



Кыргызстан

BEYOND THE CALL OF DUTY:

THE RIGHTS OF HEALTH WORKERS IN KYRGYZSTAN

AMNESTY
INTERNATIONAL



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FACTS ABOUT KYRGYZSTAN



Population: 6 million

Capital: Bishkek

Economy: 22.4% of the population were below the poverty line in 2018 and (<https://www.adb.org/countries/kyrgyz-republic/poverty>)

28.5% of GDP consisted of remittances in 2019 (<https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?locations=KG>)

Kyrgyzstanis working abroad: 750,000 (<https://www.unicef.org/kyrgyzstan/children-migrants>)

Ratified: International Covenant on Economic, Social and Cultural Rights (ICESCR), International Covenant on Civil and Political Rights (ICCPR), all eight fundamental Conventions of the International Labour Organization (ILO)

INTRODUCTION

“They need to reform the whole health system. They need to build hospitals - the buildings are old. We hope that after COVID the state will rethink the health service,”

Doctor interviewed by Amnesty International.¹

The first cases of COVID-19 were reported in Kyrgyzstan on 18 March 2020 and the country declared a state of emergency on 22 March. The lockdown was severe, requiring people to self-isolate at home and included curfews from 8pm till 7am in the biggest towns and some of the regions. Most public transportation and services were suspended. The capital Bishkek and large towns like Jalalabad in the south of the country had police checkpoints on the outskirts. The borders were closed. The state of emergency ended on 10 May, the wearing of masks in public remained compulsory and social distancing was recommended, but public transport was crowded and public gatherings such as funerals and weddings resumed without any limits on participation. The number of cases remained relatively low throughout the period of lockdown. However, with the lifting of the state of emergency the number of cases started to rise and by 26 July had reached 32,813. On 26 July Kyrgyzstan ranked along with the USA, Brazil, Columbia, Yemen and South Africa as having one of the highest number of cases per capita.²

The COVID-19 epidemic has overwhelmed the health service in Kyrgyzstan which has been chronically underfunded for years. Hospitals and clinics, particularly in the regions, are often in a bad state of repair and basic equipment is often not available or not working. All those interviewed by Amnesty International, talked about the poor state of repair of hospital buildings, and media reports have mentioned the lack of such vital equipment as ventilators and CT scanners.³ Reporting on his visit in 2018, the UN Special Rapporteur on the Right to Health stated:

“Although the health-care system is a funding priority, it is still underfunded, health-care infrastructure is underdeveloped, and facilities are ageing, characterized also by a lack of modern equipment and fixed assets depreciating in value.”⁴

Furthermore, due to low salaries (see below) there has been a brain drain of doctors⁵ to neighbouring countries. Amnesty International was told by the Director of Public Health in Issyk-Kul region that over 50% of doctors are of retirement age.

¹ Doctor interviewed by Amnesty International on 19 July 2020 on condition of anonymity.

² See <https://www.nytimes.com/interactive/2020/world/coronavirus-maps.html>, this article was widely discussed in Kyrgyzstan and prompted the government to publish an explanation of the figures, <http://med.kg/ru/novosti/2261-informatsiya-otnositelno-stati-kyrgyzstan-zanyal-pervoe-mesto-v-mire-po-kolichestvu-smertej-ot-covid-19.html>

³ On 16 July, the Prime Minister reported that there were 16 CT scanners in the country, but that this number would be increased: <https://kloop.kg/blog/2020/07/28/bolnitsy-v-staryh-zdaniyah-udvoennye-kompensatsii-vracham-i-apparaty-ivl-kyrgyzskogo-proizvodstva-cto-skazal-premer-boronov-na-brifinge/>

⁴ <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G19/132/99/PDF/G1913299.pdf?OpenElement>

⁵ See for instance, https://rus.azattyk.org/a/kyrgyzstan_medicine_anesthetist/30241754.html



← © A makeshift hospital in a Mosque in the town of Ken-Suu, Issyk-Kul region.

© Edil Ajibaev, the founder of Volunteer organization "Help Issyk-Kul"

The government has responded to the emergency by setting up temporary day care centres (*dnevnye stacionary*)⁶ and donors have organized the travel and accommodation of Kyrgyzstani doctors working abroad to return and join the effort.⁷ The government has also called for donations from wealthy citizens to fund these efforts, and has received emergency funding, equipment and drugs from the WHO, World Bank, the EU and countries such as China, Turkey and Russia. Volunteer groups have sprung up in response to the crisis to fill the gaps by providing extra equipment such as personal protective equipment (PPE) and food for health workers. However, despite these efforts PPE has not always been available in sufficient quantities and some hospital administrations have not had sufficient funding to cover the extra staff needed.

