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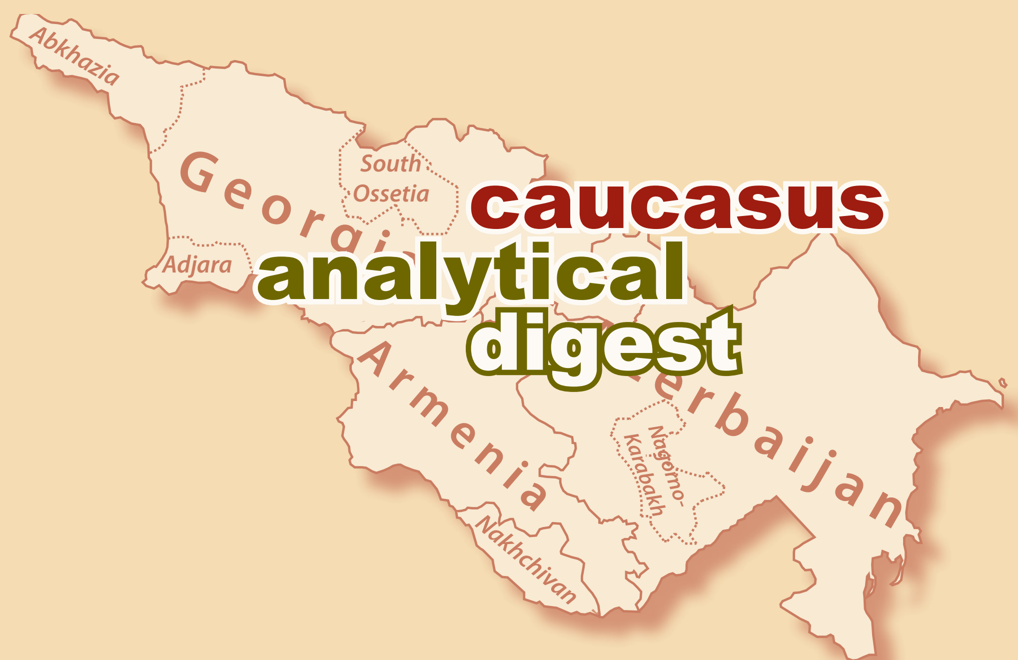

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RESPONSES TO COVID-19: DISPLACED PERSONS / INTERNATIONAL AID

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COVID-19 in the South Caucasus: Vulnerabilities and Responses to the Pandemic

Introduction by the Special Editor Gulnaz Isabekova

On 01 February 2021, the President of Azerbaijan, Ilham Aliyev, opened a newly constructed building of the Absheron District Central Hospital in Khirdalan. At the opening ceremony, he discussed Azerbaijan's latest achievements in healthcare and response to the COVID-19 pandemic. He accused upper-income countries of vaccine nationalism and injustice towards developing countries and portrayed the unequal distribution of COVID-19 vaccines as "neocolonialism or undeclared colonialism" (Aliyev 2021). The President of Azerbaijan is not alone in his criticism. The former Prime Minister of the United Kingdom, Gordon Brown, similarly accused the European Union (EU) of adopting a "neocolonial approach" to the supply of vaccines (Guardian 2021).

This issue of the Caucasus Analytical Digest discusses the response of national governments and international development actors to the COVID-19 pandemic in the South Caucasus by focusing on vulnerable population groups. Despite a large number of internally displaced persons (IDPs) in the region, especially due to the Second War in Nagorno-Karabakh, little is known about the impact of the global pandemic on this group since most of the research on this topic is dated. Living in economically, socially, and politically precarious situations, IDPs find themselves particularly vulnerable to the repercussions of the pandemic as well as the government restrictions introduced to contain the virus. The detrimental impact of the pandemic on vulnerable groups and populations has, in general, overstretched the capacities of national and international actors and led to growing criticism of international development organizations for their (mis)management of the crisis.

Introduced in response to the pandemic in 2020, Team Europe is a striking example of this change. Significant to the Eastern European Partner countries with close economic, social and/or political ties to the EU, the establishment of Team Europe and its implications for the South Caucasus region during and beyond the COVID-19 pandemic remain as of yet unexplored. In addition to a comprehensive analysis of how the global pandemic has affected IDPs, this issue overviews Team Europe's support for national governments during the pandemic and discusses the implications of this initiative to the EU's presence in the region beyond the pandemic period. This analysis of both national and international stakeholders complements the previous issues of the Caucasus Analytical Digest, which primarily focused on socio-economic and political challenges caused by the pandemic and the state support directed to targeted groups and sectors aimed at mitigating these challenges (Meister 2020, Dorlach/Pleines 2021).

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Internal Displacement in the South Caucasus: Why Has Vulnerability Increased in the COVID-19 Pandemic?

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Abstract

All three countries of the South Caucasus have been confronted with war and forced displacement over the past three decades. Because of the unresolved nature of the internal conflicts, internally displaced persons (IDPs) cannot return to their homes and remain in a situation of protracted displacement. This article investigates the socio-economic situation of the internally displaced populations in the South Caucasus, with a special focus on their vulnerability to the impact of COVID-19. Poverty, unemployment, poor housing conditions as well as limited access to education and health care have resulted in increased vulnerabilities of IDPs, which have been further aggravated by the measures imposed to contain COVID-19. As a result, despite aid programmes targeting the specific needs of the displaced populations, their social isolation has increased over the course of the pandemic.

Introduction

The South Caucasus region has experienced three major ethno-political conflicts which resulted in large-scale displacement. Due to ethnic mobilization, political confrontation and violent conflict since the late 1980s, more than one million people in the region have lost their homes. The displaced populations are regarded as internally displaced persons (IDPs), as they did not cross an internationally recognized border and thus do not fall under the 1951 Geneva Convention. Data on internal displacement in the South Caucasus is often inaccurate and at times contradictory, as state services for IDPs are poorly funded and registration incomplete. According to the Internal Displacement Monitoring Center, there are at present about 735,000 IDPs in Azerbaijan, 304,000 IDPs in Georgia, and up to 2,700 IDPs[1] in Armenia (IDMC 2022). The situation of the internally displaced populations is a contested political issue in the South Caucasus, as it relates both to human rights and social justice. As the conflicts over Nagorno-Karabakh, Abkhazia and South Ossetia remain unresolved, the displaced cannot return and remain in protracted displacement.

This article discusses the situation of the IDP populations in the South Caucasus on the basis of the concept of vulnerability. It thus asks what the specific humanitarian needs of IDPs are and how state actors and international humanitarian aid organizations have responded to these needs. The analysis traces the different waves of internal displacement in the South Caucasus and specifically looks into the policy fields of housing, health and education. Two main research questions are addressed: (1) what are the specific sources of vulnerability among the internally displaced population, and (2) what strategies have governments employed and how can their policies be assessed against the background of international agreements such as the United Nations' Guiding Principles on Internal Displacement? Special attention is paid to the current socio-economic condition of the displaced communities and the interrelation between their specific vulnerabilities and the social effects of the COVID-19 pandemic.

