerns over possible isolation from international aid due to its de facto status.

In order to assess Transnistria's capacity, this study follows the original recommendations provided by the WHO in February 2020 on how to prevent and manage the spread of coronavirus. The WHO provided three strategic objectives for preparing and responding to COVID-19 based on (1) international coordination, (2) country readiness and response operations and (3) research and innovation. For measuring independent capacity, it is appropriate to focus on the second group of

objectives. This objective was broken down into nine issue areas for state authorities to handle this pandemic: 'country-level coordination', 'risk communication and community engagement', 'surveillance', 'points of entry', 'rapid response teams', 'national laboratory system', 'infection prevention and control', 'case management and continuity of essential services' and 'logistics, procurement, and supply management' WHO, 2020). In the international system, the WHO is generally considered to be the authority for standards to which states should organise their health systems, and as such, its recommendations are a suitable method of measuring Transnistria's capacity. As the WHO's guidelines were supposed to be used as a template for confirmed state authorities, how well Transnistria was able to follow these standards demonstrates its legitimacy and capacity to act like a confirmed state. Following these internationally recognised standards could also help grant the de facto state further respect, as an entity that is working within a framework that it is not necessarily expected to follow.

Along these lines, it is important to note that a large number of confirmed states arguably did not show adequate capacity during this pandemic. Many states that we would consider fully developed were not able to prevent or manage the large-scale spread of COVID-19 and experienced high mortality rates (Jain and Singh 2020). These deficiencies suggest that a de facto state's ability to follow guidelines, where confirmed states have failed, demonstrates a stronger claim for the state's capacity. At the same time, the initial recommendations of the WHO have been criticised for not being stringent enough to combat the virus (Babones 2020). Coronavirus has proved to be aggressive in its transmission, and even with strict measures in place, it is still possible for outbreaks to occur (Wilder-Smith 2021). Nevertheless, certain government measures and their enforcement have proven to save lives (Sorci et al. 2020).

Before beginning the assessment, it is also necessary to explain that for measuring capacity, intent is important. If a government has no intention of implementing containment measures (despite having the ability to), this does not mean that it has low capacity (e.g. Sweden). On the other hand, if a state does not implement restrictions and update health infrastructure because it is unable to, then it has low capacity. Capacity is about the ability to act on intentions. Thus, for this section, the plans (based on WHO recommendations at the time) announced by the Transnistrian authorities for COVID-19 management are discussed, followed by an evaluation of how well they were able to

enforce these policies. This analysis is concentrated on the initial plans and adjustments to Transnistria's pandemic response (February through June 2020).

4.2.1 Country-level coordination

In order to handle the COVID-19 pandemic, the WHO initially stressed the importance of inter-governmental coordination. Their guidelines explained that this coordination should include help from the national government for 'public and private agencies and organisations by providing guidance, establishing some predictions and making appropriate modifications to the laws or regulations at all levels and sectors to enable an effective response' (WHO 2020 p. 12). In this way, the Transnistrian Ministry of Health first began to report on COVID-19 on the 27th of January, noting the concerning situation in China and the need to be aware of its development. Authorities from the Transnistrian Ministry of Health began discussions with the Transnistrian Centre for Hygiene and Epidemiology, focusing on the need to disseminate accurate information to the public and medical workers, monitor respiratory infections, track travel and comply with WHO recommendations (Minzdrav 27/1/20). At the same time, the presidential administration released its first decree on measures to prevent the spread of coronavirus. Under this decree, the Ministry of Health was directed to keep records of coronavirus in other countries and forward this information to the other ministries, as well as develop a procedure for identifying cases of coronavirus, assess the readiness of medical institutions and have plans to immediately inform the government of any suspected or confirmed cases within Transnistria. It was also stated that bodies of state power and administration of Transnistria would provide all necessary assistance to ministries in their implementation of measures related to coronavirus. Responsibility for the implementation of this decree would be assigned to the Minister of Health, Minister of State Security, Minister of Internal Affairs and Chairman of the State Customs Committee as directed by the Chairman of the Government (President PMR 27/1/20). The Transnistrian Security Council then met in late February to discuss preventative measures and create a regulatory framework for establishing quarantine and preparing locations for possible patient isolation (President PMR 25/2/20).

After the virus had spread to Moldova, the Transnistrian authorities began to significantly step up coordination and preparedness measures. An Operational Headquarters for the Prevention of the Spread of coronavirus was established a by presidential decree on the 10th of March to help coordinate the actions of the Transnistrian Ministry of Internal Affairs, Ministry of Health, Ministry of Foreign Affairs and Ministry of Education. The initial duties of this body were to create an action plan for managing the spread of coronavirus, including creating a list of potential hospital bases for treatment, creating an algorithm for examining patients and assessing the preliminary recommendations for preventing the spread of infection (President PMR 10/3/2020). At this point, the legal framework for quarantine and restrictive regulations had been developed and were ready to be implemented at the first sign of coronavirus in Transnistria.

As a preventative measure, the first state-wide quarantine was announced to begin on the 16th of March, before any confirmed cases were registered in Transnistria. Educational institutions were closed, a ban was placed on mass events, and disinfection measures in public spaces were enhanced (President PMR 12/3/20). On the 18th, a state of emergency was declared, and restrictions were increased, with the closure of public gathering places and many shops and limitation of public transportation. The Ministry of Internal Affairs was put in charge of lockdown enforcement measures. Under this decree, the militia would be able to fine citizens for refusing to undergo medical examination or self-isolation if suspected of having coronavirus, with threat of imprisonment if medical and quarantine measures were evaded by someone with a positive diagnosis (MVD PMR 18/3).

Restrictive measures were increased again after the first registered cases of coronavirus. All retail facilities selling non-food or medical products, markets and public transport were closed (Regnum 18/3/20). Meanwhile, inspections of all open shopping facilities were carried out to ensure compliance with the restrictions, as well as of those who were supposed to be self-isolating following travel (President PMR 24/3/20).

These actions taken by the Transnistrian authorities show strong capacity in government coordination. It is clear that the government took the threat of COVID-19 seriously from the beginning, putting in place a preventative framework and using it to

ensure that all departments of the public and private sector were coordinated. These measures also appear to have been organised independently. Moldova was not involved in regulating these decisions and restrictions between Transnistria and its parent state were implemented separately. Even though coronavirus eventually managed to spread to Transnistria, Tiraspol followed the provided guidelines for states at the time. This aspect of pandemic management supports the idea that Transnistria had the state capacity and agency to handle a crisis from an organisational perspective.

4.2.2 Risk communication and community engagement

States were advised by the WHO to rapidly, regularly and transparently communicate with their population about COVID-19. This included coordinating already existing public health communication networks, media and enhancing other community engagement practices (WHO 2020 p. 12). At first, Transnistria, like many other states, began to deal with the COVID-19 issue by focusing on preventing the spread of misinformation and panic, without communicating the possible severity of the virus. However, in early March, as the pandemic began to spread throughout Europe, Transnistria started to release further information to the public about how to avoid contracting the virus. This advice included wearing masks on public transport or in busy locations, thoroughly washing hands, and telling those affected by chronic diseases to be particularly careful (Minzdrav 4/3/20).

At the same time state-wide quarantine was set to start, the Operational Headquarters publicised that a telephone hotline had been created to field questions and concerns from citizens (President PMR16/3/20b). This service quickly reported receiving hundreds of calls a day and that all concerns were being listened to. The Ministry of Internal Affairs also said that mass text messages were being sent through the main Transnistrian mobile service provider, InterDnestrCom, to a large part of the population, explaining precautionary measures and describing how to prevent the spread of coronavirus for those who may not have been paying attention to the news (MVD PMR 16/3/20).

In April, in order to improve the fielding of inquiries and concerns from citizens, a physical interdepartmental crisis centre for the Operational Headquarters was set up. This facility would add capacity to the hotline already in place, with a larger number of

employees and the ability to submit requests electronically over email (EurAsia Daily 6/4/20). This system would streamline referrals to specialists and help Transnistrians more efficiently. The Operational Headquarters explained that, at this point, calls were now shifting from ones of discontent with the lockdown to more practical issues, ones which the crisis centre could actively help people with, suggesting that Transnistrians were understanding and accepting their new way of life during the pandemic (President PMR 24/3/20).

