

Enforced disappearance can no longer be ignored by the state

It is against all democratic norms and the spirit of our Liberation War

THE picture of forlorn children holding pictures of their fathers forcibly disappeared for six or eight years or more, as was published yesterday, are heart-breaking reminders of this abhorrent practice that has only resulted in unease and lack of public trust towards the government. According to Human Rights Watch, from January 2009 to July 2020 at least 572 people have been forcibly disappeared by security forces and law enforcement agencies. The victims included members of opposition parties, journalists and bloggers. How is this acceptable in a free, independent country whose constitution guarantees every citizen's protection? How can such total lack of accountability of state agencies be acceptable in a democracy?

The number of victims and the way these incidents take place are similar in nature and indicates a systemic practice rather than sporadic acts of individual state actors. This makes it all the more frightening.

In most cases family members have alleged that the victims were picked up from their homes or the streets by plain-clothed members of the police or other law enforcing agencies such as RAB. When the family members asked about them at the offices of these agencies, officials have denied having them in custody. There have been cases of law enforcers refusing to take the case. In such circumstances what are family members supposed to do? Who will they go to?

Those who are lucky are "returned" though these victims usually say very little, if at all anything, regarding what happened to them during the days they were missing. Photojournalist Shafiqul Islam Kajol was "found" near the Indian border in the middle of the night, 53 days after his disappearance. Since then he has been slapped with many cases including one under the draconian Digital Security Act.

The UN Working Group on Enforced or Involuntary Disappearances has expressed its desire to visit Bangladesh in relation to two cases of enforced disappearances and mentioned that it is aware that such cases have been reported for the last several years. The group has been examining such disappearances in various countries and how the Declaration on the Protection of All Persons from Enforced Disappearance, can be implemented.

But we do not need international bodies to tell us how contradictory this phenomenon is to the spirit of our Liberation War and to democracy. Even the Supreme Court in February this year, referring to those who have disappeared and remain missing, demanded to know: "who will take responsibility for the incidents?"

The culture of complete impunity of the law enforcement agencies involved, the blatant inaction of the state, even denial that such incidents are taking place, have left ordinary citizens living in fear and despair. It is reminiscent of Chile's repressive regime of Augusto Pinochet, infamous for such enforced disappearances of those perceived as a threat. Is that what we want our country to be compared to? The government can no longer shy away from its responsibility to investigate these disappearances and hold the concerned agencies accountable for every one of them. The state must do everything in its power to find those who remain missing from forced disappearance whether recently or for years. It cannot continue to deny that people have been forcibly taken by members of the law enforcement agencies. This practice of enforced disappearance must come to an end, once and for all.

KSA-bound workers to get vaccines, aid for hotel quarantine

A good decision that could have come sooner

WE commend the expatriates' welfare ministry's decision to provide Tk 20,000-25,000 as aid for unvaccinated migrant workers who have to quarantine at hotels upon their arrival in Saudi Arabia. It is also reassuring to know that the vaccination of our remittance workers will get more priority than before, so that they may avoid the expensive institutional quarantine required by KSA and other countries.

According to a new travel advisory by the Kingdom (effective since May 20), Bangladeshi migrant workers will have to quarantine themselves in hotels upon arrival, for a week and at their own expense. Such a length of hotel stay would cost each worker Tk 65,000. For 40,000 such workers, the total cost would be around Tk 260 crores, as per the former vice president of Bangladesh Association of International Recruiting Agencies (Baira). Needless to say, the ministry's decision to provide financial aid to these workers (and to compensate those who have already flown to KSA and are paying for the hotel quarantine themselves) could not have come at a better time.

While we appreciate this prompt move by the authorities, we also believe any sufferings of the migrant workers could have been avoided had the government put them on its priority list of Covid-19 vaccine recipients beforehand. As per the current travel advisory from Saudi Arabia, those who have been fully vaccinated at least 14 days prior their arrival would not be required to quarantine at a hotel. Baira itself had urged the government to prioritise the vaccination of migrant workers as they were set to fly there for their jobs. Due to this lack of foresight in planning the vaccine priority list, at least 1,000 migrant workers had failed to book hotels in KSA and missed their flights between May 25-28. Though it is refreshing to see the authorities trying to right this wrong, we would urge them to have more foresight in the future when it comes to protecting the country's migrant workers. It is often disheartening to see the government praising remittance workers' enormous contributions to our economy and simultaneously displaying their disregard for these workers when it comes to serious issues such as vaccination against Covid-19. From here on, we hope to see the authorities be prompt in their responses to such crises, so that our valuable remittance workers can be prioritised and protected, not just compensated.