Unresolved Conflicts and Internal Displacement

In the last phase of the Soviet Union, three ethno-political conflicts emerged in the South Caucasus: the conflicts over Nagorno-Karabakh, Abkhazia and South Ossetia. All three conflicts have led to the forced displacement of large population groups. The conflicts remain unresolved to this day, and the governments of the unrecognized republics decline the return of the displaced populations, leaving them in a state of protracted displacement. Protracted displacement describes a situation of increased vulnerability, lasting for many years or sometimes even decades, during which the displaced remain dependent on external humanitarian aid (Kälin & Chapuisat 2018).

In the Nagorno-Karabakh conflict, about 600,000 ethnic Azeri fled the areas that came under Armenian

1 In addition to the 2,700 Armenian IDPs who were displaced in the 1990s, the country has 31,299 persons in a refugee-like situation at the end of 2021, the majority of whom (26,725) have been displaced in the 2020 second Nagorno-Karabakh war and currently reside on the territory of Armenia (UNHCR, n.d.). These newly displaced are sometimes referred to as IDPs and sometimes as "persons in a refugee-like situation" (UNHCR, n.d.).

control in the 1992–1994 war (Kjaernet 2010).[2] Azerbaijan thus has one of the largest IPD population worldwide, equaling 7 % of the total population (ICC 2012). The conflict also resulted in forced displacement among ethnic Armenians, albeit to a lesser extent: about 65,000 Armenians fled their homes during the 1992–1994 war, several thousand of whom were not able to return after the war (IDMC 2010), mostly because of lack of funding (Cohen, 2006).

The violent escalation of the Nagorno-Karabakh conflict in 2020 has led to a new wave of displacement, mostly on the Armenian side (ICRC 2022). In this second Nagorno-Karabakh war, which lasted from September to November 2020, about 100,000 civilians were displaced (UN 2020). The new war particularly affected the southern part of the self-proclaimed republic of Nagorno-Karabakh. About 70,000–75,000 people, half the region's population and 90 per cent of its women and children, fled their homes in 2020 (ICC 2020). As of May 2021, about 37,000 still reside in Armenia in desperate conditions (UNSDG 2021). Many of these new Armenian IDPs will likely not be able to return, as settlements have been destroyed and territories have come under Azeri military control. The government of Azerbaijan, in turn, has announced that it plans to repatriate Azeri IDPs to Nagorno-Karabakh (Interfax 2021). On both sides of the conflict, the future prospects for the displaced populations remain unclear to date.

In Georgia, more than 250,000 ethnic Georgians were forced to leave their homes as a result of the Abkhaz-Georgian conflict in September 1993. In addition, about 30,000 ethnic Georgians fled the South Ossetia region due to fighting and general insecurity in the early 1990s. The Russian–Georgian War in August 2008 resulted in a second wave of displacement in Georgia: about 157,000 people were displaced, of which about 30,000 have been permanently displaced (UNHCR 2009, 7). Overall, IDPs represent 6 % of the Georgian population (UNHCR 2009).

In addition to conflict-induced displacement, all three countries of the South Caucasus also have smaller populations of environmental IDPs who were forced to leave their homes as a result of natural disasters, including flooding and landslides. In Georgia, for example, there were about 18,000 environmental IDPs (or eco-migrants) as of 2017 (OHCHR n.d.).

IDP Vulnerability

The concept of vulnerability describes the susceptibility to external hazards within specific population groups. It can be defined as "the conditions determined by physical, social economic and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards" (UNDRR 2004, 16). The concept is helpful for understanding the differential risk factors in a population. Internally displaced populations constitute a particularly vulnerable group in many countries. In a situation of protracted displacement, IDPs are "prevented from taking, or are unable to take, steps that allow them to progressively reduce the vulnerability, impoverishment, and marginalization they face as displaced people" (Kälin & Chapuisat 2018, 251).

In the South Caucasus, the main concerns of IDP vulnerability include poverty, unemployment, and poor housing conditions as well as limited access to education and health care. Throughout the region, IDPs are more likely to be affected by poverty than the general population. In Azerbaijan, family incomes of displaced families have been found to be significantly lower than those in the local population (Kjaernet 2010). Although the government of Azerbaijan has made use of the State Oil Fund to improve the living conditions for the displaced population, two decades after the original conflict more than 90,000 Azeri IDPs remained in camps or settlements. A substantial proportion of this population exists at below-subsistence levels, without adequate food, education, sanitation and medical care (Kjaernet 2010), a situation that has not changed much over the past ten years (UNHCR 2020). In Georgia, the majority of IDPs live below the poverty line, their main income being financial assistance issued by the Social Service Agency of Georgia (IOM 2020). In both countries, the state allowance paid to all registered IDPs is too low to cover basic needs (Azernews 2017, IOM 2020) and had thus been described as a "bread money" (Kjaernet 2010, 66).

The lack of adequate income sources is closely linked to the limited socio-economic integration of the displaced population. In both Azerbaijan and Georgia, levels of unemployment are significantly higher among IDPs than in the general population (Kjaernet 2010, Najafizadeh 2013). Many settlements are located in isolated areas, which makes it difficult for IDPs to find employment (Kjaernet 2010). In their new places of living, many IDPs could only find lower-skilled employment (Najafizadeh 2013). A lack of social capital also plays a role. Many IDPs lack a social network to help them locate job openings (Kjaernet 2010). In Georgia, IDPs often rely on subsistence farming or work as seasonal workers (Chibchiuri 2020).

Poor housing conditions are a key concern for the displaced populations in the South Caucasus. Even nearly thirty years after the war, the majority of IDPs in the region remain in separate IDP settlement and collective

2 The current number of IDPs in Azerbaijan is higher: 735,000 in 2022 (IDMC 2022). This is due to the fact that the IDP status is inheritable.

centers (Najafizadeh 2013). Many of these settlements are overcrowded and do not have adequate water and sanitation (UNDP 2021). The situation in non-approved or informal IDP centers is especially difficult, as buildings often do not have access to electricity or water. In 2018, about 30 percent of Georgian IDPs were living in perilous conditions (OHCHR 2018). In Armenia, the government launched a program for IDPs in 2019, but this has not yet improved the housing situation, as IDPs continue to be unable to find new accommodation and still struggle with bureaucratic hurdles (Ghazaryan 2020).

Furthermore, the isolated housing creates a situation of social segregation, as well as causing difficulties in accessing basic social services: in Georgia, many IDP camps and settlements are situated in the countryside, far away from essential services (Chibchiuri 2020). This also has a negative impact on the prospects of education — many displaced children in the South Caucasus suffer restrictions in their access to school (ICRC 2021).

The Limits of Humanitarian Aid

Because IDPs reside within their own countries, the primary responsibility for their assistance rests with the national authorities (Cohen 2006). The governments of Azerbaijan, Armenia and Georgia have acknowledged this responsibility and issued laws that guarantee the rights of the displaced populations. However, in all three countries, the implementation does not meet the legal requirements. As a result, government policies fail to address IDP vulnerability and guarantee their civic and social rights. The politicization of displacement increases the social isolation of the IDPs. Because state actors insist on the return of the IDPs, they neglect steps that are necessary for their social integration into their new communities (Kjaernet 2010). As a result, most IDPs in the South Caucasus remain in limbo, with little chance of either return or integration.

