Pitfalls of vaccine nationalism

Imtiaz Ahmed

In 2020, the Covid-19 pandemic brought the world literally to a standstill, with infections in the millions and deaths of more than 1.8 million people. But then, another one million died in the next three months. The number of Covid-19 deaths now stands at 2,887,039 as of April 7, 2021, and the number keeps increasing every day.

This, of course, may not be a very high figure compared to some other pandemics, like the Black Death or the Spanish Flu. The former killed as many as 225 million people in four years in 1347-1351, while the latter killed 50 million people in 2 years in 1918-1919. In recent times, the Swine Flu killed between 151,700-575,400 people in 2009-2010, while the Ebola virus killed only 11,300 people in 2014-2016. The Asian Flu (H2N2) killed 1.1 million people in 1957-1958, and the Hongkong Flu (H3N2) killed 1 million people in 1968-1970. Such virus-related deaths otherwise suggest the irregular regularity of pandemics, and since some of the viruses become deadly through mutation, there is no escape from them. They co-evolve and live with other living beings.

But then, with the development of science, humans now have far better knowledge to fight the virus. One cannot help point out that humans did not have the technology to see the virus during the Spanish flu. In fact, scientists began to see the virus for the first time in the 1930s. This is the time when the electron microscope was invented. Earlier in 1915, just a few years before the Spanish Flu hit the world, Frederick Twort, the English bacteriologist, discovered "bacteriophage", the viruses that attack bacteria. Since he noticed tiny spots within bacterial colonies, Twort hypothesised that "something" must be killing the bacteria. But Twort did not have the instruments to see the virus, which could have been one of the big reasons for so many Spanish flu deaths. Humans are so much accustomed to the idea of "seeing is believing" that not too many believed that the virus, which humans could not see during the Spanish Flu, was responsible for all the deaths! Science certainly has progressed in leaps and bounds, and that is why having the Covid-19 vaccines, and so many of them, in such a short space of time is not surprising.

Workers unload a pickup van that carries Oxford-Astrazeneca Covid-19 vaccines which arrived from India as a gift to Bangladesh, in Dhaka, Bangladesh, January 21, 2021.

PHOTO: MOHAMMAD PONIR HOSSAIN/REUTERS

The bulk of the world's population, including Bangladeshis, never made the practice of wearing a mask a habit or part of their daily life. Indeed, with a lack of enforcement and lack of public health measures, human morbidity and mortality from the Covid-19 pandemic could only rise.

One thing, however, remained unchanged from the time of the Spanish Flu. This refers to the dissemination of public health knowledge of how to keep the flu away. In fact, before vaccination, and the knowledge was prevalent during the Spanish Flu, three things needed to be pursued diligently: one, wearing a mask; two, washing hands; and three, maintaining physical distance, particularly in ill-ventilated public places. This is hardly rocket science, yet few would follow the prescription even today for reasons related to both enforcement and social practices or, rather, the lack of it. Too much of "enforcement" would make the state "draconian" or "authoritarian", the terms the western critics used against China and Vietnam for strictly enforcing the lockdowns. But both of them, I believe, succeeded in containing the Covid-19 pandemic relatively well largely because the practice of wearing a mask was prevalent among its citizens even before the Covid-19 pandemic hit them. Humans, after all, are homo habitus;they go by "practices", if we were to follow Pierre Bourdieu on this. The bulk of the world's population, including Bangladeshis, never made the practice of wearing a mask a habit or part of their daily life. Indeed, with a lack of enforcement and lack of public health measures, human morbidity and mortality from the Covid-19 pandemic could only rise. Bangladesh did relatively better, at least, during the first wave, but then, not because of "enforcement" and "practices" but more because of the weather or different strain of the virus or, maybe, natural immunity amongst the population resulting from too many viruses flowing around!