On this issue, it seems that the Tiraspol showed a proactive effort in making sure that all of its citizens were well-informed about the coronavirus. The authorities made use of the media, and all departments communicated the importance of following the new measures. The telephone hotline and the addition of an online element fulfilled the WHO's recommendation as well. However, it is hard to say if citizens actually complied with this information and took it seriously. It is notable that President Vadim Krasnoselsky was rarely shown wearing a mask or social distancing (cf. Figure 3, next page). Images from the crisis centre also showed a room full of workers without masks (cf. Figure 4, next page). This was not an ideal way to communicate of the importance of following the guidelines set by the state. At the same time, mask wearing, social distancing and general community understanding of the COVID-19 pandemic has been a challenge for many countries. Citizens not complying with all restrictions is not a sign of lack of capacity, but rather is indicative of a lack of trust in the government, media or science.

Figure 3. Meeting between government officials of Transnistria

Source: Presidential Press Service of Transnistria

Figure 4. Employees at the Crisis Centre for the Operational Headquarters

Source: Presidential Press Service of Transnistria

4.2.3 Surveillance

The WHO advised that state authorities should make efforts to detect and keep track of coronavirus cases as well as maintain data on sex, age and outcomes of these cases (WHO 2020 p. 12). This first began in Transnistria after it was discovered that some Transnistrian citizens had been on a plane with an infected Moldovan woman. The authorities were quick to place these people in self-isolation at their homes with constant monitoring from doctors and law enforcement (Regnum 10/3/20). On the 12th of March, the Transnistrian government informed citizens that they could not leave the territory except under urgent circumstances and with permission from law enforcement agencies. Also, any Transnistrians returning from trips to countries with positive cases would be required to fill out an epidemiological card when crossing the border and self-isolate for 14 days. (President PMR 12/3/20). Once the first cases were confirmed, the government tracked the contacts of positive patients and disinfected the common areas of their residences (President PMR 24/3/20).

When a quarantine was established, the Transnistrian government's restrictions were very strict. Residents were required to carry their passports, with their address listed, allowing police officers to verify that they were not going beyond a small radius surrounding their home (MVD PMR 30/3). Cameras with facial recognition were also set up to catch quarantine violators (EurAsia Daily 29/3/20). Restrictions were updated

to permit residents only to leave their homes for shopping for essentials such as food or medicine, seeking medical help, going to mandatory work with a relevant certificate, walking pets up to 100 metres, or delivering of care to those in need (President PMR 1/4/20). In public places, shops and public transport, wearing a mask became a requirement. If these quarantine measures were broken, violators would have to pay up to 2,760 Transnistrian Roubles (approx. 172.50 USD) or face arrest for 15 days (Regnum 14/4/20). The authorities acknowledged that a high proportion of Transnistrians (36,000, or 7.5%) were suffering from chronic diseases that would put them at a very high risk of suffering complications from coronavirus. For this reason, Tiraspol believed that strong adherence to quarantine measures was crucial (MVD PMR 10/4/20). These restrictions were in place until the 1st of June, when many measures were eased as new coronavirus cases declined.

The Transnistrian government seems to have generally kept detailed records of the spread of COVID-19. Every three days the Presidential Press Service reported on the number of new cases and deaths, detailing whether or not each case was a man or woman, their age and in what region of the state they lived. For all cases, comorbidities were also tracked. The government noted that women, the elderly, chronically ill citizens, and those living in urban areas tended to be at a higher risk. This information was readily available to the public, as well as Moldova and international organisations. The Transnistrian authorities seem to have had the necessary capacity to obtain data and monitor positive cases of coronavirus.

4.2.4 Points of entry

The WHO emphasised the importance of states establishing a plan for monitoring points of entry (borders, airports and/or seaports) in order to prevent the spread of coronavirus from travellers (WHO 2020 p. 13). The first Transnistrian action in this regard was on the 27th of January with Presidential Decree No. 32 which stipulated that the entry of foreign citizens who had recently visited China or any other country with confirmed cases of coronavirus would be restricted. This decree also stated that the Ministry of State Security, Ministry of Internal Affairs and State Customs Committee should set up disinfection regimes and begin supplying PPE to employees at the state border (President PMR 31/1/20).

Coinciding with the announcement of state-wide quarantine, Transnistria also closed off its border with Moldova where there had previously been remarkably free movement as compared to other de facto and parent states (Regnum 17/3/20). Suddenly, thirty-seven checkpoints were installed along the Dniester Valley Security Zone[9] in the name of preventing the spread of coronavirus (Gulca, 2020). This move was highly criticised by Moldovan authorities. The border closure made previous trade and economic ties between Moldova and Transnistria essentially impossible. Moldovan and Transnistrian residents alike were cut off from some jobs, family and some forms of medical care. Chisinau claimed that the new barriers at the border were illegal and politically motivated. The Deputy Prime Minister of Moldova Alexandru Flenca asserted that the pandemic was being used as an excuse to move further away from Moldova's control, infringing on people's rights and freedoms for political ends (Uspenskaya 2020; International Crisis Group 2020, p. 10). At the same time, closure of regional borders took place in many countries at the start of this pandemic. Being cut off from certain social interactions, travel and facilities has become typical in many parts of the world (Connor 2020). The head of the School of Political Studies in Tiraspol, Anatoly Durin, supported this argument, saying that every country has struggled economically, socially and politically during the pandemic, and that governments, including Transnistria's, are attempting to follow recommendations, solely to prevent the spread of virus and save lives. Tiraspol's use of additional checkpoints, whether or not politically motivated, is a clear display of state capacity to prevent the spread of coronavirus from abroad and implement this plan.

4.2.5 Rapid response teams

The WHO recommended that states set up 'rapid-response teams', trained and equipped for investigations of suspected coronavirus cases, as well as initial treatment. This includes case investigation protocols, supplies, establishing a system for contact tracing and the implementation of a community-based surveillance mechanism (WHO

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[9] This Security Zone is a 12- to 20-kilometre buffer between the respective territories controlled by Chisinau and Tiraspol. This area has been monitored by the Joint Control Commission, a multi-state peacekeeping group that has been monitoring the area since 1992 (Gulca 2020).

2020, p. 13). In April, the Transnistrian government announced an official coronavirus surveillance algorithm. Based on this formula, anyone suspected of being infected was to be hospitalised in their local facility's infectious diseases department until testing was finished and then in the case of a positive result, transferred to the coronavirus centre, Slobozia Hospital, for treatment. All of this would be done under the coordination of the Ministry of Internal Affairs and Ministry of Health (EurAsia Daily 2/4/20).

Figure 5. Cadets visit the home of an elderly Transnistrian woman

Source: MVD PMR

As mentioned earlier, the Transnistrian Ministry of Internal Affairs was put in charge of managing anti-pandemic measures under a special working regime. The militia was given the responsibility of controlling and organising hospitals, coordinating medical personnel (Grâu 30/3/20), distributing protective equipment, assessing the compliance of shops (President PMR 16/3/20b), investigating possible infections and contact tracing (MVD PMR 4/3/20), assisting older citizens (cf. Figure 5) and even donating blood (MVD PMR 29/4/20). Police officers were tasked with enforcing stay-at-home orders and recording all violations. The militia was also provided drones with high-resolution video cameras to monitor the territory for citizens breaking lockdown (Grâu 6/4/20). In October 2020, this was supplemented with the mobile application "Ya doma" (Я дома), to closely track those who were supposed to be in self-isolation, minimising contact necessary contact with police officers (Novosti PMR 1/10/20).

These actions showed that the Transnistrian authorities were able to set up an organised mechanism for investigating cases and keeping track of the distribution of supplies. However, it is unclear whether these teams of police officers were given any additional training for case investigation or initial patient-treatment. Transnistria's version of 'rapid-response teams' seemed to be more focused on enforcement and

punishing violators rather than thorough contact-tracing or treatment. Additionally, using law enforcement for imposing coronavirus restrictions has been criticised for violating human rights in some countries. Amnesty International has claimed that the punitive and coercive measures adopted by some governments are highly problematic (Amnesty International 2020). Accordingly, Transnistria's actions would not be considered ideal in following the WHO's recommendations; however, they do appear to be following a norm seen in confirmed states.