Humanitarian aid agencies have assisted the governments of the South Caucasus in responding to IDP needs. They base their assistance on the Guiding Principles on Internal Displacement, which state that IDPs are entitled to enjoy, without discrimination, the same rights and freedoms as the general population (UNHCR, Guiding Principles 2004). Humanitarian aid agencies emphasize the need to improve the social conditions for the displaced populations and strengthen their opportunities for socio-economic integration (Cohen 2006). Many aid programs in the South Caucasus focus on improving living conditions, creating jobs and other income-earning opportunities (Iluridze 2021). Still, donor efforts are not able to meet all needs, as a recent study on the implementation of international aid programs for IDPs in Georgia shows (Funke 2022).

Conclusions: Why Are IDPs Particularly Vulnerable to COVID-19?

The COVID-19 pandemic exacerbated existing vulnerabilities among the displaced populations in the South Caucasus. In Azerbaijan and Georgia, a majority of IDPs still live in substandard collective centers and IDP settlements (Chibchiuri 2020; Ghazaryan 2020). Because of overcrowding and poor sanitary conditions, IDPs have poor protection against infections such as COVID-19. Although there is no data showing differences in infection rates, several sources have pointed to higher risk factors among the displaced populations in the South Caucasus (Chibchiuri 2020; Iluridze 2021). A report by the Public Defender of Georgia concluded that the COVID-19 pandemic has deepened the barriers to equality in health care for conflict-affected women and girls (Iluridze 2021).

However, IDPs have also been suffering the consequences of government measures to contain the pandemic, which have severely increased their social isolation (Chibchiuri 2020). The hardest hit were the residents of IDP settlements far from the cities. In Georgia, the government declared a state of emergency in March 2020, which restricted local public transport. As a result, many IDPs were unable to reach their workplace or the land allocated to them for subsistence farming. Although the government assured that IDPs were allowed to travel with special passes, many Georgian IDPs complained that their lives have been made particularly difficult by the travel restrictions (Chibchiuri 2020).

Moreover, even more importantly, due to the measures introduced to contain the pandemic, many Georgian IDPs have faced difficulties in accessing basic services, including food supply and health care. Especially in settlements near the administrative dividing line and in collective centers, IDPs reported that they could not reach grocery stores, pharmacies or medical doctors (Chibchiuri 2020). Because of the temporary closure of public transport in 2020, children from IDP settlements could not attend school. These educational problems were aggravated by the poor internet connection in most IDP settlements, which hampered school attendance during lockdown (Chibchiuri 2020). Displaced children were not able to do their homework and fell behind in school. Moreover, students from IDP families boarding in other cities had to return to their families as staying on their own was not feasible during lockdown and thus had to discontinue their study programmes (Chibchiuri 2020).

As well as causing practical access problems, the pandemic has also affected IDPs' mental health by re-awakening the trauma of the violent conflict they endured. Moreover, many IDPs have reported that existing stigma and discrimination intensified during the last two years

(Iluridze 2021). A report on the situation of war-affected women and girls in Georgia concluded that government COVID-19 measures did not sufficiently consider female vulnerability, which further fuels the spread of infections within the displaced communities (Iluridze 2021). According to the report, "stigma forced women to hide or not reveal their infection status and not apply to testing and health facilities" (Iluridze 2021, 3).

Overall, the COVID-19 pandemic has revealed the complex vulnerabilities of the displaced populations in the South Caucasus. Aid agencies focused on strengthening resilience through improving livelihood conditions and strengthening work integration (Chibchiuri 2020, Iluridze 2021). However, despite these efforts, the social isolation of IDPs has only increased in the course of the pandemic.

Lessons Learnt

Given the inadequacy of current aid programmes, what can humanitarian aid agencies do to better respond to the specific vulnerabilities of IDPs in the South Caucasus? First, in cooperation with national governments, aid agencies should improve data availability on internal displacement and strengthen the mapping of IDP needs. At present, information often remains incomplete. This is especially apparent in the case of the Armenian IDPs who were displaced during the second Nagorno-Karabakh war in 2020. Although being a situation of large-scale displacement, the war has been underreported, and the resulting IDPs still remain in dire conditions (UNSDG 2021). Second, to effectively assist IDPs, agencies need to consider the intersections of age and gender. Often the most vulnerable persons among the displaced are the elderly or families headed by single mothers (Iluridze, 2021).

Third and most importantly, programs for IDPs need to be mainstreamed in general health and poverty reduction programs. This requires cooperation with state agencies. At present, the specific needs of the displaced populations are often overlooked in state programs. For example, when the government of Georgia announced its COVID-19 crisis plan in April 2020, it did not specifically mention IDPs (Chibchiuri 2020). In order to improve assistance to the most vulnerable population groups, aid agencies thus need to ensure that their needs are included in general health and poverty reduction programs.

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Team Europe in the South Caucasus. Responding to the COVID-19 Pandemic

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Abstract
Growing criticism of developed countries for vaccine nationalism challenges the validity of their support to developing partners. This contribution analyzes the changes the European Commission introduced to improve its crisis responsiveness and coordinate the assistance provided by the European Union member states and institutions. Established during the COVID-19 pandemic, "Team Europe" initiative has far-reaching geopolitical objectives to be achieved by increasing the competitiveness and influence of European aid abroad. In the South Caucasus, Team Europe has provided significant social and economic support to three countries, though not enough to expand the role of the EU in the region vis-à-vis Russia, Turkey, and China. Due to its clear shortcomings, including a poor balance between the EU and partner countries' interests and coordination problems, Team Europe has thus far contributed in only a limited fashion to strengthening the position of the EU and its agenda in the South Caucasus.

Introduction
The COVID-19 pandemic has now dominated headlines for over two years. It is estimated to have caused between 14–25 million excess deaths worldwide, including 410–720 per 100,000 in Armenia, 250–530 in Azerbaijan, and 610–710 in Georgia (The Economist 2022). These estimates of excess deaths are much higher than the official COVID-19 related mortality (see Table 1 on p. 15), due to insufficient testing necessary to identify whether the deceased has had this disease (The Economist 2021). In addition to causing excess deaths, the pandemic has reversed the progress in extreme poverty reduction made before by pushing 88–115 million into extreme poverty in 2020 alone (OECD 2020, p. 47). In the South Caucasus, as elsewhere, COVID-19 has most severely affected the most vulnerable groups, including households dependent on migrant remittances and tourism income (IOM 2021), those employed in the informal economy, and small- and medium-sized enterprises, as well as women (Bouma and Dzuteska-Bisheva 2021) and older people (Krylova 2021). Reductions in remittances, which had comprised 11% and 12% of the national gross domestic product (GDP) in Armenia and Georgia, respectively (Bouma and Dzuteska-Bisheva 2021, p. 9), resulted in economic contraction by 7.6% and 6.1% in 2020 (Avetisyan et al. 2021, pp. 7, 19). In Azerbaijan, the pandemic and low oil prices precipitated a 4.3% reduction in GDP in the same year (ibid, p. 13).