Vaccination is supposed to make a difference, but since it is a pandemic, only global cooperation in the development, production and distribution of the vaccine can guarantee its success. Unfortunately, some of the countries that are engaged in developing, producing and distributing the vaccine have opted for the politics of singularity or "vaccine nationalism", and are now engaged, quite sadly, in "vaccine diplomacy", without realising, however, that the virus, which has attained the status of a pandemic, can never be contained territorially or nationally. Such "vaccine diplomacy" is also engaged in maligning the "other", indeed, keeping true to the profession of diplomacy, as Henry Wotten, the English diplomat, remarked while travelling through Augsburg in 1604, "An ambassador is an honest man sent to lie abroad for the good of his country." Nothing can be sadder than this, particularly when the vaccine is required to save human lives and not for getting a supersonic plane or travelling to outer space!

Are we then still residing in the seventeenth century? Or, is Wotten's remark an outcome of an imperial ascendency, which is now not only out of place in the twenty-first century but also self-defeating to the cause of vaccination and development of the country. Any country pursuing "vaccine nationalism", particularly in production and distribution, is bound to face three things: i) The alienated country would start looking for other options, thereby minimising the goodwill the vaccine-nationalist country had with the affected country's people; ii) The global community would start working on an urgent basis to break the monopoly in producing the vaccine, indeed, to the point of having the vaccine produced in as many countries as possible. In the long run, or more precisely in the post-pandemic period, this would impact the production and distribution of other vaccines that are now a monopoly of the vaccine-nationalist country; and iii) Since no country is fully self-sufficient, there would always remain the fear of facing a tit-for-tat policy, which itself would drain out the vaccine-nationalist country, and that again, even without the policy ever being carried out!

What should Bangladesh do? Before we take this up, it is important to point out that the Covid-19 pandemic is not yet over! Mutation of the virus has made it deadlier, particularly in infecting people. Moreover, there have been reported cases of "double mutation" of the virus both in India and the US, which has made one commentator say that, "It sounds like something from a 'Ninja Turtles' movie, but the 'Double Mutant' strain of the coronavirus is no laughing matter." Put differently, Covid-19 is deadlier than ever! Those who are trying to ignore the second wave, even not trying to get vaccinated wilfully, are fooling themselves and bringing danger to the rest of the people in the community, including their near and dear ones.

Two things Bangladesh must do urgently, both of which are critical and pressing in the midst of "vaccine nationalism": ii) Political mobilisation is required to restrict, if not to contain, the possible high mortality during the second wave. Policing alone will not do. This is because "trust" in the police is very low in South Asia, including Bangladesh, partly because of the colonial legacy and partly because of the state of misgovernance in this part of the world. ii) Bangladesh must keep all the doors open to get vaccines. This is precisely what our time-tested foreign policy principle mandates us to do: "Friendship towards all; malice towards none." Bangladesh indeed has good relations with some countries more than others, but that should not in any way preclude it from getting vaccines from different sources. This is a matter of saving human lives and not the time to be engaged in politicking with vaccine nationalism!

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'Truth wars' on social media and the ethicality of sharing

Mahmudul H Sumon

Sharing news on social media is the newest and perhaps one of the fastest-growing "rituals" of the world. When introduced to the internet nearly two decades ago, an academic relative of mine in the US, whom we would otherwise consider progressive, surprised me once by telling me that the Internet for him was "full of junk". In the late 1990s, there was a remarkable thrill and anticipation all around with the coming of the "information superhighway" and its immense possibilities. But lately, in the wake of the "truth wars" that we all have witnessed at the beginning of the pandemic (there is no end in sight though), I wonder if I am also getting weary of social media. As an avid Internet user (there was a time we would say avid reader), I cannot deny that during the early months of Covid-19 last year, I often felt that the decision to share information became enormously difficult because of the frequency in which they were refuted or discarded by other theories or approaches or sciences. Sharing often involved other worries too.

Let us take the example of predictions of death toll made by different research institutes around the world (my google search on predictions of deaths toll due to corona produced 26,400,000 results in 0.46 seconds. Search date 05.04.2021). In one such modelling, a very high death toll was predicted for Bangladesh. The news broke at a time when Bangladesh was at an early stage of the pandemic. Many in my social media list shared the projection. It became a topic of interest, especially when a news portal hosting the news was eventually made unavailable in Bangladesh. Contrary to that, a seasoned senior academician in a TV chat show in Dhaka declined to disclose the predicted high death toll. The situation was interesting because the figure was already out and well known by that time amongst the Internet users.