Should vaccines be considered 'global public goods'?

AN OPEN DIALOGUE



ABDULLAH SHIBLI

Bangladesh as it struggles to find more vaccines for the nation of 160 million people. As is well-known, Bangladesh and Beximco Pharmaceuticals Ltd had signed a deal last year with the Serum Institute of India (SII) to procure 30 million shots of the Oxford-AstraZeneca vaccine, but SII halted delivery of these doses after providing only 10.2 million units, because of its high domestic demand amid severe Covid-19 infections in India.

A legitimate question to ask: Why couldn't have Bangladesh procured millions more of these life-saving jabs from other countries or in the open market to meet its growing demand? A related question is, if Bangladesh, India, South Africa and other developing nations have installed but idle pharmaceutical manufacturing facilities, what is preventing them from mass-producing vaccines created by Pfizer, Moderna, or AstraZeneca, and why do they have to wait for months to get a response from COVAX on this matter?

The answer to these questions is complex, but the simplest way of looking at it is: Covid vaccines are private goods and are sold to the highest bidder or only to those who can pay the going price. More on that in a minute.

It has been known for some time that many third-world companies, including pharmaceuticals in Bangladesh, are already locally making vaccines against hepatitis, flu, meningitis, rabies, tetanus, and measles. Abdul Mukhtar the MD of Incepta said he fully appreciates the extraordinary scientific achievement involved in the creation of Covid vaccines this year but wants the rest of the world to be able to share it and is willing to pay a "fair price" for the blueprints and technical know-how.

Like Mukhtar a few others around the globe, including the WHO, have been asking pharmaceutical companies to voluntarily share or pool the knowledge that they gained to facilitate universal and speedy access to vaccines.

WHO director-general, Dr Tedros Adhanom Ghebreyesus, told the health ministers from its 194 member states on May 24 that more than 75 percent of all vaccines had been administered in just 10 countries. At the current rate of vaccination, only 30 of the world's population would have been inoculated

by the end of 2021. He warned no country should assume that it's "out of the woods", as long as the virus and its variants spread elsewhere. WHO data shows that high- and upper-income countries with 53 percent of the world's population have secured 83 percent of the world's supply of vaccines. Low- and lower-income countries, meanwhile, make up 47 percent of the population and have received just 17 percent of the vaccine supply.

So, the 64 Billion Dollar question is: how to accelerate vaccination in the face of a global shortage of vaccines? If we have idle vaccine-making plants all around the globe, what stands in the way of greater production and supply? The shortest answer, as stated earlier, is that vaccines are private commodities. One could next ask, why can't vaccine be considered a "global public good"? A public good is one like air and national

one consumer's usage does not preclude the use of another. "Nonexcludability", on the other hand, means that the cost of keeping nonpayers of the good from enjoying the benefit of the good is prohibitive. A good example of a public good is sunshine.

At first glance, Covid vaccines developed by Moderna, Pfizer, or AstraZeneca are not public goods since each of these vendors are making these products for commercial gains and billions of people are excluded since there aren't enough supplies. Therefore, they are not public goods in the sense Samuelson or other modern economists use this concept. However, one could make the case that in the current pandemic situation, vaccines can be categorised as "global" public goods, since vaccination benefits everyone and the social cost of exclusion is very high. In addition, vaccine exclusion could be costly and mean the difference between life and

overwhelming interest in ensuring these will be universally and cheaply available."

The obstacles that stand in the way of implementing a policy that considers vaccines as GPGs are many but two of them stand out: i) the patent or intellectual property (IP) rights of vaccine developers; and ii) lack of technical know-how for the production and distribution of vaccines. Vaccines and all Covid-related medicines and technologies are protected under the WTO agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). A patent waiver was proposed jointly by India and South Africa at the WTO meeting in October last year for a temporary waiver of TRIPS, and the objections were fast and furious. Pfizer's partner BioNTech is a German firm, and Angela Merkel, the German Chancellor, said, "The protection of intellectual property is a source of innovation and it must remain so in the future."