The decline in remittances, investments, trade, and taxes highlighted the necessity of foreign aid, which grew despite the initial concerns over possible reductions during the pandemic (Brown 2021a, pp. 43, 50). Official development assistance (ODA) by the Organisation for Economic Co-operation and Development Development Assistance Committee (OECD DAC) members, including the 30 largest providers of aid known as "traditional" donors, reached its highest recorded level of US $161.2 billion in 2020 (OECD 2021, p. 1). Multiple European countries kept and even increased their commitments, both in grants and bilateral lending (ibid). Yet, in the case of the South Caucasus, the pandemic affected neither the total nor the health-specific assistance provided by the OECD DAC members (see Figures 1 and 2 on p. 16–17). Limited data and reporting challenge the assessment of "emerging" donors. However, Turkey's contributions seem unaffected by the pandemic (OECD 2022), in contrast to likely aid reductions on the parts of Russia (Zaitsev 2021) and China (Kitano and Miyabayashi 2020). Nevertheless, China was the leading donor of surgical masks, respirators, test kits, and protective clothes to 120 countries in 2020 (Xinhua 2020). Furthermore, the vaccine nationalism of upper-income countries and the failure of the COVAX initiative, a partnership by the World Health Organization (WHO), Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations, to ensure equitable access to COVID-19 vaccines in developing countries strengthened the influence of China in developing countries around the world. The South Caucasus is not an exception to this tendency. Armenia, Azerbaijan, and Georgia initially hoped to access vaccines through COVAX (see Avetisyan et al. 2021), but significant delivery delays led to these countries greenlighting China's Sinovac vaccine even before the WHO validated it for emergency use.

As the condemnation of upper-income countries and development organizations for mismanaging the pan-

demic grew, the EU used this momentum to reshape its development cooperation and crisis response. On 08 April 2020, the EU development ministers approved a "Team Europe" package in response to the ongoing pandemic in partner countries by uniting the resources of the EU, its member states, the European Investment Bank (EIB), and the European Bank for Reconstruction and Development (EBRD) (European Council 2020). Team Europe aims to improve the response to the ongoing crisis as well as future crises (Friesen et al. 2020) by reducing bureaucratic barriers (Schumacher and Günay 2021, p. 145) and fragmentation of assistance (Keijzer et al. 2021, pp. 19–20). Three objectives behind this initiative are emergency response, strengthening health, water, and sanitation systems, and mitigation of social, economic, and political outcomes of crises (European Council 2020). Team Europe also advocates for equitable access to vaccines by supporting their local production and contributing €2.2 billion to the COVAX initiative (EC 2021a). Coordination and coherence of resources in Team Europe occur through Team Europe Initiatives (TEIs) and joint programming. TEIs are flagship initiatives for specific themes at country, regional and global levels (Keijzer et al. 2021, pp. 1–2). Joint programming, including Team Europe's members and its development, political and economic counselors (not necessarily coming from partner countries), presumes joint analysis of and response to issues and opportunities in partner countries in compliance with EU values and interests, partner countries' priorities, and the United Nations Sustainable Development Goals (EC 2021d, p. 16). Joint programming incorporates TEIs and, in addition to development, may target human rights, gender equality, security, and other matters (ibid, pp. 14–16). There were 98 TEIs in 2021 worldwide (CONCORD 2021, n.p.), and joint programming was implemented in 78 countries (Keijzer et al. 2021, p. 8).

In addition to crisis response, Team Europe embodies the European Commission's (EC) geopolitical ambitions (Keijzer et al. 2021, p. 19) and its attempt to secure the influence, visibility, and competitiveness of the EU's assistance (EC 2021d, pp. 8–11). Assuming office in 2019, the new President of the EC, Ursula von der Leyen, emphasized multilateralism, more autonomous defense, promoting open and fair trade, and setting global standards (Koenig 2019, p. 1). She also promised to head a "geopolitical Commission," which corresponded with calls for using the "language of power" in order not to "disappear geopolitically" expressed by EU foreign policy chief Josep Borrell and French President Emmanuel Macron (Lehne 2020, pp. 1–2). Though alien to the founding idea of the EU, based on economic integration and interdependence, the EC's geopolitical aspirations are driven by an aim to protect the "European way of life" in the face of declining US leadership and the growing influence of authoritarian regimes (ibid). Having control over a €2 trillion budget for the 2021–2027 period, the EC is capable of defining the international position of the EU by affecting the areas under its supervision (Blockmans 2020). These areas include social affairs, economic development, the environment, transportation, and others. Importantly, Team Europe aims to mainstream (not replace) the ongoing activities in these areas.

Introduced in April 2020 as the EU's global response to the COVID-19 pandemic, Team Europe is a relatively new initiative, and little is known about its implications for the South Caucasus. Being members of the EU's Eastern Partnership, these three countries receive significant assistance from the EU. In 2017, the EU assistance represented 27%, 65%, and 68% of total bilateral aid flows to Azerbaijan (EU n.d.f), Georgia (EU n.d.g), and Armenia (EU n.d.e), respectively. Furthermore, despite the relatively low share of aid to Azerbaijan, the EU is the largest customer for the oil originating from and transported through this country (Eastern Partnership n.d.). It is also the largest financier of development in the country's non-oil sectors. During the COVID-19 crisis, the initial shock and local stakeholders' openness to external assistance allowed extensive EU support for the South Caucasus (Schumacher and Günay 2021, p. 145). This contribution overviews Team Europe's crisis response in this region and examines implications of Team Europe's activities for the EU's presence in the geopolitical landscape of the region, dominated by Russia, Turkey, and (more recently) a growing influence of China.

The Scope of Team Europe in the South Caucasus

Despite its specific focus on the COVID-19 pandemic, Team Europe aims to support general EU policy. Therefore, in the South Caucasus, Team Europe supported immediate needs and subsequent recovery from the pandemic in the spirit of economic and environmental sustainability.

The Comprehensive and Enhanced Partnership Agreement between the EU and Armenia (2018) draws a broad picture of collaboration in education and research, strengthening democracy and the rule of law, human rights, employment, social policy, equal opportunities, energy, and the environment. Team Europe supports the all-inclusive cooperation framework by mainstreaming the resources directed towards the response to the pandemic, environmental sustainability, and economic growth.

Armenia received €96 million for immediate needs and vaccination preparedness, which included support to over 3000 vulnerable households, humanitar-

ian assistance to large families (EC 2020), and provision of 30 medical refrigerators for storing COVID-19 vaccines (EC 2021b). As a medium-term objective, Austria, France, Germany, Lithuania, Netherlands, Sweden, and KfW joined forces in the "Armenia – Resilient Syunik" TEI, prioritizing sustainable growth and jobs, green deal initiatives,[1] and human development (EU 2021a). Joint programming resulted in the EU Roadmap for Engagement with Civil Society in Armenia (2018–2020), which targets capacity building and sustainability of civil society organizations. In addition to supporting organizations promoting gender equality and the rights of vulnerable groups, the roadmap aims to facilitate the role of civil society in environmental protection, energy efficiency, and climate change issues (EU n.d.b). Team Europe continues the cooperation established within the framework of the roadmap, although specific directions beyond the areas of economic growth, jobs, green deal, and human development highlighted in the TEI are unknown to this date.