4.2.6 National laboratory systems

The WHO advised that states coordinate the testing of clinical samples from those with suspected cases. Ideally, a national laboratory should be set up for diagnostic testing to be performed more rapidly, but samples may also be sent to international laboratories (WHO 2020, p. 13). Initially, Transnistria was sending all samples to Moldova for analysis. However, in April, Tiraspol announced plans to set up its own laboratory with the purpose of testing for coronavirus (Regnum 1/4/20b). A working group was chosen to have training in Chisinau in order to perform tests safely in Transnistria and on the 15th of April, equipment arrived to open the COVID-19 testing laboratory at the Republican Central Hospital (RCH) in Tiraspol. The laboratory was initially designed to process sixty tests a day and allegedly followed WHO recommendations for protecting technicians (President PMR 15/4/20). The first successful test was run on the 18th of April under the supervision of a Chisinau-based company, Global Biomarketing Group (MVD PMR 18/4/2). This facility was operational by the 21st of April, but some samples of Transnistrians were still being

analysed in Chisinau due to limited capacity (International Crisis Group 2020, p. 9). On the 29th of April, the Transnistrian authorities announced that rapid testing laboratories were opening in other cities around the region, including in Tiraspol, Rybnitsa and Bender. These laboratories were equipped with a number of tests as a 'gift' from Russian businessman, Igor Chaika, who has close relations with the Moldovan president, Igor Dodon (Grâu, 29/4/20).

Moldovan authorities were initially critical of these laboratories, suggesting that Transnistria could use this independent testing to hide case numbers and that the laboratories were not WHO accredited (Grâu 6/4/20). However, there is no evidence that Tiraspol attempted to manipulate the data or that its testing was significantly inaccurate. Ultimately, it seems the Transnistrian government was able to develop new capacity in this area. Although it could not set up COVID-19 testing laboratories as quickly as its parent state, Transnistria's ability to establish them when needed shows important state capacity to act based on need.

4.2.7 Infection prevention and control

This issue area focuses on the protection of healthcare workers and enhancement of healthcare infrastructure. This could include triage capabilities, equipment, isolation capacity, referral procedures, appropriately ventilated rooms, and so on (WHO 2020 p. 13). Prior to the spread of coronavirus, the Transnistrian healthcare system had a relatively poor reputation. In February 2020, Transnistrian citizens were interviewed anonymously by Radio Free Europe Moldova for their opinions on the so-called 'Year of Health' and what they believed needed to change in the de facto state's healthcare system. The responses ranged from modest acceptance to strong disapproval, but most respondents agreed that the system needed significant improvement and that previous promises in this area had fallen short (Grâu 3/2/20). Shortly after, the same reporters interviewed Transnistrians about the spread of coronavirus. Some respondents were concerned that local medical institutions would not be able to cope with the virus should it come to Transnistria (Grâu 18/3/20).

In preparation for the spread of coronavirus, the Transnistrian government provided seminars and remote courses for all doctors to better understand the treatment and safety protocols for handling coronavirus (Minzdrav 18/3/20). As of the 23rd of March, the

government stated that there were forty-five specialist doctors and eighty-five nurses ready to handle coronavirus patients (President PMR, 23/3/20b). The authorities also promised that an additional salary would be provided to the medical personnel fighting coronavirus.

In terms of equipment, the Presidential Press Service initially reported that the country had 91 ventilators, but only 73 of them were in working condition. Repairs to defective machines were quickly began, with capacity increasing to 84 ventilators by the 30th of March (President PMR 30/3/20). Due to a lack of respirators, 720 were purchased in April for hospitals around the country (President PMR 15/4/20). Similarly, there were few ambulances available in Transnistria and many of these vehicles were quite old. Due to increased demand during the COVID-19 pandemic, eleven, and later an additional seven, ambulances were purchased from Russia. These purchases were called 'the largest investment in the emergency service in the last twenty years' (Grâu 11/5/20).

Unfortunately, in mid-April it was also determined that the enforcement mechanisms for health regulations were not effective enough to prevent outbreaks and certain medical mishaps. Some health officials at the Ministry of Social Protection and Labour as well as representatives of the Sanitary and Epidemiological Service were found to be violating guidelines (not wearing masks, washing protective clothing at home, not using adequate disinfectants and even administering expired medicines). Due to this malpractice, severe outbreaks occurred at homes for disabled people (MVD PMR 12/5/20). This mismanagement resulted in multiple changes to the administration of the Ministry of Health and main Tiraspol hospital (EurAsia Daily 18/5/20). Although it is unfortunate that these mistakes happened, the fact that the Transnistrian authorities discovered this malpractice and quickly remedied the situation is a display of government capacity.

At the same time, some reports were stating that there was a shortage of medical staff, and many employees were having to work extra shifts. To remedy this situation, Tiraspol launched a campaign called "Volunteer Doctor", attempting to recruit medical professionals from different specialties around the country that were currently not working to the Slobozia facility (EurAsia Daily 16/4/20). Regrettably this campaign was mostly unsuccessful, receiving very few volunteers. Of the 13,000 medical staff in

Transnistria not already working to treat coronavirus patients, only eight volunteered (Grâu 6/4/20). Nevertheless, by the end of 2020, the Ministry of Health stated that 649 doctors, 1,386 mid-level medical personnel and 1,152 junior-level medical personnel were involved in the treatment of coronavirus patients, a much larger number of workers than was reported at the beginning of the pandemic (Minzdrav 29/12/20). This suggests that the government was able to eventually hire and train the needed staff. In March, the Ministry of Health organised online courses through the Privolzhsky Research Medical University for medical workers of all specialties to learn about coronavirus and increase working capacity (Minzdrav 29/12/20).

At the start of the pandemic, Transnistria seemed to have a relatively low healthcare infrastructure capacity. The comments from residents and outside media suggested that Transnistria would have a significant struggle in having appropriate medical facilities and enough healthcare professionals. In reality, Transnistria did have some difficulties with having enough personnel during the pandemic, but not necessarily more so than some confirmed states. In fact, most countries faced staff and PPE shortages during the pandemic (Buonsenso, De Rose and Pierantoni 2020 pp. 1-2). In Transnistria, there are no reports of hospitals being completely overrun and doctors unable to handle the influx of patients, unlike in Italy for example (Buder 2020). The 'Volunteer Doctor' campaign was not particularly successful, but the authorities were able to call on military doctors to help. The government had the capacity to authorise pay increases and provide isolated housing and protective equipment for medical personnel. These actions suggest that the pandemic provoked substantiable improvements to Transnistria's healthcare capacity

4.2.8 Case management and continuity of essential services

During the pandemic, the WHO suggested that states should be able to designate facilities for the care of coronavirus patients, while simultaneously continuing to provide essential services to citizens (WHO 2020 p. 140). The Transnistrian government began to assess possible locations for treating those with coronavirus in early March 2020 while also appraising its food, fuel and medicine reserves. On the 12th of March, President Krasnoselsky announced that Transnistria could be completely self-sufficient in terms of these necessary provisions (EurAsia Daily, 12/3/20).

On the 20th of March, the infectious diseases department of the Central District Hospital of Slobozia was established as the official location for treating patients with suspected and confirmed cases of coronavirus. At this time, the facility needed major repairs; it had been built in Soviet times and had not received any investment since. As a result, renovations were prioritized and local businesses even offered free services to help ready the building for the first patients (MVD PMR 20/3/20). Citizens also began collecting donations for basic equipment for the coronavirus facility in order to help increase the speed of repairs (EurAsia Daily 14/4/20). Initially there would be space for 80 patients with positive diagnoses and medical workers would be provided free and safe transportation to and from the facility (MVD PMR 19/3/20). Over the following days, capacity at the Slobozia hospital increased to 200, and then 350 readied beds, with the capability of monitoring all positive cases of coronavirus as well as those awaiting test results (President PMR 21/3/20; 23/3/20a). The authorities also determined that, if needed, an additional 430 beds could be quickly prepared at various locations around the country. By April, the plan was that in a worst-case scenario, when the Slobozia hospital was 2/3 full, then the transition to opening other facilities would occur (President PMR 7/4/20). By the 15th of April, an additional 1,880 beds had been prepared throughout the country (President PMR 15/4/20). Figure 7 shows the hospital capacity as a percentage of patients per beds through 2020. Here we can see that during the first wave of coronavirus, the facilities never reached more than 65% of the total capacity.