Occasions such as this and many others (which I don't discuss here) often gave me a pause to think about sharing. As a long-term social media user, and a member of the virtual society, I thought I do have mechanisms to deal with these decisions. I have developed mechanisms to understand what news to share and if the source is credible or not, and most of the time I am on the right side (there are occasional mistakes of course). But I couldn't share that news. What was stopping me? Is it my disciplinary background? Did this have anything to do with my "personality type" (I am of course critical of any static typology although I understand that such typologies may make sense to some)?

While I don't claim to provide a comprehensive answer to this, here are some initial thoughts I think are worth sharing: my initial concern perhaps was that my sharing may create a panic and my general understanding is that panic is not good. Common sense led me to take that decision. As an academic albeit in the social sciences, I have a fair idea of what models are and how they are built. Are they good for sharing on social media for the consumption of the common population? I was not sure. Models are not fool-proof and there is often controversy. Perhaps by not sharing the model, I was trying to avoid a possible situation of unfounded fear. The daily contraction and death numbers announced every day on TV I thought were enough to inform us.

However, as is the case with social media, my individual decision did not matter because many people shared that information (friends, colleagues) and surely with the good intention to alert people and more importantly, the government of the imminent danger of not doing enough. After all, in Bangladesh, if we recall correctly, we were dealing with a government that was somewhat in denial of the gravity of the situation from the very beginning.

In the early months of the pandemic last year, I remember two contradictory sets of reactions on social media when it comes to Covid-19 and the government's response. On the one hand, panicked middle-class netizens were all for complete lockdown and other stringent measures and enforcement. This position at least at the initial stages did not foresee the consequences of the sudden stoppage of everything and the sentiment that had no understanding of the context we were in. And then, of course, there was another group, usually coming from an activist and research background (this assertion is of course based on my social media feed and the algorithm it involved and have limitations; as an academic, I am likely to have a disproportionate number of researcher/activist friends on my list) who foresaw the immediate consequences of a stringent lockdown. The latter group was keen to argue that such measures will bring havoc to the majority of the people, who constituted the bulk of our labour sector (i.e. people who make a living from agriculture, the small business holders, the construction and transport workers, and the rickshaw-pullers, hawkers and female labourers working as house help in middle-class and upper-class households). The contending views of the netizens, among other things, spoke a lot about who the users were and how they made sense of the world.

On questions of what to share and what not to share, ethics take up an important role and there is no one theory or singular answer. And one cannot deny that ethics has never been a forte in our education system. Sharing on social media (a public space) comes with responsibility but that responsibility need not be taken away by the government. That only complicates things and has the pretence of many other unforeseen situations. One needs to think very hard before sharing a piece of information. Our education system needs to invest some time and energy in these questions. Mainstream TV journalism has an important role to play in such situations. But more often than not, due to a political economy we do not have the scope to discuss here, they are invested in Bangladesh's world-famous toxic politics which keeps them busy, and so much so, that from time to time one may mistake a TV anchor to be a party strongman and propagandist from the ruling party. Finally, and more importantly, the level of conversation on ethics needs to be raised.

While we cannot get out of this "wired reality" of social media, I think Covid-19 has given us one more reason to rethink our relationship with it.

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গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
অধ্যক্ষ-কাম-অধীক্ষকের কার্যালয়
সরকারি ইউনানী ও আয়ুর্বেদিক মেডিকেল কলেজ ও হাসপাতাল
মিরপুর-১৩, ঢাকা-১২২১।