Similar objectives drive Team Europe in Azerbaijan. The overall collaboration is based on the Partnership and Cooperation Agreement between the EU and Azerbaijan (1999), which outlines the consolidation of democracy and "harmonious" economic relations, as well as legislative, scientific, technological, cultural, and other areas as areas of cooperation. Notably, the EU finances most activities while its member states and partners opt for specific areas agreed with the Azerbaijani government. The EU is among the major investors in non-oil areas. In addition to supporting 17,500 small- and medium-sized enterprises, it foresees investments into a sustainable hub in Baku and five smart and green cities (EC 2021c). Funding legal aid, alternative dispute resolution, and the fight against corruption, the EU is also the largest donor to civil society in the country (ibid). However, the range of Team Europe activities beyond the EU projects is limited. There is no TEI in Azerbaijan. Joint programming focuses on vocational education and training due to the sufficient number of donors in this area and the state's commitment to reforms. Supported by France, Germany, Norway, Switzerland, and the United Kingdom, joint programming brought a roadmap outlining challenges and suggestions for reforms and division of labor in this area (EU n.d.a). During the pandemic, the country received over €31 million for the local production of personal protective equipment (clothing) for medical staff (EC 2020) and for life support training sessions for over 1600 doctors and nurses (EC 2021b).

Nevertheless, the largest share of Team Europe support is concentrated in Georgia. The Association Agreement between the EU and Georgia (2014) outlines intended areas of cooperation, including economic integration, political association, cooperation in security, the rule of law, respect for human rights, economic capacity, and legislative reforms. During the pandemic, the country received over €183 million for health system strengthening, social support, and economic recovery (EC 2020). The assistance included 300 medical refrigerators, a vaccine transport vehicle, and around two million items of medical supplies, such as ventilators, lab gowns, oxygen concentrators, pulse oximeters, and others (EC 2021b). The social support targeted job retention measures and financial aid for vulnerable groups; the economic recovery focused on macroeconomic stability and providing loans and grants to stimulate agriculture and tourism (EC n.d.b). In addition to immediate needs, Team Europe highlights environmental sustainability and economic growth in the medium-term perspective. "Georgia – Environment and Health," supported by Austria, Estonia, Germany, the Netherlands, Sweden, EIB, and KfW, promotes green deal initiatives, sustainable growth, and job creation (EU 2021b). Similar objectives drive "Georgia – Economic Development. Balanced Territorial Development in Georgia," which details further avenues for cooperation in the areas of science, technology, governance, human development, peace, and security (EU n.d.d). It is backed by Austria, Belgium, Czech Republic, France, Netherlands, Sweden, EIB, and EBRD (ibid). Both TEIs are incorporated into joint programming between the EU, its member states, Switzerland, and other partners (EU n.d.c).

Shortcomings of Team Europe

In addition to the benefits outlined in the previous section, Team Europe is associated with multiple issues pertinent to both providers and beneficiaries of the initiative, including balancing between the EU and partner countries' interests, coordination problems, and alleged redirection of resources.

First, Team Europe builds into existing EU collaboration agreements with third countries. The all-encompassing character of these documents offers wide room for Team Europe to maneuver and select the areas most pertinent to its members and partner countries, be it support to civil society, sustainable growth, or economic recovery. Yet whose interests matter most? The selection of regions and countries targeted by Team Europe suggests that its interests outweigh the needs of (potential) partner countries. It is without a doubt that Team Europe provided substantial assistance to the South Caucasus in order to address immediate healthcare, social

1 Green deal relates to the European Green Deal program, encompassing legislation, policies, and international cooperation targeting climate change and transition to a climate-neutral society.

and economic needs. However, the distribution of this assistance was uneven across the countries of the region. Armenia needs development assistance most, not least due to the Second War in Nagorno Karabakh and the social, health, and economic crises that followed it. Yet "donor-darling" Georgia received one of the highest levels of EU assistance per capita (see EC n.d.b), seemingly due to its democratic aspirations and advanced relations with the EU. The EU's assistance is not exempt from issues of unequal allocation and political prerogatives common to development assistance (see Dreher et al. 2013). The extensive support to Georgia is not limited to Team Europe, and rather corresponds with broader trends of uneven EU involvement in the South Caucasus.

The EU's passive stance towards the domestic crisis in Armenia, explained by strategic considerations regarding the extensive Russian influence in the country and the EU's desire to avoid further escalation, contrasts with its active mediation efforts in Georgia during the mass protests there following the 2021 local elections (Schumacher and Günay 2021, pp. 143–144). During the conflict in Nagorno-Karabakh, the President of the European Council, Charles Michel, called for the Minsk Group to resume its responsibilities and expressed his readiness to "play a constructive role as an honest broker with Azerbaijan and Armenia in addition to the Minsk Group efforts" (Gotev 2021). Tangible EU assistance nevertheless materialized in the form of €17 million in humanitarian aid to Nagorno Karabakh (EC 5/17/2021). Overall, being built into collaboration agreements with countries,Team Europe has to date not expanded, but rather reinforced the selective EU engagement in the South Caucasus. In other words, securing influence, visibility, and competitiveness of the EU's assistance through Team Europe does not necessarily equal expanding the EU's presence and position in the region.

Second, Team Europe aims to establish the basis for a unified European approach to international development (Pleeck and Gavas 2021). A joint approach to international development is beneficial for Team Europe participants in the long run, as together, they may outweigh emerging donors as well as other actors. The EU countries represent almost half of the total ODA (OECD 2021, p. 3), and collectively they are the largest trade partners and investors in the Balkans and Africa as a whole, with considerable potential to increase their influence in other regions (Jones and Teevan 2021, p. 2). However, coordination within Team Europe remains problematic, as not all EU member states welcome joint programming. For example, among the EU countries prioritizing bilateral cooperation with Armenia, Azerbaijan, and Georgia, only Austria and Sweden have considered replacing their bilateral programming with joint programming (EC 2021d, pp. 93–96). The Czech Republic, Latvia, and the Netherlands have opted for partial joint programming, while Estonia, Lithuania, Hungary, and Romania are unwilling to replace their existing programming with joint programming (ibid, pp. 87–95). As a result, joint programming is at the stage of joint analysis, not implementation, in all three countries of the South Caucasus.