Figure 7. Hospital capacity in Transnistria
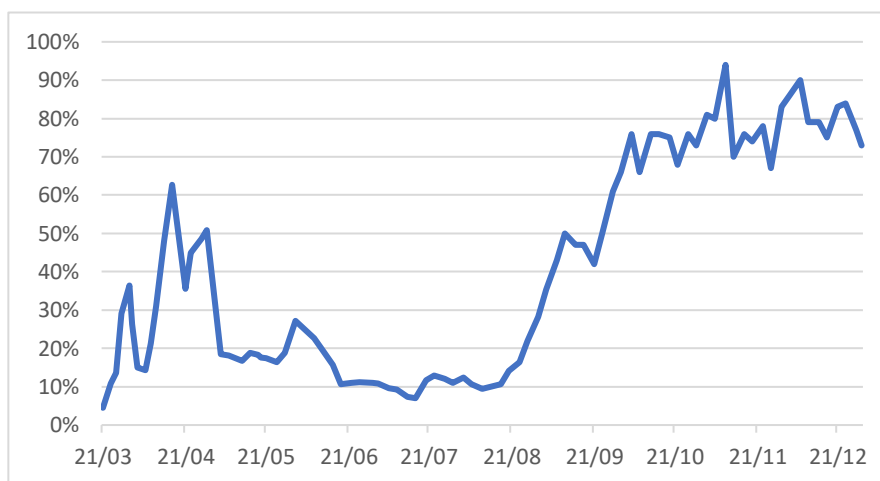
Data source: Presidential Press Service of Transnistria

Moving onto essential services, there appear to have been several issues. Respondents to a survey, sponsored by the United Nations Development Programme in Moldova, reported that the services provided by the Transnistrian government were low quality and that there was close to no access to medical care for those cases not considered emergencies. Access to necessary social services for vulnerable groups such as victims of domestic violence, single mothers, children and the elderly, had been restricted. In particular, there were problems with access to distanced learning and justice programmes (UNDP Moldova p. 251). Notably, in terms of education, Transnistria determined in an initial review that only 85% of teachers and 68% of students had access to personal computers, indicating that many children may be missing out (President PMR 26/3/20a). The government stated that it would provide some correspondence lessons over the phone to children without internet access, but one can imagine this was been ideal. In November 2020 the authorities stated that they had organised the purchasing of 504 computers and the installation of high-speed internet for all schools over the year to help this situation, however, there is a lack of information on how much this actually improved the education situation (President PMR 12/11/20). Providing sufficient education to children during the pandemic has proven to be a highly complex challenge for many countries. The United Nations reported that 40% of the poorest countries in the world have failed to support at-risk learners during COVID-19, which suggests that Transnistria's failures should not be considered out of the ordinary[10] (United Nations 2020, p. 8).

Another complication, which was directly caused by Transnistrian changes to the border regime with Moldova, impacted retirees with Russian citizenship. At the beginning of 2020, Moldova had incidentally changed its banking policies, and as a result, transactions with certain international debit cards became illegal in the territory of Transnistria. Because of this, many pensioners receiving money from Russia had to cross into Moldova to use ATMs. The border closure then created complications for this at-risk population, cutting them off from funds needed to survive. To remedy this, the

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[10] For context, Transnistria's GDP per capita is considerably lower than confirmed states in its region, including Moldova, Ukraine, Belarus and Russia (Economic Monitor Transnistria 2020).

government began bussing groups of pensioners to Varnitsa, a Moldovan village on the border of Transnistria, to use the ATMs. However, this system was criticised for being very inefficient and difficult for older citizens. Reports describe people racing to ATMs in order to make sure that they can get to the machine before it runs out of cash (Uspenskaya 2020).

Another issue area during the pandemic was that of the economy and business owners. The Transnistrian economy was forecasted to decrease by 11% over 2020 due to lockdown measures and decreased exports. The most affected economic sectors of Transnistria were therefore the production of non-food goods and import-export enterprises (UNDP Moldova 2020). In order to help keep these businesses and the economy afloat, the president announced that loans would be arranged for the businesses forced to close during the lockdown (President PMR 25/3/20b). In addition to this, multiple government initiatives were created to support small- and mid-sized businesses during the crisis. A project entitled 'Buy Transnistrian' began in March 2020, funded by domestic resources, to encourage investment in businesses' e-commerce capacities. Two other projects were set up to educate entrepreneurs, start-up founders and managers, and provide online seminars throughout the pandemic on how to grow their businesses. An import-export commission was also established by the Operational Headquarters to provide resources necessary to continue the operations of these enterprises safely with its permission (UNDP Moldova 2020).

Food security was another area of concern in Transnistria, but this seems to have been handled better. In order to prevent shortages, authorities announced that there would be a ban on the export of food. For families that were losing significant income due to the pandemic, food packages would be provided by the state through the Sheriff Corporation (President PMR, 31/3/20).

These issues described here have been challenges for virtually every other country affected by COVID-19. Education, public services and economic stability have continued to suffer across the world so it is understandable that Transnistria would struggle with similar problems. It seems that the Transnistrian authorities made attempts to remedy these issues, though capacity was definitely lacking. Overall, it seems most resources were committed to hospital infrastructure. As a result, coronavirus services

appeared adequate, at least in terms of hospital infrastructure and the number of available beds, but capacity was lacking in the maintenance of essential services.

4.2.9 Logistics, procurement and supply management

For the last area of recommendations, the WHO advised that the state address supply management needs and risks arising from the pandemic, including concern for 'geopolitical events that may impact the market's ability to manufacture necessary supplies'. The state would also need to manage the equitable and efficient distribution of supplies to appropriate locations (WHO 2020, p. 16). On the 10th of March, the Transnistrian Presidential Press Service first announced that it was in the process of purchasing protective clothing, non-contact thermometers and other supplies that might be needed for handling coronavirus-positive patients. At the same time, the government was also collecting information on its medical infrastructure to determine what additional equipment was needed (President PMR 10/3/20). As there was a mass shortage of medical masks around the world, the President instructed local sewing enterprises to organise the production of reusable masks (President PMR 12/3/20). The Transnistrian-based textile companies Tirotex and Odema were contracted by the government to sew these masks, with the capabilities of making of 80,000 masks a day (President PMR 18/3/20). At this time, the Ministry of Health also reported that it had amassed a sufficient stockpile of medicines and disinfectants to treat three hundred coronavirus patients (President PMR 20/3/20). Before long, issues with supply procurement began to arise due to border closures. After Ukraine closed its border with Transnistria, orders of medicine and equipment would have to go through the Moldovan authorities. This led to an incident lasting for several days, where these important shipments were stuck at the border, unable to be received by Transnistria (President PMR 25/3/20a).

Overall, Transnistrian businesses were crucial in providing financial and material support for the government's anti-coronavirus measures. As of the 26th of March, Transnistrian authorities announced that the state's order of masks had now been fulfilled by Tirotex and Odema. These companies were set to continue this production and would be providing free masks for residents and selling extras on the international market (President PMR 26/3/20b). Another textile company, Intercentre Lux, was

sewing 200 units per day of protective suits for medical workers (President PMR 26/3/20c). An agreement was reached with Rybnitsa-based Moldovan Steel Works (MMZ) to provide necessary oxygen and plans were made to purchase additional artificial lung devices, oxygen humidifiers and compressors for ventilators (Minzdrav 18/3/20). The KVINT enterprise, a winery and distillery based in Tiraspol and one of Transnistria's largest companies (owned by Sheriff Ltd.), was chosen to produce disinfecting solution for the entire country. News reports frequently showed President Krasnoselsky and other officials paying visits to these factories. Additional PPE was also imported by purchase of the government with assistance from local businesses, including 437,000 gloves, 50,000 respirators, 2,200 protective suits and 3,800 goggles (President PMR 4/5/20). Transnistrian telecommunication company, InterDnestrCom, provided substantial financial assistance, purchasing goods worth over 210,000 EUR for the purposes of government redistribution. The Sheriff Corporation also provided salary increases for 3,200 medical workers (President PMR 12/5/20).

Transnistria's supply management suggests that it had adequate capacity to handle this aspect of the COVID-19 pandemic. There are no unbiased reports available to support this as fact, but there is also no evidence that Transnistria had a great shortage of medical equipment or supplies for treating patients. The authorities understood that the world was facing a shortage of PPE and quickly ensured that it had the domestic capabilities to manufacturer what could not be purchased.

4.2.10 Conclusions on Transnistria's capacity

Based on the nine objectives provided by the WHO on how to manage the COVID-19 pandemic, Transnistria showed sufficient capacity in many areas, but was still lacking in others. Ultimately, coronavirus reached Transnistria and an estimated 24,843 fell ill and 473 died during 2020. On the other hand, that does not mean that its capacity should be seen as especially low. Compared to confirmed states in Europe and the post-Soviet region, Transnistria had similar per capita case and mortality rate (see Appendix I). Transnistria attempted to follow each of the WHO's recommendations and adapted in many areas where it was initially lacking, particularly healthcare infrastructure, laboratories and medical supply procurement. The de facto state's deficiencies were primarily found in organising rapid response teams and continuity of essential services.

