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Double trouble for the poor

Starving at home, arrested on the street

HUNDREDS of people are being arrested every day for violating lockdown rules, and as this newspaper reported on July 8, most of these arrestees are the poor going out to earn their daily bread. The on-again, off-again lockdown induced by the Covid-19 pandemic has decimated the financial stability of hundreds of thousands of households. Poverty in the country has gone up, and every time we have a fresh round of lockdown, the struggles of the poor only get worse.

Therefore, even though we understand the need for strict lockdown with the number of cases and deaths reaching record highs every day now, the poor cannot be expected to just stay at home and starve to death. In order to ensure that enforcing a strict lockdown is possible—as it is necessary given the current Covid situation—and also humane, the government needs to urgently provide support to the poor who are being hit the hardest by the ongoing lockdown, as many of them have to live hand to mouth. This support can be in the form of cash assistance or the delivery of essential items (for free or for cheap) or both.

Moreover, due to the poor getting arrested, they are having to pay fines—which is making life even more difficult for them financially—and their family members are gathering outside of court premises, increasing the risk of the virus spreading. According to a report, family members of the poor, in their desperation, are also falling victim to fraudsters who are promising the release of their loved ones in exchange for cash and then disappearing—whereas those being arrested are having to pay Tk 100-200 in fines for their release. These fraudsters are asking for much more and robbing people blind. The authorities must stop this from happening.

Here we must point out the lack of planning by the authorities when it comes to implementing and enforcing lockdowns. How can people comply with the directive to stay at home if they are on the verge of starving? The authorities should have planned to deliver sufficient relief for the poor alongside (or before) implementing the lockdown. And having done that, they should have made people aware of the penalties for going outside without an emergency, so that there would be no confusion as to how much they or their family members would have to pay for getting them released.

Nevertheless, there is still time for the authorities to enforce the lockdown correctly. Given the current Covid trends, it is highly likely that the lockdown will have to continue for a while still. The authorities need to immediately start providing relief to people who are financially struggling. Law enforcers must be more understanding when it comes to arresting people and trying to get them to follow the health guidelines and government directives. And those who are arrested should be given a way to inform their loved ones of what happened and what they need to do to get them freed so that any gathering outside of the courthouse is avoided and fraudsters cannot take advantage of them.

Dengue an added worry amid Covid-19 surge

Urgent govt action needed to control Aedes mosquito population

AS the country is encountering its worst phase yet of the Covid-19 pandemic, a dengue surge is becoming a fresh cause for concern. The number of dengue cases in June 2020 was only 20. This year, June recorded a staggering 225 dengue cases countrywide, a steep rise from 43 cases in the previous month. Until Wednesday, the total number of cases this year stood at 565, with one life lost to the dengue virus. If this goes on without interventions, experts fear we may have to see a dengue crisis similar to that of 2019, when 1,01,354 cases and 179 deaths had been recorded.

The government must urgently focus on controlling the population of Aedes mosquitoes and larvae, which are the vector of the dengue virus. Aedes mosquitoes thrive in the monsoon season, between the months of June and August. The number of infection cases will also rise during these months, and given the unbearable strain that the Covid-19 surge has put our healthcare system under, experts opine that the situation may become too much to handle if the number of dengue cases also continues to rise. As an associate professor of Shaheed Suhrawardy Medical College and Hospital told this daily, doctors will struggle to treat patients infected with both Covid-19 and dengue as the anti-coagulants used for a coronavirus patient cannot be used for a dengue patient with a platelet count of under one lakh. Needless to say, the prevalence of both viruses will result in more fatalities.

A report by *The Daily Star* reveals that in December 2019, there had been plans by the Ministry of Local Government, Rural Development and Cooperatives (LGRD) to modernise the capital's Mosquito Control Department and put in place a vector management policy. Controlling the Aedes mosquito population was also part of this plan. Though the draft for a vector management policy to research and control Aedes mosquito population is in its final stages, as the LGRD minister told this daily, the current rate of dengue infections indicates that we may not have enough time to wait for the policy to be finalised, and that immediate preventive measures must be taken at all levels to stamp out this new surge while we still can.