As a state party to the International Covenant on Economic, Social and Cultural Rights (ICESCR) Kyrgyzstan has an obligation to ensure fair wages and equal remuneration for work of equal value, safe and healthy working conditions, and rest, leisure and reasonable limitation of working hours for all workers without distinction of any kind. Whilst individual rights can be restricted in the face of public health challenges, e.g. freedom of movement, any disproportionate breach can amount to a violation of states' obligations under international law, and according to the CESCR:

"If any deliberately retrogressive measures [have been] taken, the State party has the burden of proving that they have been introduced after the most careful consideration of all alternatives and that they are duly justified by reference to the totality of the rights provided for."⁸

In researching this briefing Amnesty International has found that health workers have been unfairly dismissed, or humiliated for drawing attention to dangerous working conditions, they do not receive fair wages, and they have been forced to work excessive hours during the pandemic in conditions that endanger their health. These measures cannot be justified even during the COVID-19 pandemic. At this difficult time, health workers in Kyrgyzstan have played an extraordinary role in the response to the pandemic. They have put their health and well-being at risk, often in very difficult circumstances and with very little support, to ensure that people are able to access the best possible treatment available. The government of Kyrgyzstan must ensure that their rights are respected, protected and fulfilled.

⁶ <http://kabar.kg/news/dnevnye-stacionary-v-bishchkeke-priniali-bolee-27-tysiach-gorozhan/>

⁷ <https://ru.reporter.kg/altynbek-sulaimanov-vstretil-vrachei-pribyvshikh-iz-rossii-foto/>

⁸ CESCR General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12), E/C.12/2000/4, 11 August 2000, para 32.

METHODOLOGY

In preparing this briefing between 19 July to 14 August Amnesty International spoke to six doctors, two medical experts, one nurse, a forensic expert, a head doctor of one hospital, and three volunteers working to fundraise for and supply vital equipment and drugs to hospitals. All but one of the doctors interviewed by Amnesty International were very concerned about possible repercussions they might suffer for speaking out and consequently asked not to be named. This was in addition to extensive desk-based research, including of publicly available documents, social media, media interviews by key stakeholders, and official pronouncements on the matter. It clearly transpired in the course of the research that many if not most health workers in Kyrgyzstan prefer not to publicise their concerns for fear of reprisals, which has inevitably and seriously limited the scope of research. At the same time, this consistent reluctance to be interviewed by medical doctors, in different regions, indicates that the problems highlighted in this publication apparently apply very widely in Kyrgyzstan.

UNRELIABLE OFFICIAL STATISTICS

“Now doctors are dying directly at their place of work, they are dying in departments and buildings where they spent their time as students and as doctors....”

Facebook post, 27 July, Bermet Baryktabasovna, Specialist in Evidential Medicine, Medical Advisor and campaigner.⁹

Health workers are dying but unreliable statistics are undermining the government’s response. Health workers and many other essential workers face greater exposure to COVID-19 as a result of their occupation, and are therefore at greater risk of infection, serious illness, and even death if not adequately protected. Volunteer groups and independent media have been compiling lists of health workers who have died of COVID-19 and these figures are higher than the figures provided by the government (see below). If lessons are to be learned about how to protect health workers better, it is vital to have accurate statistics on the number of infections and deaths amongst this group.

On 10 July the Director of Emergency Services reported that one third of ambulance drivers were ill with pneumonia or COVID-19.¹⁰ In an interview with the television station on 22 July Ala-Too 24, Aigul Boobekova, the head of Human Resources of the Ministry of Health, stated that in the period from the beginning of the epidemic in mid-March to 22 July, 29 health workers had died, and that out of the 13,000 doctors employed 9,000 were working directly with confirmed COVID-19 cases and 15% of all doctors employed were currently on sick leave.¹¹

However, records kept by non-governmental groups give higher death figures for health workers. The independent Kloop news website publishes a memorial list with every doctor’s death and by 27 July – only five days after the Ministry’s figures were released there were over 40 names on the list – higher than the government’s figures.¹² On 27 July alone, Kloop reported the deaths of two doctors. The rate at which health workers are falling ill at the time of writing is leaving many hospitals severely understaffed.

Data on the scale of COVID-19 related infections and deaths of health workers is extremely valuable. It serves as a crucial reminder of the human cost of this pandemic, particularly of those who were on the frontlines, and their families. It is an important tool to understand what risks health and essential workers are facing, so health systems and countries can be better prepared in the future. This data can also lead to further enquiries about what caused these particular risks, and how they could be mitigated or potentially prevented in the future.

