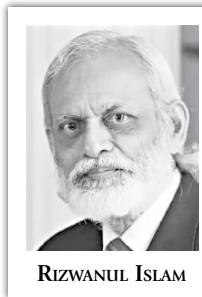


The war against Covid-19 is also stress-testing our limits as a species



I haven't visited my children or grandchildren for nearly a year and a half, neither have they visited me. They live in the USA, and I in Europe. Since the early days of the Covid-19 pandemic, there has been a travel ban on non-citizens from either side to the other. It was lifted on the last day of the Trump administration in office, only to be re-imposed by the Biden administration on its first day.

Countries in Europe, which once introduced free travel among themselves, have been erecting barriers to protect their people from the onslaught of the coronavirus. At some point last year, Portugal was inviting tourists with the claim of being a Covid-free country. Soon, however, neighbouring countries in Europe included it in their so-called "red list", as the rate of infections there surged.

I haven't also been able to visit my extended family and friends in Bangladesh for more than a year. This is the first time in more than a decade that I haven't been able to visit the Ekushy Boi Mela, often fondly referred to as a *praaner mela* ("a fair close to our heart"). I often wonder where my "praan" is though, and I am not sure how it is doing in this era of the "pandemic war".

What started as mankind's war against their common enemy of Covid-19 has now turned into a war that we are fighting against each other. During the past half-century, our planet has seen a surge in globalisation, albeit with brief periods of interruption. That was not only in terms of the movement of goods and services, but also that of people. Low-cost means of transport and accommodation

boosted travel and tourism. All of that is now not only in danger of losing momentum but also the war that nations are quietly fighting against each other has serious negative implications for humankind as a species, and in particular, for the future of their fight against their common enemy.

The nationalistic approach towards fighting the pandemic is leading countries to adopt a narrow approach of focusing only on their own territories, trying to protect their own people from potential carriers of the virus from outside. In doing so, they tend to erect barriers to entry from outside—at least for a period. But today, no country can remain isolated for too long, certainly not those who are dependent on outsiders for tourism, trade or have large segments of the population living outside their territories. The problem is, as soon as the barriers are lifted, movement of people from countries where Covid-19 is still raging may cause a reversal of the hard-won temporary reprieve from the virus attack. Portugal last year, and Chile currently, are examples of such reversals.

It was hoped that with the development and roll-out of vaccines, the situation will improve and the virus will eventually be defeated. For that to happen, it would be necessary to attain what is called "herd immunity" by bringing at least 70-80 percent of the population under the vaccination coverage. But it is not easy to reach this goal for a variety of reasons.

First, vaccines are still not available in a large number of countries (as of April 2, 53 countries did not receive any doses). Many of the countries that have access to vaccines do not have the proper supply and delivery mechanisms in place to meet their requirements. Second, there are still many vaccine sceptics who are unwilling to become inoculated. Although their number is gradually declining, it remains more than 30



Vials with Pfizer-BioNTech, AstraZeneca, and Moderna Covid-19 vaccine labels are seen in front of a European Union flag in this illustration picture taken on March 19, 2021.

percent in many countries.

Third, even in the small number of countries that have been able to obtain access to adequate amounts of the vaccine, a variety of reasons—ranging from supply bottlenecks on the side of manufacturers to logistic shortcomings—are causing a slower than expected/required speed in the roll-out of vaccines. Countries in the European Union, for example, have ordered more vaccines than are needed for their populations. And yet, up to now, they have been able to give at least one dose to only less than 15 percent of their populations.

Fourth, within individual countries, there is the issue of all sections of people not getting access to vaccines. Gender (women turning up in lower numbers), economic class and regions (poorer people and those living in remote areas having difficulty accessing the vaccine), and race and ethnicity (racial differences impacting ease of access) are among factors that play crucial roles in

vaccine equity.

Against this backdrop, second and third waves of the virus are ravaging many countries. While the frustration, fatigue and dilemmas faced by governments and citizens are understandable, it is interesting to observe the reactions that include threats of banning export of vaccines, heated exchanges with the manufacturers, and banning of travellers from countries with high infection rates. Again, the war against the pandemic is turning into a pandemic war (or skirmishes) that humankind is resorting to.