Third, Team Europe is criticized for redirecting already allocated resources towards crisis management. The OECD DAC members intend to focus on health systems, food security, humanitarian aid, and addressing the economic and social repercussions of the pandemic (OECD 2021, p. 1). However, these objectives may pull the necessary resources from elsewhere. The COVID-19 pandemic has contributed to "cannibalization" of existing aid-funded programs due to the reallocation of resources between sectors and within the health sector towards crisis management (Brown 2021a, 2021b). However, in the South Caucasus, the pandemic did not cause considerable changes in the ODA provided by DAC members. The overview of the OECD Creditor Reporting System, the most comprehensive database on DAC members' aid commitments from 1995 to 2020, suggests no significant reductions in total aid (Figure 1 on p. 16). Health aid slightly increased, possibly due to the assistance assigned to address the COVID-19 pandemic (Figure 2 on p. 17), though the accurate estimation is not feasible as the OECD data for 2020 is still preliminary. However, the overview of the targeted areas suggests that the scope of health aid remained fairly constant in 2020 as compared with previous years (Tables 2–4 on pp. 18–20). The flexibility and responsiveness of Team Europe are primarily due to the redirection of uncommitted resources and those from programs delayed due to the pandemic (Jones et al. 2020, p. 4). Approximately 93% of the EC's COVID-19-related disbursements in 2020 are new and not repurposed funds (Micah et al. 2021, p. 1332). Nevertheless, the overall ratio of reassigned and new finances in Team Europe's assistance to the three South Caucasian countries remains unclear.

Fourth, another issue frequently raised in relation to Team Europe is its limited focus on healthcare (Veron and Di Ciommo 2020) and promotion of the European Green Deal beyond its borders at the cost of investment in human capital (Pleeck and Gavas 2021). Yet, defining health in a narrow sense is problematic. Flooding, severe droughts, and even pandemics of zoonotic origin, including COVID-19, are all potential outcomes of climate change and environmental degradation (Brown 2021a, p. 46). In the South Caucasus, Team Europe initiated a resilience project to improve the preparedness of civil protection systems in Armenia and Georgia for fre-

quent floods and mudflows caused by climate change (EC n.d.a). Though seemingly environmentally-oriented, this project has significant implications for infrastructure, agriculture, and health. Furthermore, during the pandemic, health remained an essential sector. In 2020, Team Europe spent 41% of its €8.5 billion commitments on strengthening health, water, and sanitation systems (EC 2021a). It should, however, be acknowledged that the largest share of financial commitments was spent on social and economic outcomes of the pandemic (Team Europe n.d.), which comports with the global tendency of COVID-19-related disbursements (Micah et al. 2021, p. 1332).

Conclusion: A Missed Window of Opportunity

Donors' response to the pandemic and its repercussions will shape the future of development cooperation (Brown 2021a, p. 43). The COVID-19 pandemic contributed to the competition between development actors by strengthening the positions of emerging donors and challenging the traditional providers of development assistance. In response to the growing criticism, the EU used the situation with the pandemic as a window of opportunity to reshape its role in international development.

But how far did this "reshaping" go? The analysis of Team Europe's activities and role in the South Caucasus shows mixed results. Still, at its beginning, Team Europe faces issues similar to elsewhere, including the trade-off between the interests of its members and those of partner countries. The initiative has focused on the immediate response to the pandemic and environmental issues in the South Caucasus. However, the extent to which Team Europe caused the redirection of resources from development towards crisis management is unclear.

Nevertheless, Team Europe's performance in the South Caucasus in regard to the objectives of the "geopolitical Commission" has been mixed. The initiative offered significant assistance to respond to the immediate needs and consequences of the COVID-19 pandemic, which may have contributed to the visibility of EU aid in the region. Yet, the competitiveness and influence of the assistance were largely limited to the pursuit of the COVID-19 vaccine distribution as well as coping with the continuing impacts of the pandemic. However, this contribution demonstrates limited implications of Team Europe for the EC's aspirations to become a standard-setter and a promoter of the EU values. Indeed, the disproportionate aid allocation to Georgia demonstrates the EU's support to the country for its commitments to introduce political, legal, and economic reforms in compliance with the EU-Georgia Association Agreement. Thereby, humanitarian and development aid assist the promotion of the EU principles and standards set out in the Agreement, contributing to their expansion beyond the EU's boundaries.

At the same time, this favoritism, in light of the relatively modest support to Armenia despite its struggles with the social, economic, and political consequences of the war and the pandemic, reinforces rather than expands the boundaries of the EU's presence in this country. Undoubtedly, the EU remains the leading financier of civil society and non-oil sectors in Azerbaijan, but even there, its involvement remains pragmatic and focused on areas in which the national government is willing to introduce the reforms. The rational concerns for political stability and energy security continue to define the EU agenda in the South Caucasus. Team Europe support does not come attached with sanctions (or threat of sanctions) for violating human rights, freedom of speech, or territorial integrity. Though in its infancy, this initiative so far corroborates the limits of the EU engagement in the region. The EC's aspirations to become the "geopolitical Commission" *vis-à-vis* Russia, Turkey, and China have so far been only partially realized in the three countries of the South Caucasus, where the EU today follows "the language of power," but does not necessarily set the global standards.

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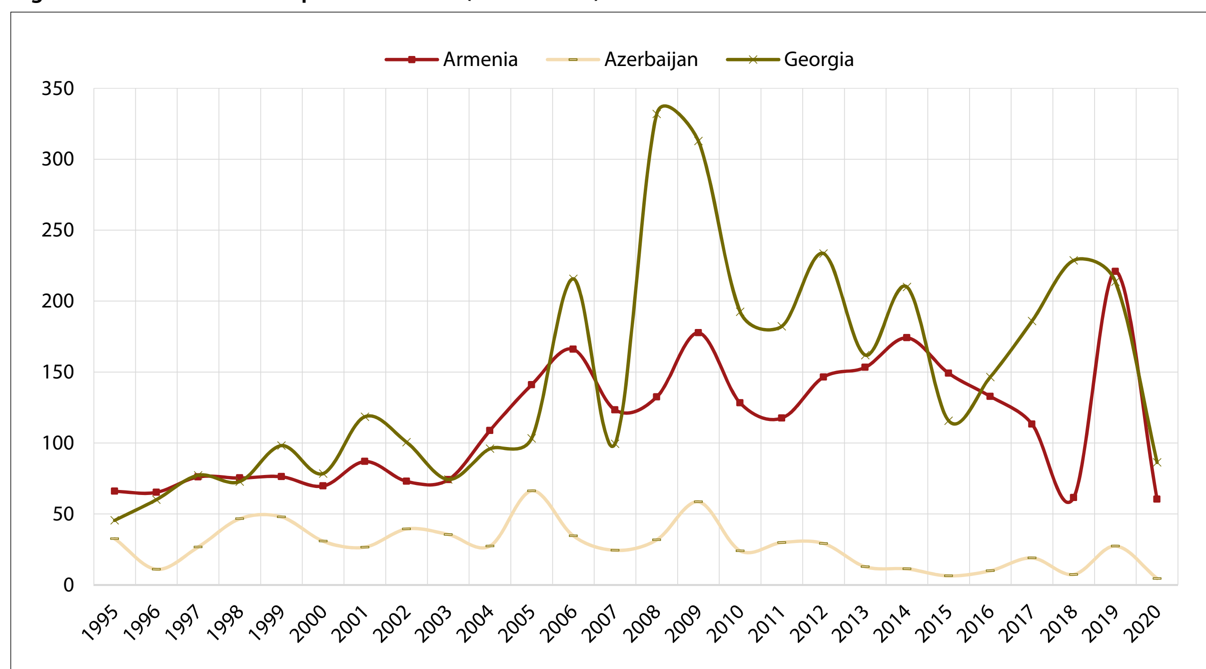
Table 1: COVID-19 Related Statistics in the South Caucasus (06 January 2020 – 28 March 2022)