The Kyrgyzstani authorities must ensure that data is not only accurate but also disaggregated. Data on fatalities among health workers should be disaggregated according to place of work, occupation and other factors such as gender and ethnicity. This will allow the government to better assess the impact of the pandemic and what specific strategies may be necessary to protect groups facing higher risk in the future.

⁹ <https://www.facebook.com/bermet.baryktabasova/posts/3404205829609940>

¹⁰ <https://www.facebook.com/groups/3356305647754913/permalink/3383064551745689/>

¹¹ <https://www.facebook.com/minzdravKR/videos/224436215353566>

¹² <https://kloop.kg/blog/2020/07/27/covid-19-v-oshe-skonchalas-glava-meditsinskogo-tsentra-doktor-matrimova>

INADEQUATE PERSONAL PROTECTIVE EQUIPMENT

“The problem is the sizes are not right. They are not good quality. I have seen doctors who come from Europe and they have PPE in their sizes and it is good quality. What we have is not good quality,”

Intensive care doctor in Kyrgyzstan talking to Amnesty International on July 2020, on conditions of anonymity.

One of the most important safeguards for health workers during the COVID-19 pandemic is the availability of adequate PPE. On 19 March 2020, the World Health Organization (WHO) issued guidelines on the rational use of PPE including goggles, medical masks, gowns, gloves, and other equipment of biomedical protection for people working in health care facilities worldwide, acknowledging that countries across the world have been affected by lack of PPE during the COVID-19 pandemic.

The WHO's emphasis on the need for adequate PPE has been echoed by the UN Committee on Economic, Social and Cultural Rights (CESCR):

“Many health-care workers, who are performing heroic work on the front lines, responding to the pandemic, are being infected as a result of inadequacies in or shortages of personal protective equipment and clothing... As the frontline responders to this crisis, all healthcare workers must be provided with proper protective clothing and equipment against contagion. It is also essential that they are consulted by decision-makers, and that due regard is paid to their advice. Health-care workers play a critical role in providing early warning of the spread of diseases such as COVID-19 and in recommending effective measures of prevention and treatment.”¹³

According to Article 214 of the Labour Code of Kyrgyzstan employers must provide workers with PPE if they are working in dangerous or harmful conditions, furthermore they must be offered additional payment for dangerous work. However, according to Klara Sooronkulova, lawyer, head of NGO “School of Human Rights” and currently an advocate for doctor's rights, the Labour Code does not offer adequate protection to health workers since they are not included in the list of professions considered to be dangerous or harmful and thus eligible for protection and additional payments.¹⁴

The supply of PPE has improved since the start of the epidemic due to the efforts of volunteer groups who have been fundraising to buy and supply PPE to hospitals. However, health workers and doctors interviewed by Amnesty International reported that in the early stages of the epidemic doctors had been obliged to work without adequate supplies of PPE, and a video interview by the group Help for Issyk-Kul showed a doctor working with COVID patients wearing only a mask.¹⁵

All the doctors that Amnesty International spoke to were provided with PPE, but they complained about the quality. Furthermore, one doctor was concerned that there had not been adequate training in the use of PPE and that in the early stages it was not being put on and removed correctly in order to avoid infection. This was confirmed by Klara Sooronkulova who commented that the Labour Code:

“Gives a general standard and even in March when there were very few cases this was being grossly violated. Doctors were telling me that they didn't know how to put the PPE on correctly. It was all being done by guesswork. There should be a separate room for undressing, but they weren't trained and they were taking off the PPE where ever they were and it was lying all over the place.”¹⁶

A further problem is that the Ministry of Health has made a very clear distinction between health workers working in the so called “red zones” where they come into direct contact with COVID-19 patients, and those who are not and therefore are not considered to be at risk and provided with PPE. However, this does not reflect the reality. The six doctors interviewed by Amnesty International expressed concern that health workers on regular wards had no such protection with dire consequences in some cases:

“Patients arrive with other illnesses – strokes, heart attacks...but when they are examined it is discovered that they have pneumonia or COVID-19 and then the doctors are infected.”¹⁷

¹³ Committee on Economic, Social and Cultural Rights, Statement on the coronavirus disease (COVID-19) pandemic and economic, social and cultural rights, E/C.12/2020/1, 17 April 2020, <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4sIQ6QSmIBEDzFEovLCuW1AVC1NkPsgUedPIF1vfPMKXidSV%2fGyVFSAvr6nizxSIX6zd%2bu5KD26NraabijKa WMnkFhhMb4MahybE5l%2foU5sQSh6PCbcepqzI0iCYklyq>

¹⁴ Типовой перечень работ, на которые могут устанавливаться надбавки работающим в особых условиях.