In addition, ensuring adequate raw materials and supplies is essential for scaling up vaccine production, but global Covid-19 vaccine supply chains are complex and fragile, and have experienced shortages as production has scaled up. The US has invoked the Defence Production Act over a dozen times in the last year to increase access to raw materials and capacity for domestic manufacturing purposes.

India and South Africa both are large producers of generic drugs, but they have less expertise and capacity to make complex biologics like mRNA vaccines. A recent incident at a US plant in Baltimore raised the alarm about the potential hazard of licensing vaccine manufacturing facilities in an unregulated environment. "And above everything, patient safety must always come first," an AstraZeneca spokesperson said.

Governments and health experts have offered two potential solutions to the vaccine shortage: One, supported by WHO, is a patent pool modelled after a platform set up for HIV, tuberculosis, and hepatitis treatments for voluntary sharing of technology, intellectual property and data. But no company has offered to share its data.

Another proposal that has not gained currency yet, is to ask President Biden to move toward a government purchase of patent rights under "eminent domain" after which the US, as owner, would coordinate worldwide distribution.

In the meantime, some countries and companies plan to do their own bilateral vaccine donations, bypassing COVAX. "These bilateral arrangements run the risk of fanning the flames of vaccine inequity," said WHO's director-general.

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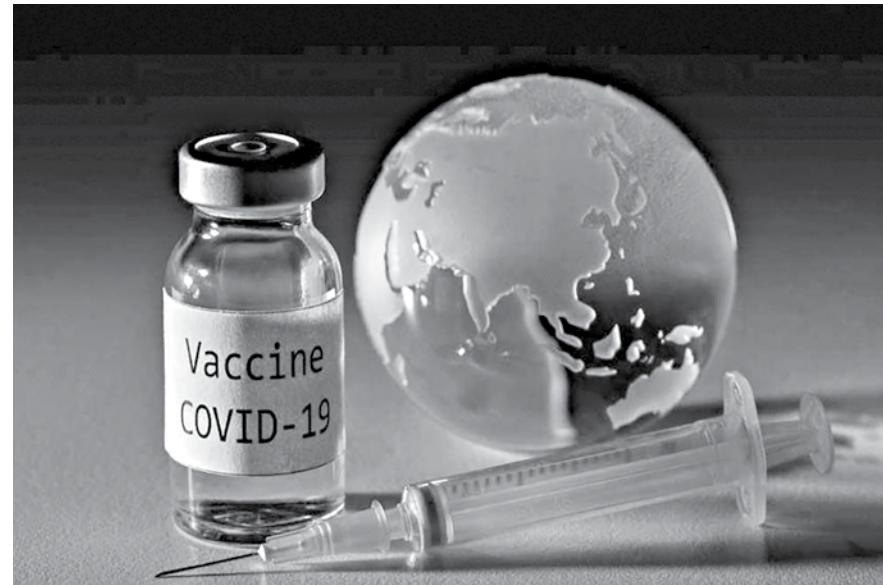


PHOTO: AFP

defence which allows each of us—often within a geographical boundary—to enjoy the product free and without excluding anyone else.

UNESCO first called for COVID-19 vaccines to be considered a global public good (GPG) last year in February 2020. Earlier, in 2006, the International Task Force on Global Public Goods came up with a list of six possible GPG candidates but did not include vaccines. In contrast, Ursula Von der Leyen, head of the European Commission, used the phrase "global common good" to describe the vaccines.

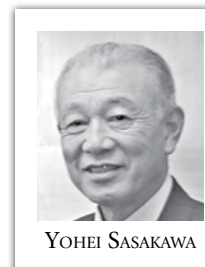
The technical conditions for "public goods" were first formulated by the Nobel Prize-winning economist Paul Samuelson who in the 1950s clearly enunciated two necessary conditions. First, consumption of the item is non-rivalrous, and second, it is nonexcludable. Let me elucidate. Non-rivalrous consumption implies that

death.

The concept of GPG focuses on goods that are public in the most general sense of the term. A GPG used by a person in Bangladesh does not reduce the amount that someone else in the USA can consume, or the positive externalities are so extensive that private firms could not expect to capture or receive all of the social benefits. Here are some examples of global public goods that have been discussed in the literature: Biodiversity and the natural environment.