At the community level, people must be made aware of the spread of the dengue virus. They must make sure there are no receptacles with stagnant water. Water stored for household use must be changed at least once a week as Aedes mosquitoes can breed even in clean water. We urge the two city corporations of the capital to continue their awareness campaigns and to keep spraying adulticide and larvicide in hospitals and in and around dengue patients' homes. However, we would also urge the government to not keep these preventive measures centralised to the capital, as was the case for the recent Covid-19 surge before the countrywide strict lockdown was imposed last week.

To overcome vaccine apartheid, we need solid plans



AN OPEN DIALOGUE

ABDULLAH SHIBLI

IT bears repeating that vaccines are essential for protection against the deadly coronavirus. We've seen how the virus spares no one and targets the most vulnerable people, including those who have pre-existing health conditions or comorbidities. Unfortunately, the vaccines for Covid-19 that came out last year have remained out of reach for another group of "vulnerable" population—i.e. the billions of inhabitants living in developing countries. It has been over seven months since the coronavirus vaccine was first administered in the UK, and while more than 3 billion people have received at least one shot since then, a meagre percentage of them are in low-income countries. The haunting prospect of "vaccine apartheid" has raised its ugly head now. The question is, how do we prevent this from festering?

Amartya Sen, the Nobel-prize winning economist, had warned more than three decades ago that famines don't happen because of shortages of food, rather due to institutional and structural weaknesses. If we were to apply his Entitlement theory in case of vaccine inequities, we can see

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some parallels. The sole responsibility for vaccine apartheid cannot be placed on the rich countries and drug manufacturers; some of the blame also lies with the governments of poorer countries. To use Sen's logic, an abundance of supply does not guarantee access, or what is known as "effective demand". If the goal of vaccination is to reach the arms that need them, we must find a pathway to get doses of vaccines from point A to point B. In this instance, point A is the production facility, and B is the outstretched arm of the recipient.

In my preliminary research on the topic of vaccine apartheid, I discovered three facts.

First: The term "apartheid" has been used very loosely since its origin in South Africa. If one goes back to the first use of this label in the context of the practice of discrimination against non-whites in

that country, one cannot ignore the fact that apartheid implies some degree of intentional segregation. In South Africa, the word "apartheid" means "apartness" in Afrikaans, and was used to describe the unique oppression and wrongdoing inflicted on its own people. According to some activists, weaponising this word for political purposes ought to be avoided. The main reasons for maldistribution of vaccines are cost, lack of infrastructure,



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and absence of planning.

Second: There is sufficient data to show that there is indeed vaccine inequality. Higher and upper-middle income countries have secured 6 billion out of the 8.2 billion doses available as of March 2021. In an analysis from the Global Health Innovation Center at Duke University in Durham, the researchers aggregated publicly announced forecasts from vaccine makers, which add up to around 12 billion doses by the end of the year. Once again, more than 80 percent of these are destined for wealthier nations.

Third: African countries have had the worst of the deal. They are poor, have a rickety healthcare system, and suffer from bad governance. The third wave of the pandemic comes at a perilous time. "Medical supplies have been depleted, doctors are physically and mentally exhausted, and in some cases, unpaid, and hospitals are turning patients away for lack of beds and oxygen," according to a report in *The Wall Street Journal*. The Delta variant has been identified in at least 13 of the continent's 54 countries.

Thus, it is abundantly clear that the distribution of Covid vaccines is unequal and African countries are getting the short end of the stick, but the use of the term "apartheid" does not enhance the cause of the "vaccine have-nots". What is needed is a global effort to strengthen the vaccine distribution network to launch a glitch-free operation to deliver the jabs where they are most needed, in Africa, Latin America and South Asia.

Vaccine roadblocks

Global vaccine distribution has already hit several roadblocks. COVAX announced on June 24 that it now projects it can

supply less than 1.9 billion doses this year, down from the original target of 2 billion. The shortfall comes because the Serum Institute of India has redirected its production to domestic customers. So far, COVAX has only contributed about 90 million doses, far short of its original plans.

Previously, Gavi officials were optimistic that in the midst of global shortage, there was excess supply in a few



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countries, and they announced that "rich countries like the USA are expected to help fill the gap". Unfortunately, all this is easier said than done. The richer countries have kept the surplus for emergency purposes, including a new wave of infections, the Delta Plus variant, booster shots, etc.