মেমো নং সইআমেকহা/টি-১৩(এএমসি)/ ২০২০-২১/OTM/ ২০৮ তাং ০৮.৪.২০২১

দরপত্র বিজ্ঞপ্তি (এএমসি)-২০২০-২০২১ অর্থ বছর

সরকারি ইউনানী ও আয়ুর্বেদিক মেডিকেল কলেজ ও হাসপাতাল, মিরপুর-১৩, ঢাকা এর ২০২০-২০২১ইং অর্থ বৎসরের জন্য স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকার অল্টারনেটিভ মেডিকেল কেয়ার এএমসি এর ১২৭-১২৭০২-২২৪০২১০১১ অর্থনৈতিক কোডের আরপিএ (জিওবি) খাতে (প্যাকেজ নং-১) ইউনানী ও আয়ুর্বেদিক ঔষধ (কোড নং- ঔষধ ও প্রতিষেধক-৩২৫২১০৯) (প্যাকেজ নং-২) আসবাবপত্র (কোড নং-৪১১২৩১৪) এর মালামাল ক্রয়ের নিমিত্তে পাবলিক প্রকিউরমেন্ট আইন-২০০৬ ও পাবলিক প্রকিউরমেন্ট বিধিমালা-২০০৮ এর সর্বশেষ সংশোধনীর বিধিবিধান মোতাবেক (১) ইউনানী ও আয়ুর্বেদিক প্রকৃত ঔষধ প্রস্তুতকারী ও (২) এর জন্য প্রকৃত ঠিকাদার/সরবরাহকারী প্রতিষ্ঠানের নিকট হইতে সীল মোহরকৃত খামে ("খামের উপরে এএমসি দরপত্র" উল্লেখ পূর্বক) দরপত্র আহবান করা যাচ্ছে।