How helpful are these responses in the fight against the pandemic? Take a look at the countries that have been able to enforce strict controls on the entry of foreigners—e.g. Australia and New Zealand. While they have been, by and large, able to contain the virus, it has not completely left those territories, and one hears of domestic cases here and there and of repeated lockdowns. Also, difficulties have been faced by countries in

accessing vaccines, irrespective of their level of development.

Even a high rate of vaccination (in Chile and the USA, for example, with 37 percent and 30 percent of the populations respectively having received at least one dose by April 2) has not enabled countries to significantly curb the rising infections. This is because as soon as some regular activities of normal life are allowed, the virus raises its head and starts spreading again. And that cycle is likely to continue until the human race as a whole attains anything close to the kind of herd immunity mentioned earlier. Nobody on this planet can be safe from the virus unless everybody is safe. But with all the constraints, challenges and distrust facing us now, that utopia may be far away.

While we wait for that goal to be attained—something that may take many years—can't there be some interim solutions? Different countries are trying different means. Thailand, for example, is considering opening up a few of its tourist spots to those who can prove that they are not Covid-19 positive. The EU is mulling over introducing vaccine passports—documents providing evidence of vaccination or of PCR test results—as a means of facilitating travel. While one can see the desperation in such economic approaches, they may also give way to many issues ranging from ethical to logistical.

Under such circumstances, I wonder when I, like so many others in similar conditions, will be able to visit my near and dear ones again, not to speak of undertaking travel for simple leisure and pleasure. When can I do things where my *praan* is? Is my *praan* going to remain alive till then or will it continue to simply exist? The answers to these questions are what I am waiting for these days.

Rizwanul Islam is an economist. He is the author, most recently, of *Coronaphatay Orthoniti O Shromobajar* (Baatighar, Dhaka, 2021).

No one is protected unless everyone is protected

This is a statement issued by the Bangladesh United Nations Network on Migration

THE Covid-19 crisis has disproportionately impacted people on the move, and as we now enter the next phase of the response—the widescale vaccine roll-out—we need to ensure that "leaving no one behind" and "equitable access to vaccines" are not just phrases, but practice.

Although the number of vaccinations globally has overtaken reported Covid-19 infections, only a quarter of national deployment and vaccination plans submitted to the COVAX Facility include migrants. Due to the highly contagious nature of the virus, we know that migrants remain at higher risk of infection due to many factors, including frequently overcrowded living and working conditions and lack of access to preventative health care. Excluding migrant workers, especially women migrant workers, from vaccination plans carries the risk of ongoing transmission in these populations, with spillovers into the national population in countries of destination.

Ensuring that migrant workers are included in the vaccine rollout is key to ending the pandemic. There are tangible protection risks associated with excluding migrant workers, ranging from consequences for their health, access to services, work, education and livelihoods, freedom of movement and freedom from discrimination. It is impossible to break or sustainably slow the transmission of the virus unless a minimum of 70 percent of the population has acquired immunity. The United Nations Network on Migration in Bangladesh calls on all stakeholders to advocate for vaccine access for the 7.8 million Bangladeshi migrants living abroad as well as to encourage vaccine uptake by aspirant migrants in Bangladesh.

While national authorities are responsible for public health responses, all countries should ensure that all people, regardless of their migration status, are given equitable access to vaccines. The provisions may be aligned to the prioritisation criteria of the country.

With many migrants playing vital, life-saving roles in the coronavirus pandemic, it is important—especially in countries where migrants make up a large percentage of frontline workers—that prioritisation plans for Covid-19 vaccines should be inclusive of migrants, depending on local epidemiology, health system capacities and migration profiles.