¹⁵ <http://cbd.minjust.gov.kg/act/view/ru-ru/53293?cl=ru-ru>

¹⁶ https://kaktus.media/doc/417307_odin_reanimatolog_vmesto_piateryh_kak_borutsia_s_covid_19_v_issyk_kylskoy_oblasti_video.html

¹⁷ Interviewed by Amnesty International on 27 July 2020.

¹⁸ Doctor interviewed by Amnesty International on 19 July 2020.

Kyrgyzstan must live up to its human rights obligations under Article 7(b) of the UN International Covenant on Economic, Social and Cultural Rights (ICESCR) to ensure safe and healthy working conditions for all workers in accordance with the level and nature of risk they face.¹⁸ In this context this means that the Ministry of Health must ensure that all doctors are provided with PPE that are fully adequate for the relevant hazards, and that they are properly trained in how to use it to avoid infection. Furthermore, PPE should be available to all those working in health care and not just those working in the so-called “red zones”.

EXCESSIVE WORKING HOURS AND ENFORCED QUARANTINES

“All doctors have the problem that they need to rest. If you overwork the chances of getting the virus are high. You work 14 days and then rest 14 days. The 14 days of quarantine do not help. All we can do is lie in bed.”


Intensive care unit doctor talking to Amnesty International, on condition of anonymity.

Health workers in Kyrgyzstan have experienced a huge increase in their workload, with their hours being significantly extended. It is important to acknowledge the toll that increased working hours and changes in terms of employment (such as when annual leave may be taken) have on the levels of tiredness, stress and anxiety these workers face at this difficult time.

Since May, doctors in Kyrgyzstan have been working what the Ministry of Health has called a “Barracks Regime” (*kazarmennyi rezhim*) to cope with the mounting pandemic. Doctors are forced to live near or in their place of work throughout. All doctors dealing directly with COVID-19 patients are on a regime of 14 days of shifts followed by 14 days of quarantine. The 14 days of quarantine after their shift work are not spent at home, but in hotels, hostels or in designated areas within the hospitals in which they work. They are not allowed out at all for any reason during the 14 days and are provided with food by the state and volunteers. One doctor described the conditions as “being like in prison”. Another doctor interviewed by Amnesty International said that he had not seen his mother or children in person for four months.¹⁹

Initially, the shift work during the 14 days of work was divided into four-hour shifts followed by 16 hours of rest. However, the number of hours has gradually been creeping up as the health service comes under pressure from the mounting number of cases and more and more doctors have fallen ill.²⁰ All of the doctors who Amnesty International spoke to were working six or eight-hour shifts, and one doctor was working 10-hour shifts. In addition, summer temperatures in Kyrgyzstan regularly reach 40 degrees Centigrade, and hospitals are not air-conditioned.



←  *“I can say honestly, that working for six hours at a stretch in this clothing is very hard. You are thirsty, or you want to go to the toilet and you are sweating. But until you have left the “dirty” zone you can’t do any of that.”*
Doctor interviewed by Radio Azatyk on 21 April²¹

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¹⁸ Article 7(b) provides “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favorable conditions of work which ensure, in particular: safe and healthy working conditions”

¹⁹ Doctor interviewed by Amnesty International on 17 July 2020.

²⁰ <https://rus.azattyk.org/a/30720664.html>

²¹ https://rus.azattyk.org/a/covid-19_kyrgyzstan_mediki_i_vlast/30567309.html

One doctor posted a picture of himself after his shift wearing PPE showing how he was dripping with sweat.

The 14 days of quarantine offer very little genuine relaxation since doctors are living in shared accommodation in varying degrees of comfort with little respite. In these circumstances one doctor told Amnesty International that he chose to work without a break:

“I am now working 24 hours a day. I can’t leave because there are so many patients. I am working in a COVID department – I am the only doctor. I have an assistant who is a surgeon. I am the manager and I can’t just leave at the end of my shift. I have to be there constantly. We manage to sleep three to four hours. I have been working like this for 30 days. If I stop work I will just be in quarantine. It is better to be working.”²²

Furthermore, doctors are being prevented from taking leave or are being called back from their leave. On 11 July the Prime Minister announced that all doctors would urgently be called back from leave to deal with the shortage of doctors.²³

The authorities in Kyrgyzstan must abide by their human rights obligations under Article 7(d) of the ICESCR to provide adequate rest, leisure and reasonable limitation of working hours by ensuring that doctors are able to take leave for rest and recuperation away from their place of work and ensure that any increase in their hours are in line with existing legislation.²⁴ By doing so they will also be taking important steps towards protecting the right to health of health workers and in turn their patients.