০১	মন্ত্রণালয়/বিভাগ	স্বাস্থ্য শিক্ষা ও পরিবার কল্যান বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
০২	এজেন্সী/প্রতিষ্ঠান	সরকারি ইউনানী ও আয়ুর্বেদিক মেডিকেল কলেজ ও হাসপাতাল, মিরপুর-১৩, ঢাকা।
০৩	সংগ্রাহক সংস্থার নাম	অধ্যক্ষ-কাম-অধীক্ষক
০৪	প্রজেক্ট/ প্রোগ্রাম কোড	১২৭-১২৭০২-২২৪০২১০১১
০৫	প্রজেক্ট/ প্রোগ্রামের নাম	৪র্থ, এইচপিএনএসপি
০৬	টেন্ডার প্যাকেজ নাম্বার	জিডি/এএমসি/ওটিএম-০১
০৭	দরপত্র ক্রয় বাবদ চালানের কোড নং	১ ২ ৭ ১ ১ ০ ০ ০ ০ ২ ৩ ৬ ৬
০৮	কাজের নাম	(১) ইউনানী ও আয়ুর্বেদিক ঔষধ, (২) আসবপত্র।
০৯	দরপত্র ক্রয় প্রক্রিয়া/পদ্ধতি	**উন্মুক্ত (OTM)**
১০	বাজেট ও তহবিলের প্রকৃতি	**উন্নয়ন**
১১	দরপত্রের কাজের বিবরণ	(প্যাকেজ নং-১) ইউনানী ও আয়ুর্বেদিক ঔষধ (কোড নং- ঔষধ ও প্রতিষেধক -৩২৫২১০৯) (প্যাকেজ নং-২) আসবাবপত্র (কোড নং-৪১১২৩১৪)
১২	দরপত্র দাতার যোগ্যতা	(প্যাকেজ নং-১) এর ক্ষেত্রে প্রকৃত ইউনানী ও আয়ুর্বেদিক ঔষধ প্রস্তুতকারী লাইসেন্সধারী কোম্পানী হইতে হইবে ও (প্যাকেজ নং-২) সহ সকল প্যাকেজের ক্ষেত্রে সরকার কর্তৃক অনুমোদিত প্রকৃত ঠিকাদার/সরবরাহকারীর ট্রেড লাইসেন্স, মূল্য সংযোজন কর, নিবন্ধীকরন, আয়কর সনদপত্র, আর্থিক স্বচ্ছলতার সম্পর্কে ০১ বৎসরের ব্যাংক ষ্ট্যাটমেন্ট, নাগরিকত্ব সনদপত্র, মালিকানা সনদপত্র/প্রতিনিধির ক্ষেত্রে ক্ষমতাপত্র, ছবি-০২ কপি, নমুনা স্বাক্ষর, কালো তালিকাভূক্ত নয় এর অঙ্গীকারনামা গেজেটেড কর্মকর্তা কর্তৃক সত্যায়িত, জাতীয় পরিচয়পত্রের ফটোকপি, সংশ্লিষ্ট কাজের বিগত ২ বৎসরের অভিজ্ঞতার স্বপক্ষে কার্যাদেশের ফটোকপি ও ব্যাংক সলভেন্সী সনদপত্র দরপত্রের সহিত দাখিল দরপত্রদাতার যোগ্যতা হিসাবে বিবেচিত হইবে।
১৩	দরপত্র তফসিলের মূল্য (অফেরত যোগ্য) ও প্রাপ্তিস্থান	(প্যাকেজ নং-১) ইউনানী ও আয়ুর্বেদিক ঔষধের জন্য ১০০০/- (এক হাজার) টাকা হারে, এবং (প্যাকেজ নং-২) আসবাবপত্র এর জন্য ১০০০/- (এক হাজার) টাকা হারে ট্রেজারী চালানের মাধ্যমে অধ্যক্ষ-কাম-অধীক্ষক, সরকারি ইউনানী ও আয়ুর্বেদিক মেডিকেল কলেজ ও হাসপাতাল এর অনুকুলে যে কোন তফসিলী ব্যাংকে অনলাইনের মাধ্যমে জমা দিয়ে, অনলাইন ডিপোজিট স্লিপের মুল কপি জমা পূর্বক দরপত্র তফসিল সরাসরি নিম্নস্বাক্ষরকারীর দপ্তর এবং পরিচালক, হোমিও ও দেশজ চিকিৎসা, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা এর অফিস হইতে, অফিস চলাকালীন সময়ে সংগ্রহ করা যাইবে।
১৪	দরপত্র তফসিল সংগ্রহের তারিখ ও সময়	০৮/০৪/২০২১ইং বৃহস্পতিবার হইতে ২৮/০৪/২০২১ইং বুধবার পর্যন্ত মোট=২১(একুশ) দিন অফিস চলাকালীন সময়ে।
১৫	দরপত্র তফসিল দাখিলের তারিখ ও সময়	২৮/০৪/২০২১ইং বুধবার সকাল ৯-০০ ঘটিকা হইতে দুপুর ১২-০০ ঘটিকা পর্যন্ত দরপত্র সমূহ অধ্যক্ষ-কাম-অধীক্ষক এবং পরিচালক, হোমিও ও দেশজ চিকিৎসা, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা এর অফিস কক্ষে রক্ষিত টেন্ডার বাক্সে খামের উপরে এএমসি দরপত্র উল্লেখ পূর্বক দাখিল করিতে হইবে।
১৬	দরপত্র তফসিল খোলার তারিখ ও সময়	২৮/০৪/২০২১ইং বুধবার মধ্যাহ্ন ১২.৩০ ঘটিকা।
১৭	দরপত্র আহবানকারীর পদবী	অধ্যক্ষ-কাম-অধীক্ষক
১৮	দরপত্র আহবানকারীর ঠিকানা ও টেলিফোন নং	সরকারি ইউনানী ও আয়ুর্বেদিক মেডিকেল কলেজ ও হাসপাতাল মিরপুর-১৩,ঢাকা-১২২১ ও ফোন নং- ৪৮০৪০০৩৯/মোবাঃ-০১৮১৯২৯৯৩০১
১৯	অন্যান্ন শর্তাবলী	ক. দরপত্র দাখিল ও খোলার দিন সরকার কর্তৃক ছুটি ঘোষনা করা হইলে, সেই ক্ষেত্রে পরবর্তী কর্মদিবস দরপত্র দাখিল ও খোলার তারিখ হিসাবে গণ্য করা হইবে। খ. দরপত্রের সকল শর্তাবলী দরপত্র তফসিলের অনুচ্ছেদ সমূহে সন্নিবেশিত আছে।
২০	বিশেষ নির্দেশনা	ক. কর্তৃপক্ষ সকল দরপত্র/ক্রটিপূর্ণ দরপত্র/অসম্পূর্ন দরপত্র গ্রহন ও বাতিলের সর্বময় ক্ষমতা রাখেন। খ. সর্বক্ষেত্রে পাবলিক প্রকিউরমেন্ট আইন-২০০৬ ও পাবলিক প্রকিউরমেন্ট বিধিমালা-২০০৮ এর সর্বশেষ সংশোধনীর বিধিবিধান অনুসরন করা হইবে।

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