Before the pandemic, Bangladeshi migrant workers abroad, particularly women working as domestic workers, often faced challenges or barriers to access healthcare support, and these have been aggravated by Covid-19-related sector lockdowns, job losses, and restrictions on movement. According to the Ministry of Expatriates' Welfare and Overseas Employment, over 400,000 migrant workers returned to Bangladesh in

the past year. For many returnees, re-migration is essential in order to support their families and pay back debts incurred during the pandemic. The UN Network calls on all private and public sector partners to raise awareness on the importance of vaccination amongst aspirant migrants.

As many healthcare systems in countries of destination have been overwhelmed responding to the crisis, it is important that departing migrants are vaccinated for their own protection and that of the communities they will join abroad. We all have a responsibility to ensure that migrants are aware the vaccine can protect them against the virus. Governments should prioritise migrants for vaccination and accordingly arrange online registration and make provisions for migrants with low literacy levels and no access to smartphones so that they can receive vaccines without obstacles. For migrants, enhancing support to acquiring national identity

in building trust and relationships, guiding communication and logistics, and providing critical feedback. The Network calls on national and international organisations, the private sector and civil society partners to support vaccination efforts in Bangladesh adhering to the principles of universal health coverage, the duty to follow an equitable allocation and leaving no one behind, and in mitigating vaccine hesitancy through effective information campaigns.

Public health agencies tasked with implementing Covid-19 vaccine rollout in the communities with high migration should seek to understand the community's vaccine beliefs and practices and reduce barriers to vaccination by intentionally partnering with the community. For effective distribution, and in the face of possible hesitancy and lack of trust in the communities, the Network highlights the need for stakeholders to ensure that proper community

a body of evidence and research to support targeted interventions, and provided technical guidance as requested. Network members will continue to support government-led efforts that place migrants and their

communities at the centre of recovery planning in Bangladesh.

This article has been written on behalf of the Bangladesh United Nations Network on Migration by Mia Seppo, UN Resident Coordinator; Giorgi Gigauri, UN Migration Network Coordi-

nator, Chief of Mission, IOM; Tuomo Poutainen, Country Director, ILO; Sudipto Mukerjee, Resident Representative, UNDP; Asa Torkeleson, Representative, UNFPA; Johannes van der Klauw, Representative, UNHCR; Tomoo Hozumi, Representative, UNICEF; Sergey Kapinos, Regional Representative, UNODC Regional Office for South Asia; and Shoko Ishikawa, Representative, UNWOMEN.

Public health agencies tasked with implementing Covid-19 vaccine rollout in the communities with high migration should seek to understand the community's vaccine beliefs and practices and reduce barriers to vaccination by intentionally partnering with the community.

cards is crucial. Ensuring equitable access to vaccines for all people is not just a moral issue but also an economic one. The rebound of the global economy is directly tied to the success of vaccination programmes. In a world where all economies are connected, widescale vaccination will accelerate economic recovery.

Labour migration has greatly contributed to Bangladesh's development, and in 2020, migrants remitted over USD 21.9 billion. Protecting migrant workers' access to labour markets is a key priority, and while authorities in countries of destination are revising policies and guidelines related to recruitment and employment in a post-pandemic world, the Network urges stakeholders to encourage aspirant migrants to get vaccinated as a first step to facilitate their migration and provide protection against the virus.

Migration stakeholders should reach out to communities to directly engage them in campaigns and vaccination efforts that use community partners who have trusted and established relationships. Integrating and welcoming community groups and members into the process is vital and can provide invaluable allies

engagement activities about the new vaccine are implemented, directly addressing people's possible misinformation or misperceptions, highlighting the importance of vaccination in their possible future migration, ensuring that information are provided at grassroots levels in a culturally adequate manner.

Network members are committed to support the government in informing and persuading migrants and their communities to get vaccinated and communicating on how, where and when to access the vaccines. The Network stands ready to support the government of Bangladesh to advocate for inclusion of migrants irrespective of status in any immunisation roll-out for Covid-19.