However, after reviewing the details of Transnistria's response, and evaluating how many confirmed states coped with COVID-19, Transnistria did not acutely fail any of these WHO guidelines. Tiraspol did not thrive in its handling of the pandemic in comparison to confirmed states, but it also does not fall significantly behind. In displaying this 'average' capacity, Transnistria can be justified in its legitimacy and sovereignty. The government made decisions independent of Moldova and showed that it has the ability to take action in times of crisis.

4.3 Engagement

The other proposed causal mechanism which could impact possible de facto state normalisation is the ability to participate in international engagement. The WHO did not provide recommendations for inter-country engagement during the pandemic, but rather gave generalisations for how the organisation itself should coordinate an international response to COVID-19. Accordingly, rather than organising this section based on how well Transnistria was able to meet specific criteria like the previous section, the different types of interaction the de facto state had will be explained here. De facto state engagement is defined as links with the outside world, not including, but affected by, existing relations with the parent and patron states. Therefore, to understand the context for Transnistria's international engagement during the pandemic, its relations with Moldova and Russia are first explored. This is followed by a breakdown of the specific interactions Transnistria had with confirmed states and international organisations. The number and meaningfulness of Transnistria's engagements with the international community during the pandemic tells us how politically isolated the de facto state was, and whether it is possible to have deliberate engagement while under the stress of handling a crisis. The WHO emphasises that international coordination is necessary for battling the COVID-19 crisis, and if Transnistria has shown that it is able to interact with this system, then its legitimacy and thus normalisation is more justifiable.

4.3.1 Parent state relations

A large part of the engagement of the de facto state is influenced by what is allowed by its parent state. The relations between the de facto state and its parent state are therefore important in determining the extent and type of engagement that can occur. If

the parent state asserts that relations with its breakaway territory are, then it is unlikely that the international community will be unlikely to violate these wishes. Conversely, if the parent state is more lenient, it is easier for normalised relations to be established with the de facto state. However, it is still possible for de facto engagement to continue without parent state acquiescence. If the de facto state has a systematic history of relations with confirmed states (essentially, a normalised reputation in the international community), then the opinion of its parent state will have less of an impact. Accordingly, this section will assess how Transnistria and Moldova's relationship was affected during the pandemic, followed by a discussion on how much this change may have influenced wider engagement.

Overall, relations between Transnistria and Moldova generally worsened during the COVID-19 pandemic. The necessity of state-imposed restrictions contributed to new communication challenges, reigniting tensions over the disputed sovereignty of Transnistria. The fairly amicable relationship that had been developing between Transnistria and Moldova were thrown into chaos as coronavirus began to spread. Tiraspol's attempts to act independently when handling the virus were seen as threatening to Chisinau's control of the region (Radio Chisinau 2020). Although both entities claimed that they were opposed to politicising the issues, in reality it seems that both Tiraspol and Chisinau were quick to use the challenges arising from the pandemic to criticise each other's decisions.

The feuding came to a head when imported medicines destined for Transnistria were stuck at the Moldova-Ukraine border. On the 16th of March, Ukraine suspended its checkpoints along the border with Transnistria for its own self-isolation purposes, putting all official border crossings into Moldova's control (Novosti PMR 2/4/20). Tiraspol accused Chisinau of intentionally causing delays in shipping from Ukraine to encourage reintegration, while Chisinau stated that this clash was being overblown by the Transnistrian media to justify its desire for independence (Regnum 30/3/20; Novosti PMR 2/4/20). Similar incidents occurred, such as delays to the import of computer equipment for distance learning (Regnum 1/4/20a) and spare parts for ventilation devices (Regnum 15/4/20).

The unofficial border between Transnistria and the rest of Moldova, also caused problems for parent-de facto state relations. As described previously, Transnistria

created additional check points along the Security Zone, hindering the freedom of movement enjoyed by residents of Transnistria and Moldova prior to the pandemic. Chisinau denounced the move, claiming that it would lead to human rights violations and was motivated by secessionist desires (Radio Chisinau 2020). When Tiraspol criticised the import delays through Ukraine, Chisinau responded with the claim that these issues were actually caused by Transnistria's new border regulations (International Crisis Group 2020, p. 10). The Moldovan government appealed to the OSCE and the EU to condemn the new checkpoints (which they did), but this did not to appear to have had the desired effect of getting Transnistria to change its border policy (International Crisis Group 2020 p. 11).

During the pandemic, interactions between these two parties have been characterised by contradictions and disagreements in policy, more so in a rhetorical sense than in ways that led to action being taken. There were many accusations, each labelling the other government as overreactive and unnecessarily political, while simultaneously claiming to be unbiased focused on the protection of their citizens (see MFA PMR 11/4/2020; Info Tag 22/4/2020, Regnum 13/4/20). Initially, there was some collaboration between Chisinau and Tiraspol in combating the spread of infection and laboratory testing, but once Transnistria had its own facilities, both sides began to claim that the other was no longer properly communicating (Tass 2020; International Crisis Group 2020, pp. 10-11). Relations eroded into bickering, with frequent calls to outside organisations and states to curtail the other's behaviour.[11] Based on the lack of change that Moldova's criticisms seemed to have had on Transnistria's actions, it appears that Transnistria handled its management of the COVID-19 pandemic independently. There is no specific evidence that Moldova prevented Transnistria from having external engagement or setting its own coronavirus management policy

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[11] Transnistria requested input from the OSCE, WHO and Russia, while Moldova also requested this from the OSCE, WHO and EU (see Infotag 20/3/2020; Radio Chisinau; MFA PMR 11/4/2020, Gorchak 2020, EurAsia Daily 22/4/20).

Despite Transnistria's reputation for being dependent on its patron state, Russia did not overshadow all other forms of engagement or aid to Transnistria during the COVID-19 pandemic. Russia provided some assistance, but was not a driving force in Transnistria's pandemic management. Moscow still made some donations of testing equipment and training, but roughly half of the interaction between Transnistria and its patron was based on the traditional trade of goods and help from Russian NGOs or individuals as mentioned in the 'Capacity' section of this chapter.

The bulk of aid provided by Moscow was made up of 5,000 coronavirus tests to the Chisinau coronavirus laboratory, specifically to be used for the samples from Transnistrian citizens (Regnum 25/3/20). Tiraspol also reached out to the Russian Ministry of Health requesting consultations from Russian doctors about COVID-19. Transnistria was attempting to follow the Russian clinical guidelines for treating patients with coronavirus, and, as such, video calls took place between Transnistrian officials and doctors with Russian experts which focused on developing and adapting protocols for managing the pandemic (MFA PMR 26/4/20; EurAsia Daily 27/4/20; Minzdrav 20/5/20). In April 2020, specialists from the All-Russian Centre for Disaster Medicine visited Transnistria to check compliance in person and give further advice (EurAsia Daily 27/4/2020). Also, in May, specialists from Rospotrebnadzor (Russian Federal Service of Surveillance on Consumer Rights and Protection and Wellbeing) arrived in Transnistria to share their experience in combatting coronavirus. They visited quarantine centres, medical centres and the coronavirus testing laboratory in Tiraspol to evaluate disinfection measures and the quality of medical practices and personnel (EurAsia Daily 13/5/2020).

The Transnistrian authorities also had various meetings online and in person with Russian officials during 2020, however they were not particularly focused on COVID-19, but rather the struggling negotiations with Moldova (MFA PMR 24/9/20; 4/12/20; 15/12/20). In this way, we can see that Tiraspol kept up its standard relations with Moscow that it has maintained in recent years, but did not significantly depend on its aid for handling the pandemic. In fact, it appears that Russia sent more ,proportionately larger donations of PPE, medicine and medical personnel to other, confirmed states, including China, Syria, Iran, North Korea, Venezuela and more (The Moscow Times

2020). Thus, it appears that Transnistria was no more reliant on its patron than other states. Tiraspol used some of the guidelines provided by Russia, but it managed to organise most of its healthcare system with limited instruction. This indicates that Transnistria has independent capacity as it is moving away from being reliant on Russia, but also that it is still productively engaging with Moscow.

4.3.3 Relations with the wider international community

Despite deteriorating relations with Moldova and limited reliance on Russia, Transnistria strengthened its engagement with the international community during the COVID-19 pandemic. Over the last several years, Transnistria had been building on its relationships with confirmed states and international organisations, and this trend has continued despite the crisis. In contrast to what was expected of a de facto state, Transnistria engaged more with the West than Russia in this time, as evidence by the greater amount of aid from the West versus Russia. When considering international organisations, during 2020 Transnistrian officials met with representatives of the United Nations, Council of Europe, WHO and OSCE. The following paragraphs, detail the cooperation between Tiraspol and the wider international community, from international organisations and confirmed states, to show how its engagement was impacted by the pandemic.