For Covid-19, it would be a stretch to consider a biomedical innovation such as a diagnostic test, drug or vaccine as a GPG. As a practical matter and in the context of this pandemic, there is a strong case to create policies to facilitate a diversity of manufacturers and provide for open licensing of intellectual property rights for drugs and vaccines effective against the virus, since the "world has an

Leprosy must not be forgotten amid the Covid-19 pandemic



YOHEI SASAKAWA

THE 74th World Health Assembly (WHA) takes place from May 24 to June 1. This year's gathering is likely to be dominated by Covid-19, but here I want to talk about a different disease—leprosy—and a resolution that was adopted at the WHA exactly 30 years ago.

This resolution called for the elimination of leprosy as a public health problem at the global level by the year 2000, with elimination defined as a prevalence rate of less than 1 case per 10,000 population. It was a landmark resolution for the time.

Leprosy, also known as Hansen's disease, is a chronic infectious disease caused by the bacillus *Mycobacterium leprae*. It mainly affects the skin and peripheral nerves and is said to be one of the oldest diseases in human history.

Today an effective treatment exists in the form of multidrug therapy (MDT) and with early detection and treatment, the disease is completely curable. But if treatment is delayed, leprosy can cause impairments to the skin, nerves, face, hands and feet, and lead to permanent disability. Together with deep-seated fears and misperceptions about the disease, this has subjected persons affected by leprosy as well as their family members to severe discrimination, which regrettably continues to this day.

And, amid the coronavirus pandemic, we can see parallels between the discrimination and hostility toward Covid-19 patients, their families and health personnel that has been reported in different parts of the world and society's attitudes toward leprosy.

Following the 1991 WHA resolution, elimination of leprosy as a public health problem was successfully achieved at the global level by the end of 2000, and almost all countries, including Bangladesh, have replicated that success at the national level. Unfortunately, this does not mean

that leprosy has disappeared.

Each year, around 200,000 new cases of leprosy are reported to the WHO, with Bangladesh accounting for over 3,600 cases in 2019, the fifth highest total.

There are still endemic areas and scattered hot spots of leprosy in many countries and there are some 3-4 million people living with visible impairments or deformities due to leprosy. Meanwhile, the persistence of stigma and discrimination

As regards the front wheel, the WHO recently published its new Global Leprosy Strategy 2021-2030, which includes the ambitious targets of zero leprosy patients in 120 countries and a 70 percent decrease in new cases detected globally by 2030. In order to achieve these targets, there will need to be commitments and financial support from governments; this is not something the WHO can achieve on its own.

the resolution are fully implemented.

Over the past half-century, the dedication of a great many people has brought us a step closer to a world without leprosy, but our work is not yet done. In Bangladesh, the government has committed to achieving zero disability, zero discrimination and zero disease due to leprosy by 2030, following a National Leprosy Conference held in 2019, attended by Prime Minister Sheikh



A 14th century painting depicts two leprosy patients denied entrance to town.

PHOTO: WIKIMEDIA COMMONS

can inhibit people from seeking treatment.

Since becoming the World Health Organization (WHO) Goodwill Ambassador for Leprosy Elimination in 2001, I have visited some 120 countries and observed the situation on the ground for myself. This has led me to think of leprosy in terms of a motorcycle: the front wheel symbolises curing the disease, and the back wheel represents eliminating discrimination. Unless both wheels are turning together, we will not reach our ultimate goal of zero leprosy.

Concerning the rear wheel, I have worked hard to have leprosy recognised internationally as a human rights issue since the early 2000s when I first approached the Office of the UN High Commissioner for Human Rights. One result has been the resolution on elimination of discrimination against persons affected by leprosy and their family members, adopted by the UN General Assembly in 2010. But the real measure of success will be when principles and guidelines accompanying

Hasina.

Especially now, during the Covid-19 pandemic, it is important that we do not lose sight of leprosy and that we continue to build on the progress we have made. Recalling how countries decided 30 years ago to unite in a fight against leprosy, let's redouble our efforts to vanquish a disease that has been a common enemy of humankind for millennia.

Yohei Sasakawa, WHO Goodwill Ambassador for Leprosy Elimination.