The Bangladesh UN Migration Network was launched to support the government of Bangladesh to implement the Global Compact for Migration (GCM) and in August 2020, Bangladesh agreed to be a "champion" country for GCM. During the Covid-19 pandemic, the Network has provided strategic guidance to the government on the impact of the crisis on Bangladeshi migrants, convened workshops to solicit inputs for the draft GCM National Action Plan, produced

Bangladesh Election Commission

Identification System for Enhancing Access to Services (IDEA) Project (2nd Phase)
Nirbachan Bhaban (Floor-8)
Agargaon, Dhaka-1207

Invitation for Tenders

Government of the People's Republic of Bangladesh

1	Ministry/Division	Bangladesh Election Commission.
2	Agency	Election Commission Secretariat.
3	Procuring entity name	Bangladesh Election Commission represented by Project Director, Identification System for Enhancing Access to Services (IDEA) Project (2nd Phase).
4	Procuring entity district	Dhaka.
5	Invitation for	Office/Support Services (125 Personnel) for the Project Office Operations.
6	Invitation Ref. No. & Date	ECS/IDEA (2nd Phase)/NCS-1/2021; Dated: 07 April 2021
KEY INFORMATION		
7	Procurement method	Open Tendering Method (OTM).
FUNDING INFORMATION		
8	Budget and source of funds	GoB (Development Budget).
PARTICULAR INFORMATION		
9	Project/program code (if applicable)	224331200
10	Project name (if applicable)	Identification System for Enhancing Access to Services (IDEA) Project (2nd Phase).
11	Tender Package No.	NCS-1
12	Tender package name	Office/Support Services (125 Personnel) for the Project Office Operations.
Date Time		
13	Tender publication date	08 April 2021
14	Tender last selling date	05 May 2021 12:00pm
15	Tender closing date and time	06 May 2021 12:00pm
16	Tender opening date and time	06 May 2021 12:30pm
17	Name & address of the office(s)	Address
- Selling tender document (principal)		
Identification System for Enhancing Access to Services (IDEA) Project (2nd Phase), Nirbachan Bhaban (Floor-8), Room No. 814, Agargaon, Dhaka-1207.		
No conditions apply for sale, purchase or distribution of tender documents		
- Receiving tender document		
Conference Room No. 721, IDEA Project (2nd Phase), Nirbachan Bhaban (Floor-7), Agargaon, Dhaka-1207.		
- Opening tender document		
Conference Room No. 721, IDEA Project (2nd Phase), Nirbachan Bhaban (Floor-7), Agargaon, Dhaka-1207.		
18	Place/date/time of pre-tender meeting	Conference Room No. 721, IDEA Project (2nd Phase), Nirbachan Bhaban (Floor-7), Agargaon, Dhaka-1207.
Date Time		
18 April 2021 11:00am		
INFORMATION FOR TENDERER		
19	Eligibility of tenderer	1. Tender shall have the legal capacity to enter into the contract under the applicable law. 2. Tenderers shall be enrolled in the relevant professional or trade organizations registered in Bangladesh. 3. Tenderers shall have to fulfill its obligation/obligations to pay taxes under the provisions of laws and regulations of Bangladesh. 4. Detail information has been provided in the tender document.
20	Brief description of services	Office/Support Services (125 Personnel) for the Project Office Operations.
21	Price of tender document (Tk)	BDT 3,000.00 (three thousand only) non-refundable.
22	Package No.	Identification of package
		Location
		Tender security amount (Tk)
		Completion time in weeks
NCS-1		Office/Support Services (125 Personnel) for the Project Office Operations
		Dhaka
		30,00,000.00 (thirty lac only)
		4 (four) weeks from the date of contract signature
PROCURING ENTITY DETAILS		
23	Name of official inviting tender	Brigadier General Abul Kashem Md Fazlul Kader.
24	Designation of official inviting tender	Project Director.
25	Address of official inviting tender	Identification System for Enhancing Access to Services (IDEA) Project (2nd Phase), Nirbachan Bhaban (Floor-8), Agargaon, Dhaka-1207.
26	Contact details of official inviting tender	Telephone: 00-88-02-55007571; e-mail address: pd.idea.bd@gmail.com
27	The procuring entity reserves the right to reject all the tenders or annul the tender proceedings.	