	Cases – cumulative total per 100,000 population*	Cases – newly reported in last 7 days per 100,000 population*	Deaths – cumulative total per 100,000 population (official figures)*	COVID-19 excess deaths independent estimates – cumulative total per 100,000 population**	Total vaccine doses administered per 100 population*	Persons fully vaccinated*	Persons boosted per 100 population*
Armenia	14,259	4	291	410 – 690	71	948,778	1
Azerbaijan	7,810	3	96	250 – 540	130	4,814,574	30
Georgia	41,318	89	420	610 - 710	66	1,149,474	5
Global	6,225	132	79	n. a.	142	4,487,188,658	19

*Sources: * WHO Coronavirus (COVID-19) Dashboard,* https://covid19.who.int/table *(31 March 2022)*
*** The Economist, The pandemic's true death toll,* https://www.economist.com/graphic-detail/coronavirus-excess-deaths-estimates

Figure 1: Total Aid Per Capita 1995–2020 (in 2019 USD)



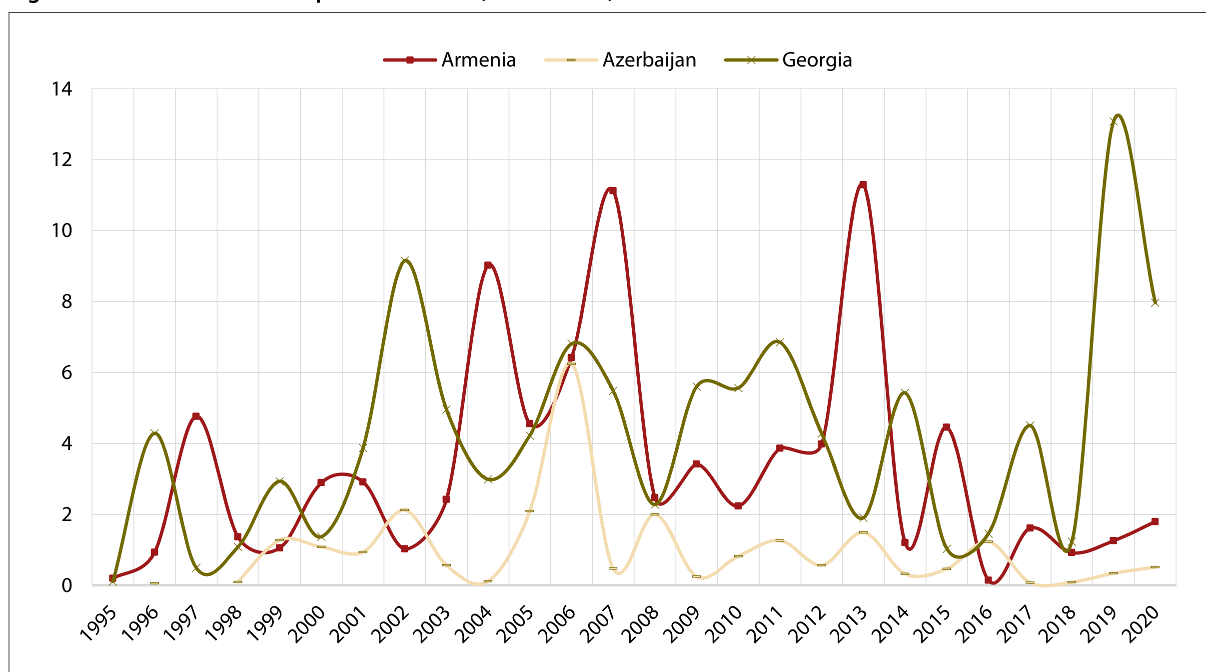
	1995	1996	1997	1998	1999	2000	2001	2002	2003
Armenia	65.93	65.21	76.08	75.30	76.23	69.67	86.92	73.00	74.08
Azerbaijan	32.56	10.98	26.62	46.58	47.89	30.83	26.59	39.39	35.48
Georgia	45.47	60.04	77.26	72.784	98.15	78.45	118.52	100.58	74.29

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Armenia	108.78	141.04	166.09	123.31	132.43	177.64	128.25	117.58	146.46
Azerbaijan	27.37	66.31	34.51	24.40	31.72	58.55	23.98	29.80	29.15
Georgia	95.99	103.3	215.69	99.471	331.89	312.86	192.44	182.25	233.6

	2013	2014	2015	2016	2017	2018	2019	2020
Armenia	153.33	174.11	149.17	132.77	113.27	61.51	220.90	60.31
Azerbaijan	12.76	11.28	6.32	9.96	18.95	7.31	27.33	4.50
Georgia	161.97	209.96	115.65	146.49	185.95	228.74	213.69	86.30

Sources: OECD and World Bank: total aid (all sectors) https://stats.oecd.org/Index.aspx?DataSetCode=crs1# and total population https://data.worldbank.org/indicator/SP.POP.TOTL?locations=AM-GE-AZ *(05 March 2022)*

Figure 2: Health Aid Per Capita 1995–2020 (in 2019 USD)



	1995	1996	1997	1998	1999	2000	2001	2002	2003
Armenia	0.2	0.93	4.76	1.37	1.05	2.9	2.91	1.03	2.42
Azerbaijan		0.06		0.09	1.28	1.08	0.94	2.12	0.57
Georgia	0.11	4.29	0.49	1.08	2.94	1.37	3.87	9.15	4.96

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Armenia	9.02	4.56	6.42	11.1	2.47	3.42	2.24	3.86	3.98
Azerbaijan	0.12	2.09	6.25	0.47	2	0.25	0.82	1.27	0.57
Georgia	2.99	4.22	6.81	5.48	2.28	5.6	5.56	6.85	4.28

	2013	2014	2015	2016	2017	2018	2019	2020
Armenia	11.3	1.2	4.46	0.14	1.61	0.92	1.26	1.8
Azerbaijan	1.49	0.33	0.47	1.23	0.08	0.09	0.34	0.51
Georgia	1.91	5.43	1.03	1.46	4.51	1.23	13.1	7.97

** The OECD CRS provides no data on Azerbaijan for 1995 and 1997*

Sources: OECD and World Bank, health aid (health total, basic health total, NCDs total, population policies, water supply, and sanitation) https://stats.oecd.org/Index.aspx?DataSetCode=crs1# and total population https://data.worldbank.org/indicator/SP.POP.TOTL?locations=AM-GE-AZ *(05 March 2022)*