Throughout the year, Transnistria regularly had meetings with OSCE representatives about the negotiation process with Moldova and COVID-19. For years, the OSCE Mission to Moldova has been organising meetings to attempt to settle the ongoing dispute over Transnistria's territory. Accordingly, the meetings that took place with OSCE representatives were more about complications with Transnistrian-Moldovan relations and how the pandemic had derailed negotiations, rather than how to contain the spread of the virus. Though not immediately pertinent to COVID-19, the maintenance of this engagement shows that Tiraspol continues to be an equal partner in negotiations. The OSCE was also helpful in supporting some collaboration between Chisinau and Tiraspol for coordinating coronavirus measures. On the 5th of February 2020, officials from Moldova and Transnistria met at the OSCE Mission to Chisinau to discuss COVID-19 with the WHO, agreeing to coordinate on measures to prevent the

spread of the virus. The WHO provided technical instruction and stated its readiness to support the authorities of both Chisinau and Tiraspol (Regnum 5/2/20).

The WHO continued to play a role in assisting Transnistria after the first meetings in Chisinau. On the 22nd of April, Tiraspol requested that the WHO send an in-person mission to assess its measures for combatting COVID-19 in person (Novosti PMR 22/4/20). The WHO responded and on the 3rd of May, Transnistria participated in an online meeting with the WHO representative for Moldova, attended also by UNICEF and OSCE representatives to organise a working visit (MFA PMR 3/5/20). A WHO delegation later visited the Transnistrian Crisis Centre and reviewed its activities for the prevention of coronavirus (MFA PMR 6/5/20). Based on the assessment of the situation in Transnistria, the WHO provided humanitarian aid, including 121,000 masks, 35,000 respirators, 3,600 protective gowns and 1,600 protective glasses (MFA PMR 10/8/20).

To a lesser extent, Transnistria interacted with other key international organisations. The de facto state received aid from a UNICEF project in Transnistria, including masks, gloves, disinfectants and other protective equipment that were delivered to children and school employees (MVD PMR 24/4/20). The EU also granted humanitarian aid for medical centres and vulnerable groups, which included medical equipment, food and disinfectants (Grâu 27/4/20). Furthermore, an EU-financed programme in Transnistria called 'Confidence Building Measures', implemented by the UNDP, was provided with further assistance in 2020 to equip healthcare workers and public officials with equipment necessary for protecting themselves against COVID-19 (UNDP Moldova 2020, p. 254).

The Transnistrian authorities also met with official representatives from various confirmed states during 2020, including the Netherlands, Germany, the United States, the United Kingdom and the Czech Republic (MFA 27/2/20a; 27/2/20b; 8/7/20;15/10/20; 11/12/20). The reports from some of these meetings did not describe particularly meaningful engagement in terms of making agreements on trade or aid for example; however, it is noteworthy that Transnistrian authorities hosted representatives from confirmed states in Tiraspol, and not in Moldova. The fact that these representatives travelled to Transnistria (amidst a pandemic), suggests the government is viewed with some degree of legitimacy as an authority over its territory. It is also interesting that the meetings with the US and UK took place with the ambassadors of

these countries. Transnistria had hosted meetings with these ambassadors before, but less frequently. In previous years, these countries usually sent deputies or lower-level officials to Transnistria, but in 2020 it seems that Tiraspol had 'levelled up'.

The most meaningful of these meetings with confirmed states, in terms of aid, came in the meeting with the UK. The British Ambassador to Moldova, Stephen Fisher, visited Tiraspol twice, providing a large donation of supplies to help in the fight against coronavirus. The British Embassy in Chisinau's Facebook page publicised that 1,160 packages of food and hygiene products and 1,500 packages of masks and sanitizers would be given to the Transnistrian region to be distributed to vulnerable people, as well as 28,875 gowns for medical institutions, 'paid for by the taxes of the British people' (UK in Moldova – British Embassy Chisinau 3/12/20). Though these announcements describe Transnistria as a region of Moldova, it is significant that the Embassy advertised these meetings and the visits to Tiraspol. Many of the meetings reported on the website of the Transnistrian Ministry of Foreign Affairs are not reciprocated on the respective site of the confirmed state which is supposedly participating in this engagement. Mostly likely as an effort to prevent showing support for the de facto state, these other foreign ministries usually report on their visit to Chisinau, but not Tiraspol. Hence, Britain's publications are, comparatively, very supportive of Transnistria.

Engagement with the US was also linked to to the management of the COVID-19 pandemic. The US Embassy in Moldova Facebook page reported that they were providing a donation of ten tablet computers to hospitals around Transnistria for patients to communicate with their families while in isolation (US Embassy in Moldova 5/6/20). A post was also made about training doctors in Tiraspol on the use of PPE, respiratory support and measures to prevent infection, which was funded by the US Embassy (US Embassy Moldova 8/9/20). The US Ambassador to Moldova Derek Hogan paid two visits to Tiraspol as well, meeting with President Krasnoselsky. These meetings, in July and September, both focused on the issues of stagnating negotiations between Transnistria and Moldova (MFA PMR 8/7/20; 8/9/20). Anti-coronavirus measures in Transnistria were also discussed, with plans to encourage collaboration between Washington and Tiraspol.

It is notable that Transnistria accepted aid from these states and organisations, as Tiraspol claimed the state was fully self-sufficient. It is impossible to say for sure, but three main possibilities exist: either (1) Transnistria needed more supplies than estimated when it claimed to be self-sufficient; (2) the supplies produced in Transnistria were not of sufficient quality; or (3) Transnistria did not actually need the aid but wanted to participate in international engagement for the sake of normalisation. These conjectures cannot be tested within the restraints of this analysis namely due to a lack of access to internal Transnistrian government memos, but should be considered regardless.

4.3.4 Conclusions on engagement

Overall. Transnistria appears to have been able to maintain consistent international engagement during the pandemic. Comparing the number of reports on the Transnistrian Ministry of Foreign Affairs website in 2020 to previous years, there have been a comparable number of interactions with either international organisations or confirmed states (not including Moldova and Russia).[12] However, it is likely that all the interactions and donations aforementioned underwent approval by Chisinau. Though most sources do not explicitly state this, even Russia has made it clear that all support is delivered to Transnistria through Chisinau (International Crisis Group 2020, p. 10).

Nevertheless, all engagement and aid support, including for purposes mainly of publicity, are meaningful for Transnistria's legitimacy, and can reflect normalisation. Therefore, continuing engagement throughout the pandemic was key to increasing tolerance of the de facto state within the international community. One of the expected challenges of de facto status is losing support and aid of the international community, even outside of global crisis. Thus, receiving aid during the pandemic was doubly beneficial. Not only did it help for the immediate situation, but it also showed that the government was responsible and sufficiently legitimate to receive aid responsible enough to distribute it, both increasing the likelihood of its being aide again in the future. Again, this interaction is a form of normalisation, as it allows the state to benefit

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[12] In 2017 there were 13 meetings with the representatives of the wider international community listed on the Transnistrian Ministry of Foreign Affairs website. In 2018: 12, 2019: 12, and 2020: 13.

from being a part of the international community. Even though receiving aid will not necessarily lead to recognition, it confers some legitimacy to the de facto state authorities.

4.4 Comparative aspect

To quantitatively assess of Transnistria's handling of the coronavirus, the COVID-19 case and death rates of Transnistria are systematically compared to that of Moldova, its parent state. Data from Johns Hopkins Coronavirus Resource Centre is used for Moldova. Data for Transnistria are from the state news, Novosti Pridenstrovia, and the Transnistrian Ministry of Internal Affairs.[13] Moldova's data include Transnistria's within it, thus the numbers from Transnistria are deducted to derive the appropriate numbers for Moldova and prevent overlap. These data on total case and mortality rates, are used to provide quantitative evidence to substantiate Transnistria's claims of independence through its capacity to manage the COVID-19 pandemic. In order to properly compare the data, the reported numbers are converted into total cases or deaths per 100,000 residents for each day in 2020. Unfortunately, there are differing statistics on the exact populations of Transnistria and Moldova (without Transnistria), so the mode of several reports of the populations are used.[14] Although the data are imperfect, they are still useful in terms of measuring the differences between the two states.

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[13] Though state news may not be the most reliable sources, there are no independent data available on Transnistria.
[14] 2020 population estimates for Transnistria range from 300,000 to 500,000, and for Moldova, in total, from 2,660,000 (see World Bank) to 4,025,000 (see United Nations). After reviewing many sources, the populations that are used here are 465,200 for Transnistria (source: Transnistrian 2020 Yearbook) and 2,640,000 for Moldova, less Transnistria (source: IMF).