UNACCEPTABLE LIVING CONDITIONS IN QUARANTINE

“Living conditions are not like in a hotel where everything is provided. In principle every doctor should have his own room so that they are not in contact with anybody. We sleep 10-12 to a room. This is why doctors are all falling ill.”

Intensive care unit doctor talking to Amnesty International, on condition of anonymity.

Two of the doctors that Amnesty International spoke to expressed concern that their accommodation was too crowded and very likely to increase the chances of infection thereby defeating the purpose of quarantining. We also spoke to two doctors who were sharing a hotel room, and to one doctor who was living in a room in the hospital with 10-12 other doctors. They expressed concern that as the pandemic continues and money runs out, the accommodation for doctors would deteriorate further and likely become more overcrowded.

The authorities are under an obligation according to Articles 7 and 12 of the ICESCR to ensure that doctors are accommodated in safe and healthy conditions that allow them to have adequate rest and provide for adequate living conditions which do not increase the risk of infection and to their overall health.

²² Intensive care doctor interviewed by Amnesty International on 19 July 2020.

²³ <https://rus.azattyk.org/a/30720664.html>

²⁴ Article 7(d) provides inter alia “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favorable conditions of work which ensure, in particular: rest, leisure and reasonable limitation of working hours”

FORCED MOBILIZATION OF DOCTORS

“I was called back from leave – I was told if you refuse you will be fired. She [the head nurse] started to shout at me and said it is the head doctor’s decision.”

Intensive care unit doctor talking to Amnesty International, on condition of anonymity.

According to Klara Sooronkulova, a lawyer and activist, the Ministry of Health initially attempted to mobilize doctors “as if they were military personnel:

“The Ministry of Health said that all doctors should be mobilized – nurses and doctors who had small children or who were already at pension age were phoning me and telling me that they were being ordered to work away from home.”



←  **Health workers outside the hospital in Sary-Oi, Issyk-Kul region**

© Edil Ajibaev, the founder of Volunteer organization “Help Issyk-Kul”

Bermet Baryktabasova, a medical lobbyist, and advocate for the rights of health workers, pointed out that there was no legislation enabling the government to mobilize doctors in this way. Under public pressure from activists such as Klara Sooronkulova and Bermet Baryktabasova, the Ministry of Health stopped this practice of forcibly deploying doctors, and they are now asked, rather than ordered, to take up duties on COVID-19 wards throughout the country. However, those health workers and doctors we spoke to stated that they felt unable to refuse because of their dedication to their profession and solidarity with colleagues.

According to Article 215 of the Labour Code of Kyrgyzstan all employees have the right to refuse to carry out work that threatens their life or health and furthermore the refusal to carry out such work should not carry any penalties for the employee. Any change in the contractual conditions of work should be agreed in writing by the employee.

Anara Toktomametova, a senior neurologist at the National Hospital in Bishkek, had just been summoned to work in a COVID-19 ward as she spoke to Amnesty International, and was in the process of making her decision. She said that she had refused because of the working conditions and excessive working hours (eight-hour shifts). However, she admitted that she would probably give in to the emotional pressure:

“They play on our compassion. They say it is a doctor’s duty and they force people to work without providing basic conditions. Looking at how my colleagues are working, I feel very sorry for them and I am ready to go because I am sorry for my colleagues and my patients.”²⁵

While all those interviewed by Amnesty International said that doctors were being fired for drawing attention to violations of safety standards or refusing to take up COVID-19 duties, very few health workers in that situation have been willing to speak up. Klara Sooronkulova has been trying to encourage doctors to file civil cases to complain about unfair dismissals and other violations of the Labour Code, but she has found few willing to speak out:

²⁵ Interview with Amnesty International on 29 July 2020.

“Our doctors are completely without rights. They are very intimidated.”

The authorities in Kyrgyzstan must ensure that in line with their obligations under both their own Labour Code and Articles 6 (1)²⁶ and 7 of the ICESCR nobody is put under pressure to carry out work that subjects them to unacceptable working conditions including serious risks to their health.

POOR AND DELAYED PAY

“The main thing is that they pay us the salary they promised us [but they don’t]. I have to feed my family. Nobody is able to work because of the quarantine,”

Intensive care unit doctor talking to Amnesty International, on condition of anonymity.