Table 2: The Scope of Health Aid to Armenia

* targeted areas are listed verbatim and grouped according to the general direction of health aid, which may vary on a yearly basis; new areas of health aid are marked in bold

years	targeted areas
1995–1999	Basic healthcare, basic nutrition, basic health infrastructure, health education, health general, health policy and administrative management, reproductive health, health/population policy and administrative management, medical services, medical training, waste management/disposal, water supply and sanitation including large systems
2000–2003	Basic healthcare, basic nutrition, basic health infrastructure, **basic drinking water supply**, **family planning**, health education, health general, health**/population/water sector** policy and administrative management, **infectious disease control**, **medical research**, medical services, medical training, reproductive healthcare, **sexually transmitted diseases control (STD) control including HIV/AIDS**, water supply and sanitation including large systems
2004–2015	Basic healthcare, basic nutrition, basic health infrastructure, basic drinking water supply and **basic sanitation, education and training in water supply and sanitation,** family planning, health education, health general, health/population/water sector policy and administrative management, **health personnel development,** infectious disease control, medical research, medical services, medical training, reproductive healthcare, **river basins development**, STD control including HIV/AIDS, **tuberculosis, control, water resources conservation including data collection,** water supply and sanitation including large systems, waste management/disposal
2016–2019	Basic healthcare, basic nutrition, basic health infrastructure, basic drinking water supply and basic sanitation, education and training in water supply and sanitation, family planning, health education, health general, health/population/water sector policy and administrative management, health personnel development, infectious disease control, medical research, medical services, medical training, **promotion of mental health and well-being, noncommunicable diseases (NCDs) control including prevention, treatment and research,** research for prevention and control of NCDs, reproductive healthcare, river basins development, STD control including HIV/AIDS, tuberculosis, control, water resources conservation including data collection, water supply and sanitation including large systems, waste management/disposal
2020	Basic healthcare, basic nutrition, basic health infrastructure, **COVID-19 control,** health general, health/population sector policy and administrative management, health personnel development, infectious disease control, **malaria control,** medical training, promotion of mental health and well-being, NCDs control including prevention, treatment and research, STD control including HIV/AIDS, tuberculosis, control, water resources conservation including data collection, water supply and sanitation including large systems, waste management/disposal

Source: OECD https://stats.oecd.org/Index.aspx?DataSetCode=crs1# *selected categories: health total, basic health total, NCDs total, population policies, water supply and sanitation (05 March 2022)*

Table 3: The Scope of Health Aid to Azerbaijan

* targeted areas are listed verbatim and grouped according to the general direction of health aid, which may vary on a yearly basis; new areas of health aid are marked in bold

year	areas
1995–1997	Health general, health policy and administrative management, water supply and sanitation including large systems
1998–1999	**Basic healthcare, basic nutrition, family planning**, health general, **health personnel development**, health policy and administrative management, **medical services, reproductive healthcare, STD control including HIV/AIDS**, water supply and sanitation including large systems
2000–2007	**Basic drinking water supply and basic sanitation**, basic healthcare, basic nutrition, family planning, **health education,** health general, **infectious disease control**, health/**population/water sector** policy and administrative management, **medical education/training,** medical services, reproductive healthcare, STD control including HIV/AIDS, **tuberculosis control, waste management/disposal, water resources conservation including data collection,** water supply and sanitation including large systems
2008–2016	Basic drinking water supply and basic sanitation, basic healthcare, basic health infrastructure, basic nutrition, **education and training in water supply and sanitation**, family planning, health general, health/population/water sector policy and administrative management, **health personnel development**, infectious disease control, **malaria control,** medical education/training, **medical research**, medical services, reproductive healthcare, STD control including HIV/AIDS, tuberculosis control, waste management/disposal, water conservation including data collection, water supply and sanitation including large systems
2017–2019	Basic drinking water supply, basic healthcare, basic health infrastructure, basic nutrition, health education, health general, health/population/water sector policy and administrative management, health personnel development, **NCDs control,** medical education/training, medical services, reproductive healthcare, STD control including HIV/AIDS, tuberculosis control, water supply and sanitation
2020	Basic drinking water supply, basic healthcare, basic health infrastructure, basic nutrition, **COVID-19 control,** family planning, health general, health/population/water sector policy and administrative management, health personnel development, infectious disease control, **malaria control, prevention and treatment of NCDs, promotion of mental health and well-being,** reproductive healthcare, STD control including HIV/AIDS, tuberculosis control, waste management/disposal, water supply and sanitation including large systems,

Source: OECD https://stats.oecd.org/Index.aspx?DataSetCode=crs1# *selected categories: health total, basic health total, NCDs total, population policies, water supply and sanitation (05 March 2022)*

Table 4: The Scope of Health Aid to Georgia

*targeted areas are listed verbatim and grouped according to the general direction of health aid, which may vary on a yearly basis; new areas of health aid are marked in bold; data for 1995 and 1997 is limited

year	areas
1995–1998	Basic healthcare, basic health infrastructure, basic nutrition, health education, health general, health policy and administrative management, medical education/training, infectious disease control
1999–2000	Basic healthcare, basic health infrastructure, basic nutrition, **family planning,** health general, health/**population** policy and administrative management, **health personnel development**, infectious disease control, medical education/training, **medical research,** medical services, **reproductive healthcare**, **water supply and sanitation including large systems**s
2001–2003	**Basic drinking water supply and basic sanitation**, basic healthcare, basic nutrition, family planning, health education, health general, health/population/**water sector** policy and administrative management, health personnel development, infectious disease control, medical research, medical services, reproductive healthcare, **STD control including HIV/AIDS, waste management/disposal, water resources conservation including data collection**, water supply and sanitation including large systems
2004–2016	Basic drinking water supply and basic sanitation, basic healthcare, basic health infrastructure, basic nutrition, family planning, **health education**, health general, health/population/water sector policy and administrative management, health personnel development, infectious disease control, **malaria control,** medical education/training, medical research, medical services, reproductive healthcare, **river basins development,** STD control including HIV/AIDS, **tuberculosis control,** waste management/disposal, water resources conservation including data collection, water supply and sanitation including large systems
2017–2019	Basic healthcare, basic health infrastructure, basic nutrition, health general, health education, health/population/water sector policy and administrative management, health personnel development, infectious disease control, medical education/training, medical research, medical services, **NCDs control including prevention and treatment, promotion of mental health and well-being**, reproductive healthcare, reproductive healthcare, river basins development, STD control including HIV/AIDS, tuberculosis control, waste management/disposal, water resources conservation including data collection, water supply and sanitation including large systems
2020	Basic drinking water supply and basic sanitation, basic healthcare, basic health infrastructure, **COVID-19 control,** family planning, health education, health general, health/population/water sector policy and administrative management, health personnel development, medical services, infectious disease control, NCDs control including prevention, treatment and research, reproductive healthcare, STD control including HIV/AIDS, tuberculosis control, waste management/disposal, water supply and sanitation including large systems

Source: OECD https://stats.oecd.org/Index.aspx?DataSetCode=crs1# *selected categories: health total, basic health total, NCDs total, population policies, water supply and sanitation (05 March 2022)*

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