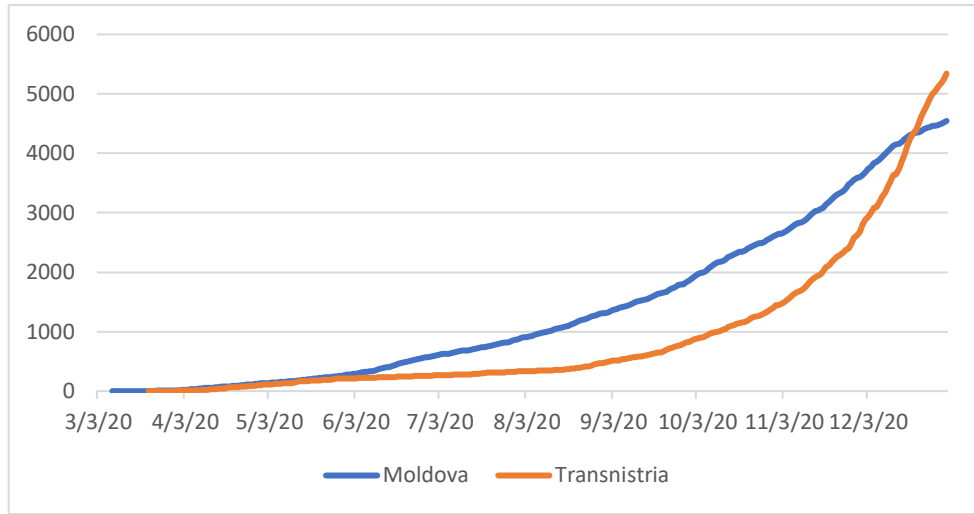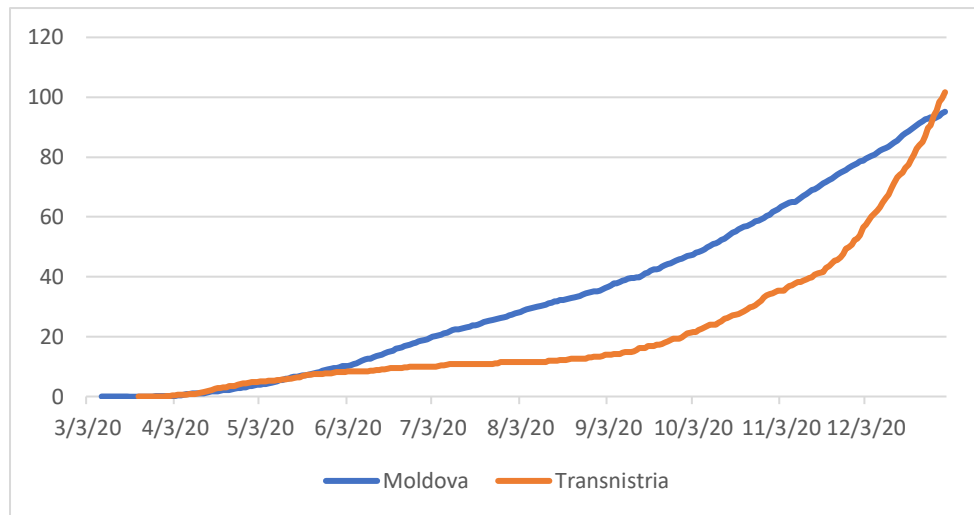**Figure 8. Total Cases per 100k (Mar-Dec 2020)**

Figure 9. Total Deaths per 100k (Mar-Dec 2020)

Figures 8 and 9 show the cumulative number of cases and deaths from coronavirus per 100,000 residents for Transnistria and Moldova for each day in 2020. Visually inspecting these graphs shows a difference in both the case and mortality rates from COVID-19 in Transnistria and Moldova. The cumulative density functions are clearly not aligned. On the one hand, Moldova's trajectory is somewhat more linear, with the increase in the number of cases and deaths per day being somewhat consistent. On the other hand, Transnistria had a more non-linear experience with the virus, with cases and deaths remaining fairly stable for several months before a very quick increase towards the end of 2020. These distinct slopes provide preliminary evidence for Transnistria's

independent management of the pandemic.[15] This is not necessarily saying that Moldova had better or worse virus management than Transnistria, but rather that their policies were simply different and thus, had different resulting transmission and mortality. Varying slopes suggests that Transnistria's policy decisions are independent of its parent state.

Table 2. Variables correlated with COVID-19 transmission and fatality

Variable	Moldova	Transnistria
Population density (km^2)	94	134
Cardiovascular death rate (% deaths)	43.8	58.34
Diabetes prevalence (% population)	5.7	2.8
Life expectancy	72	73
Age 60+ (%)	18.9	28.6

Data sources: World Bank, United Nations World Population Prospects, Our World in Data, Transnistrian Ministry of Economic Development

Other factors could also lead to differences in the spread of coronavirus and mortality rates. Some factors that have been found to correlate with case outcomes include the size of the elderly population, prevalence of comorbidities in the general population, population density and as has been discussed throughout this thesis, healthcare infrastructure and COVID-19 policy decisions (see Abu-Hammad et al. 2020; Velasco et al. 2021). We can expect that some of these variables differ between Transnistria and Moldova. For example, the elderly population proportion is correlated with higher fatality rates; and as shown in Table 2, 28.6% of Transnistria's population is over the age of 60, compared to 18.9% in Moldova. This suggests that Transnistria might have a higher coronavirus mortality rate. This is similar with population density; Transnistria has a denser population, so the transmission rate should be higher than in Moldova. Higher prevalence of cardiovascular disease and diabetes are also associated with higher COVID-19 fatalities; again, Transnistria suffers higher rates of these

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[15] For a further breakdown of the specific details obtained from a regression analysis of the different slope coefficients between Moldova and Transnistria, please see Appendix II.

diseases, though this component cannot be fully segmented from the influence of a more elderly population. Based on these variables alone, it would appear that Transnistria would be more likely to suffer higher rates of COVID-19 transmission and fatality. Thus, demographic differences may have contributed to Transnistria's finishing the year with higher rates of both cases and mortality.

5 Conclusion: Normalisation Amidst a Crisis

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The objective of this thesis was to investigate the influence of the COVID-19 pandemic on a de facto state, in particular how a global crisis such as this could result in a change in an unrecognised state's level of normalisation within the international system. At the onset of the pandemic, Transnistria and other post-Soviet de facto states were described as 'particularly vulnerable' to the tragedies of this public health crisis due to their unstable governments, elderly population, poverty and inadequate healthcare infrastructure (Korsten 2020; Hart 2020). Despite their reputation of being substantially cut off from the rest of the world, coronavirus managed to penetrate de facto state borders, posing a monumental challenge to these isolated, developing regimes. Their legitimacy and capacity were put up to a test beyond any crisis previously experienced in their relatively short existences and without reassurance that the international community would rescue them.

As has been established in this thesis, how a de facto state demonstrates capacity to act independently and engage with the outside world impacts its image on the international stage. Therefore, for the de facto state, it faced not only the challenges of protecting its citizens during this pandemic, but also was forced to prevent its reputation, and possibly existence, from being destroyed in a human rights catastrophe. Through this pressure, it is thus also conceivable that a de facto state may have been able to use this crisis to its advantage in certain ways. Ultimately, this thesis suggests that if a de facto state's authorities demonstrated enhanced capabilities beyond what was expected of them in the context of pandemic management, as well as participate in engagement with states and organisations over this crisis, the state's presence may come to be seen as more of a legitimate actor in the international system.

To test this hypothesis, a case study of Transnistria was analysed through the methodology of process tracing. It was determined that the causal mechanism between crisis and de facto state normalisation was showing evidence of agency through two

distinct components: (1) proving sufficient capacity to demonstrate independent legitimacy and (2) participating in meaningful engagement with the wider international community. After systematically reviewing the empirical evidence related to Tiraspol's capacity to act and engagement during the COVID-19 pandemic, there are indications that Transnistria could have increased the level of its normalisation.

Particularly in terms of capacity, the Transnistrian government showed that it had the adequate resources and organisational skills to manage the spread of the virus. That is not to say that Tiraspol's management was better than confirmed states, but the fact that the de facto state followed international guidelines to the same extent as confirmed states, is significant. Authorities appeared to have pinpointed their healthcare deficiencies and acted to resolve them, organising internal manufacturing, and procuring external supplies and training when needed. Unfortunately, other public services were neglected during this process; however, it is important to note that comparable issues also arose in Moldova and other states in the region, where education, food security, non-emergency medical needs and the economy suffered during the pandemic (UNDP 2020). By adhering to international norms, Transnistria's independence should be further legitimised.