Doctors in Kyrgyzstan are among the lowest paid professionals in the country. According to the Special Rapporteur on the Right to Health, “the salaries of physicians and other health-care personnel are unacceptably low, below the national average and below the average salaries in other sectors.”²⁷ According to data from the National Statistics Committee in July 2020 the gross average monthly salary of a healthcare or social services worker was 10,987 som (approximately US\$145). The gross average salaries of an education worker, a professional, scientific or technical worker, and a financial or insurance worker were 13,746som (US\$179), 22, 428 som (US\$292) and 36,163 som (US\$470) respectively.²⁸

As pointed out by the rapporteur, the low salaries of healthcare personnel have a negative impact on the quality of services and provide incentives for informal payments for health care. Furthermore, they contribute to the brain drain of medical personnel to other countries and to the private sector which in turn contributes to the chronic shortage of doctors in the state sector. Some of these doctors working abroad have returned to assist during the pandemic.²⁹

On 17 July, the Union of Health workers addressed the President of Kyrgyzstan asking for doctors’ pay to be increased. They reminded the president that in 2005 a Law on Health Care of the citizens of Kyrgyzstan was passed according to which health workers should not be paid less than the average wage, but this law has never been put into practice.³⁰

Doctors and other health workers are being paid a bonus for working the extra hours required during the COVID-19 pandemic. On 12 May, in a decree published by the Ministry of Health the rates were set out. Medical personnel were to receive 100% (1,854 som/US\$25), 80% (1,483 som/US\$18) or 70% (1,297 som/US\$16) of the national minimum wage as a bonus for working the “barrack regime” during the pandemic. For the days spent in quarantine after working 14 days of emergency shifts all grades are given 45% of the national minimum wage (835som/US\$10) as a bonus.³¹

However, according those interviewed by Amnesty International there have been problems with timely payments, and with arbitrary cuts to salaries, apparently to cover the costs of additional staff to cope with the epidemic. Among the doctors who spoke to us very few had been asked to sign any kind of paperwork to confirm the arrangement and many were unclear how much they would be paid: “We don’t know how much we are going to be paid. We haven’t signed anything yet. They just said go and work, but we don’t know anything.”³²

The doctors that Amnesty International spoke to had not yet received the additional payments that they were due to receive, and there have been reports of salaries not being paid at all or of being arbitrarily cut. One doctor wrote to Klara Sooronkulova to ask: “Who is responsible for paying health workers? For instance, if in the beginning there were 20 employees then later there were 50 because of the increase in the number of patients. And because of this they cut doctors’ salaries by 50% to pay the nurses.”³³

²⁶ Article 6(1) of the ICESCR provides that “The States Parties to the present Covenant recognize the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right.”

²⁷ Visit to Kyrgyzstan: Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, **Error! Hyperlink reference not valid.** <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G19/132/99/PDF/G1913299.pdf?OpenElement>

²⁸ Figures for average monthly salaries taken from the website of the National Statistical Committee, on 5 August 2020, <http://www.stat.kg/ru/statistics/trud-i-zarabotnaya-plata/>

²⁹ <https://rus.azattyk.org/a/30721998.html>

³⁰ https://24.kg/obschestvo/159748_profsoyuz_prosit_prezidenta_povyisit_zarplatyi_medikam/

³¹ http://med.kg/images/koronavirus/dokumenty/prikaz_306_12052020.PDF

³² Doctor interviewed by Amnesty International on 19 July 2020.

³³ This is a question posed to Klara Sooronkulova by a doctor which was forwarded to Amnesty International as an example of the kind of problems faced by doctors.

The Kyrgyzstani authorities must, in line with their obligations under Article 7(a)³⁴ of the ICESCR, carry out a review of health workers' salaries and immediately take steps to provide sufficient resources to ensure fair wages for all health workers, commensurate with their level of experience, skills and expertise, together with the unprecedented working conditions and additional hours they are asked or required to work. All reports of arbitrary cuts and delayed payment of salaries must be investigated, and anyone affected by these practices promptly, fully and adequately compensated.

RESTRICTED ACCESS TO COMPENSATION PAYMENTS

On 21 May 2020, parliament passed changes to the Law on Health workers³⁵ which provided among other things for compensation payments in case of illness or death of those working with COVID-19 patients. According to the law, if a medical worker dies “as a result of an illness contracted while carrying out duties in the context of the pandemic” the family should receive 20 times the yearly salary of the worker (approximately 1 million som (US\$13,000)). In cases of contracting COVID-19 health workers are also to receive compensation payments amounting to 200,000 som (US\$2,600).