Transnistria did not report a significant increase in engagement in 2020 compared with previous years. However, Tiraspol managed to maintain a similar number of interactions while also in the midst of a pandemic and experiencing renewed tensions with its parent state. Furthermore, Transnistria did not seem to be overly dependent on Russia as its patron during these challenging times. The aid received from confirmed states and international organisations during the pandemic was also demonstrative of normalisation. In previous years, Transnistria had not received as much assistance from the wider international community as in 2020; this is a meaningful difference as it shows that these states and organisations have some level of trust in the authorities to distribute resources equitably. These developments suggest that Transnistria may begin to enjoy a relatively improved international reputation.

While making these conclusions, it is necessary to touch on the possible limitations of this study. There has not been a wealth of information on Transnistria's handling of the pandemic outside of the information provided by the state authorities. Without many external reports or independent internal news sources to test the analysis' assumptions,

it is impossible to produce an unbiased assessment. For now, we cannot know the quality of Transnistria's infrastructure transformation. Furthermore, because the COVID-19 pandemic is very much still ongoing, there is limited research on the political impact of this crisis. I had hoped to visit Tiraspol and see for myself what the pandemic had been like, but due to prolonged border closures, this was impossible. For this reason, I hope similar research of de facto states during the pandemic will be repeated in the future when in-person observation and interviews can supplement the research.

Nevertheless, this thesis has worked to add perspective to the literature on de facto states by examining the impact of a global crisis. Using this insight into normalisation, we can better understand de facto states' political aims and strategy, outside of aspiring towards recognition. This conceptual understanding can be applied to the other de facto states during the pandemic, or other crises. States are not the only political units in the international system that should be taken seriously, and it is important to continue developing literature on the motivations and impact of other entities.

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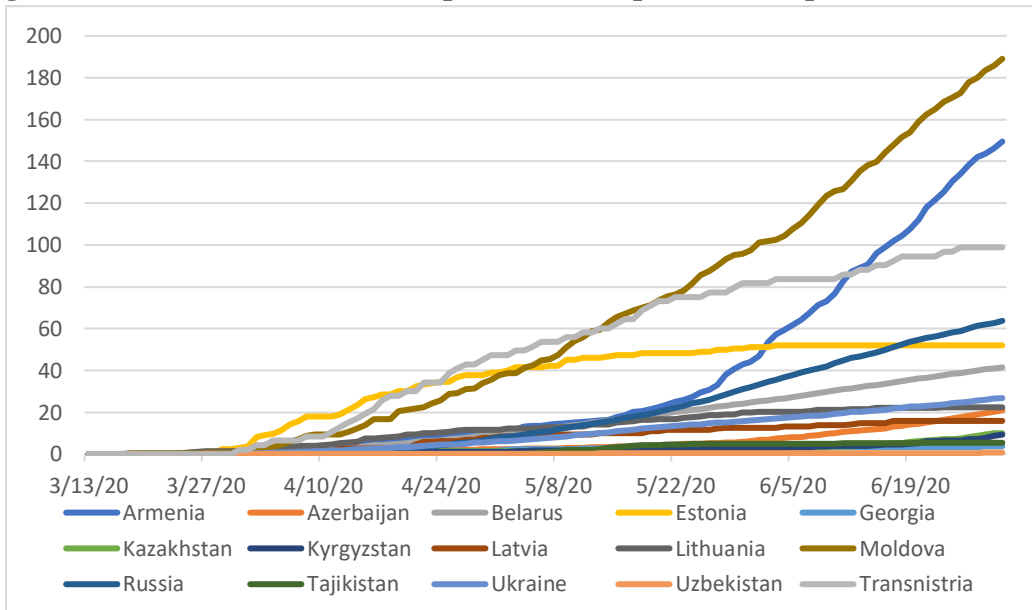
Appendices
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Appendix I: Comparing Transnistria with its Region

Figure 1. Total COVID-19 cases per 1m in the post-Soviet space, Feb-Jun 2020
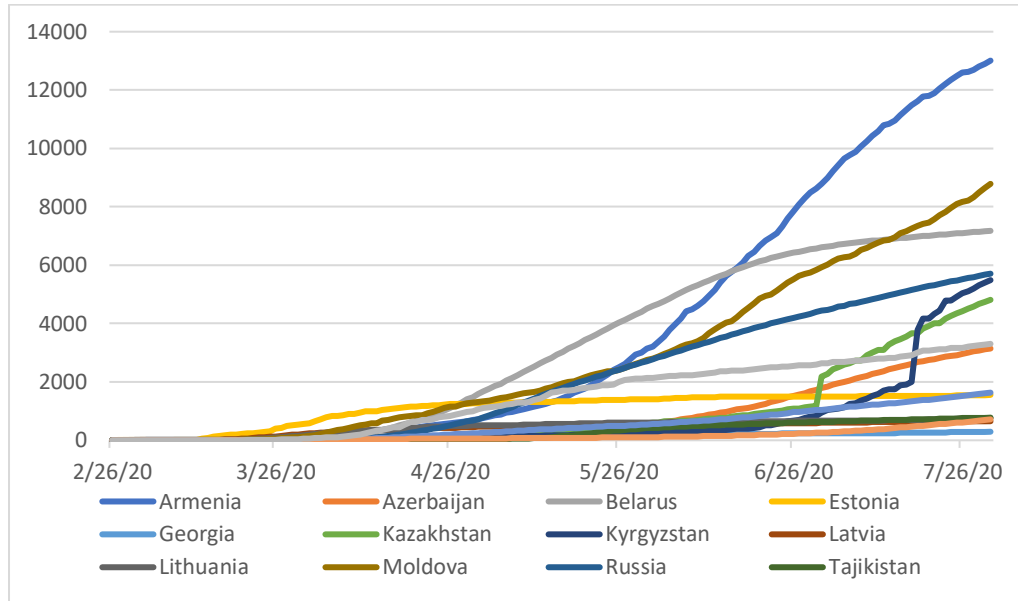
Data sources: Johns Hopkins Coronavirus Resource Centre; Novosti Pridnestrovia

Figure 2. Total COVID-19 deaths per 1m in the post-Soviet space, Feb-Jun 2020

Data sources: Johns Hopkins Coronavirus Resource Centre; Novosti Pridnestrovia

Appendix II: Regression Analysis

Using regression analysis on these data, it is possible to test the hypothesis that Transnistria has a statistically significant difference in the rate of coronavirus' spread compared to Moldova. Finding a significant difference in the trajectories supplements the idea that Transnistria is legitimately separate from Moldova in its management of this crisis and indicates its independent capacity.

The regression equation used to calculate Transnistria and Moldova's cumulative coronavirus case time paths is:

$$Y_t = \beta_0 + \beta_1 t + \beta_2 t + \beta_3\ t^2 * Transnistria + \beta_4\ t^2 * Transnistria\ +\ \varepsilon$$

where Y_t is the total number of coronavirus cases at date t, β_0 is the Y intercept, β_1 is the coefficient for the date, β_2 is the coefficient for date squared and ε is the error term. To calculate the different curve in Transnistria, a dummy variable was created for the de facto state; this dummy variable was then combined with the date variables to create interaction terms with coefficients β_3 and β_4. These interaction terms are used to quantify Transnistria's distinct time path more accurately than using the dummy variable on its own. The quadratic polynomial for t was included to improve the fit of the model as compared to using only the linear date variable. As the line graphs showed, the relationship between time and total coronavirus cases is non-linear due to the virus spreading exponentially; adding this second-order term better fits the data.[16]

Table __. Regression Models

Dependent variable	Total cases per 100k	Total deaths per 100k
date * Transnistria	.3551*** (12.16)	.0101*** (19.55)
date^2 * Transnistria	-.00002*** (-12.24)	-.00004*** (-19.66)

***significant at 1% level (t-statistics in parentheses)

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[16] Higher order terms were also tested but were not found to improve the fit of the data.

Looking at the regression table, the interaction terms with Transnistria demonstrate a difference between the time paths between the de facto state and Moldova for coronavirus cases and deaths. As the coefficients on both interaction terms are statistically significant, there is evidence that Transnistria has had its own distinct time path during the pandemic, with cases and deaths increasing more slowly over time than in Moldova. A test for joint significance of these interaction terms also supports this. This test provided an F statistic of 18.04 which is large, suggesting that it is statistically impossible for the two time paths to be the same.

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