Whilst this is a welcome step there are a number of challenges workers face to actually secure compensation. Those interviewed by Amnesty International stated that those who apply for the compensation payments in case of illness, must prove that they contracted the disease at the workplace, which may be difficult to document. There is also the additional difficulty that many COVID-19 cases may have been diagnosed as pneumonia in which case the worker will not be eligible for the payment.³⁶ In addition, the payments are made available only to those who are drafted to work in the “red-zones” or COVID-19 wards, and health workers who work in other areas, such as Polyclinics (General Practice Clinics) may not be eligible for the payments even when they contract or die of COVID-19. The authorities in Kyrgyzstan in line with their obligations to guarantee the right to adequate social security benefits, including for sickness and death during the course of employment, under Article 9 of the ICESCR³⁷ must ensure that all health workers and their families are paid promptly and that compensation payments for death from COVID-19 and related illnesses are available to all affected medical personnel and not only to those working in the so-called “red zones”.

REPRISALS FOR SPEAKING OUT

“There has never been any protection for doctors. Who are we going to complain to? There are no such organizations that would defend us. When this is over, we will be blamed for not wearing the PPE properly,”

Doctor interviewed by Amnesty International, on conditions of anonymity.

In the current context of the COVID-19 pandemic, the right of health workers to both speak out and to access and share information about the risks they and others face, is fundamental to ensuring crucial information about the pandemic comes to light both for the medical profession and wider society. Health workers need to be actively involved in dialogue about public health measures, not least because they are the ones involved in delivering them and are aware of the practical needs and challenges as part of the necessary social dialogue between authorities and workers.³⁸ AI found it difficult to reach out to doctors because their feared reprisals, and even of those interviewed most felt that they were not in a position to complain and refused to be identified in this briefing for fear of reprisals from their superiors. In the few instances when doctors have publicly complained they have often suffered threats, dismissal or humiliation from their employers.

In April, a young doctor, Bektur Apyshev, complained on Twitter about the quality of the PPE that he had been issued and posted a picture of a mask that was clearly inadequate. On 10 April, he was called to a meeting with the Director of the hospital and forced to remove his Twitter account. On 12 April a video appeared showing him apologising for his post:

³⁴ Article 7(a) provides: “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular: (a) Remuneration which provides all workers, as a minimum, with: (i) Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work; (ii) A decent living for themselves and their families in accordance with the provisions of the present Covenant.”

³⁵ http://www.president.kg/ru/sobytya/16981_vneseni_izmeneniya_vzakon_kirgizskoy_respubliki_ostatuse_medicinskogo_rabotnika

³⁶ <https://kloop.kg/blog/2020/07/13/koronavirus-podtverdili-eshhe-u-125-medrabotnikov/>

³⁷ See General Comment 19 ICESCR paras 14 and 17 REF.

³⁸ International Labor Organization, (ILO): “What is Social Dialogue”: Summary of treaty obligations arising from ILO Conventions: [%20%20a](https://www.ilo.org/ifpdial/areas-of-work/social-dialogue/lang--en/index.htm)

“I recently posted false information about bad quality masks. In fact, the clinic has a complete supply of quality PPE and masks. I apologise for presenting false information.” He then puts on a mask.³⁹

On 30 July, Indira Kazieva, a family doctor and head of a foundation “Coalition against TB” currently campaigning for health workers’ rights, drew attention to the fact that doctors in Alamedinsky District in the capital Bishkek, had not been paid the bonuses they had been promised for working extra shifts during the pandemic. In an interview with the news website 24.kg she said:

“The authorities have reported that they gave us everything, but just come to the state Family Hospital in Tash-Dobo in Alamedinsky district and ask our employees – not one doctor, nurse, nursing assistant has received anything but we are continuing to accept patients and falling ill ourselves. We don’t know if we will see bonuses if we survive.”⁴⁰

Later the same day she reported again to 24.kg that she had been threatened with dismissal for speaking out. She reported that after the publication she was phoned by the management of the hospital and threatened with dismissal:

“They started to ask me why I am complaining again. They said that if I report any problems again they will immediately fire me. They have already reprimanded me twice because I told the truth. They want to shut my mouth. I was silent. I don’t know what to do. I am afraid that by this evening they will have ordered my dismissal.”⁴¹

Kyrgyzstan should respect and guarantee the right to freedom of expression and to information of all health workers by introducing legislation to protect whistle blowers and in the meantime ensure that the terms of the Labour Code which ban any actions taken against employees for refusing to carry out dangerous work are fully implemented.

Health and other key workers who take a stand and criticise harmful, inadequate, discriminatory or slow responses by governments and health authorities, or who blow the whistle and expose unsafe conditions for patients and workers, are playing a key role in defending the human rights of us all. As such, they should be publicly recognised and afforded protection in line with the UN Declaration on Human Rights Defenders, which establishes the legitimacy and necessary role of individuals and groups who take action to defend human rights.⁴²

³⁹ https://24.kg/obschestvo/154230_obidno_ochen_izvinivshiyasya_nakameru_vrach_izkanta_pokazal_svoyu_zarplatu/

⁴⁰ https://24.kg/obschestvo/161173_vracham_alamedinskogo_rayona_nevyiplatili_nadbavki_oni_obraschayutsya_kprezidentu/

⁴¹ https://24.kg/obschestvo/161244_vrach_rasskazala_chno_medikam_nevyiplachivayut_nadbavki_eygrozyat_uvoleniem/

⁴² <https://www.ohchr.org/en/issues/srhdefenders/pages/declaration.aspx>

RECOMMENDATIONS

TO THE KYRGYZSTANI AUTHORITIES

Amnesty International calls on the Kyrgyzstani authorities to abide by their international human rights obligations and Kyrgyzstani legislation and in particular:

LEARNING THE LESSONS

- Conduct a timely, comprehensive, effective and independent review regarding Kyrgyzstan's response to the pandemic including its treatment of health workers;
- Ensure such a review is begun without delay given the ongoing challenges of the pandemic and the need to learn lessons quickly in order to take appropriate remedial action.

STATISTICS

- Collect and analyse comprehensive data on fatalities among health workers disaggregated according to place of work, occupation and other factors such as gender and ethnic origin. This data should be used to inform the review into the government's response to the pandemic.

RESOURCES

- Government must provide sufficient resources to fund health care and if they do not have sufficient resources they are obliged to request international cooperation and assistance to ensure they can fund their obligation to protect workers' rights and the right to health.

PPE

- Provide adequate levels of PPE to all those in healthcare who need it and ensure that it complies with international standards and that employees are properly trained in how to use it to avoid infection.

WORKING CONDITIONS

- Ensure that all health workers are able to enjoy their right to safe and healthy working conditions;
- Ensure the right of health workers to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health, including because they feel they do not have adequate PPE;
- Ensure that the health system is adequately staffed, and that where necessary, sufficient numbers of additional health workers are recruited to account for the increased workload, during the COVID-19 pandemic;
- Ensure that working hours are not excessive with periodic breaks during and between shifts (in line with the Labour Code)
- Ensure that health workers are able to take sufficient leave for rest and recuperation away from their place of work and ensure that any increase in their hours is in line with existing legislation;
- Provide accommodation for doctors that is safe and healthy and that does not increase the risk of infection.

PAY AND BENEFITS

- Ensure that all health workers are paid fair wages in a timely manner, reflecting the level of their skills and experience, the risks and impact of their work on their own health and safety, together with specific hardships related to the work and the impact on the worker's personal and family life, in line with international human rights law and standards;
- Adequate compensation payments for death from COVID-19 and related illnesses must be made easily available to all workers in equivalent circumstances not only to those working in the so-called "red zones".

FREEDOM FROM REPRISALS

- Ensure that all workers can exercise their right to freedom of expression and right to information without fear of reprisals and ensure that employers put in place systems that allow workers to report on health and safety risks;
- Introduce legislation to protect whistle blowers and in the meantime ensure that the terms of the Labour Code which ban any actions taken against employees for refusing to carry out dangerous work are fully implemented;
- Where health workers have faced reprisals or disciplinary action at their workplace for raising health and safety concerns, or have lost their jobs as a result, the action against them should be properly investigated by competent authorities and where relevant, they should be granted adequate reparations, including compensation and/or the possibility of being reinstated.

TO INTERNATIONAL FUNDERS AND OTHER STATES

Funders must enable Kyrgyzstan to respond effectively to the COVID-19 pandemic and its fallout and exercise due diligence to ensure full accountability and transparency to remedy the underfunding.

BEYOND THE CALL OF DUTY:

THE RIGHTS OF HEALTH WORKERS IN KYRGYZSTAN

At this difficult time, health workers in Kyrgyzstan have played an extraordinary role in the response to the pandemic. They have put their health and well-being at risk, often in very difficult circumstances, to ensure that people are able to access the best possible treatment available. However, in researching this briefing Amnesty International has found that Kyrgyzstan has failed to protect the human rights of health workers. Our research has shown that doctors were not provided with adequate PPE in a timely fashion, they were expected to work excessive hours and subjected to enforced quarantine on low pay (often not paid on time), compensation payments for death and illness due to COVID 19 were restricted and not paid to all. Furthermore, doctors who spoke out about working conditions and lack of PPE faced reprisals. The government of Kyrgyzstan has faced unprecedented challenges in dealing with the epidemic, however, this does not absolve it of its international human rights obligations. It must learn from the experience of the first wave of COVID-19 in order to be able to better protect the rights of health workers in future. This briefing is part of Amnesty International's global monitoring of the rights of health workers during the pandemic.

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