Health experts point out that campaigns that have been most successful in delivering doses are in countries—such as Angola—that have been best prepared by mapping vulnerable populations, screening people and scheduling appointments in advance. This is lacking in most developing countries.

These are bad omens for other poor countries, from Africa to Latin America, Asia and the Caribbean, where the same issues have been replicated. On top of not finding enough doses, there have been logistical difficulties with delivery, problems involving healthcare infrastructure and, in some countries, public hesitancy towards vaccines. Andrea Taylor, who led a research team at Duke University, adds, "Supply chains could break down and countries could threaten to block vaccine exports." And all this is already happening, with India and the European Union having announced restrictions on vaccine exports.

It was well-known from the onset of the Covid vaccine rollout programme that distribution would be inequitable. Since the government of the USA and a few other rich countries funded the research and deployment of the vaccine, there was an understanding that once vaccines were ready, a handful of countries would initially be the beneficiary of the campaign. Poorer countries would get the leftovers.

However, as the vaccination programme rolled out, the scenario has turned rather grim. Once the Delta variant spread from India across the globe, the developing countries who were waiting for the generosity of richer countries, or the altruistic instincts of pharmaceutical companies, now found that "their economy would remain stuck in the muck for at least another two years if not more, and the vaccine diplomacy would turn into another version of the new cold war".

A plan for the future: global and local actions

The WHO chief noted that vaccine inequity could be resolved by sharing financial resources to fully fund the Access to Covid-19 Tools (ACT) Accelerator, sharing doses with COVAX, and sharing technology to scale up the manufacturing of vaccines. The advantages of putting vaccine manufacturing in the hands of the Global South would save lives, prevent vaccine-resistant, more lethal variants, and give people control over their own destiny rather than making them beg multinational corporations and elite philanthropists for their very lives. A case in point: US officials said that while the US-produced doses are ready, deliveries have been delayed due to US and the recipient countries' legal, logistical and regulatory requirements. "What we've found to be the biggest challenge is not actually the supply—we have plenty of doses to share with the world—but this is a Herculean logistical challenge," said White House press secretary Jen Psaki.

The British PM Boris Johnson recently promised to vaccinate the world by the end of 2022. But here's the rub. The total requirement of vaccines is 11 billion doses, which also means USD 16 billion more is needed this year, and upward of USD 30 billion in 2022.

To reach the goal set by the British PM requires a ramping up of manufacturing, allocation, and distribution of vaccines. Apart from the scale and complexity of the task, another risk is corruption. The United Nations Office on Drugs and Crime (UNODC) has identified several weak points in the distribution chain in developing countries and sent out an alarm to the governments to take necessary actions.

In addition, to prevent major hiccups during the vaccination process as experienced by India, governments could take the following initiatives: 1) Create a specialised committee to oversee emergency funds and vaccine deployment; 2) Have a transparent and accountable public emergency procurement process during the pandemic, which can be fostered through open contracting and e-procurement; 3) Maintain storage and distribution systems to mitigate corruption risks; 4) Develop transparent criteria for priority vaccine recipients and provide public information about vaccine programmes; 5) Conduct corruption risk assessments; and 6) Strengthen civil society participation and protect journalists and whistleblowers.

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Future impacts of Covid-19: Human trafficking on India-Bangladesh border



PATRICK MOSTYN

LARGE social and economic crises are usually followed by increases in human trafficking and exploitation. There is no reason to believe that the Covid-19 pandemic will be any different in Bangladesh. There are already clear signs of growing vulnerability in communities. Taking informed action now could disrupt trafficking patterns before borders and movement return to normal later in 2021.

Before the onset of the pandemic in 2020, Bangladesh and West Bengal were already growing hubs for human trafficking. West Bengal accounted for some 55 percent of reported cases of trafficking in India in 2016, and over 50,000 Bangladeshi children and women are trafficked to India every year, largely into West Bengal, primarily for sexual exploitation. In addition, the Bangladesh-India border is 4,000-km long and often unfenced. This situation is likely to be worsened by the pandemic.

The Ebola epidemic of 2013-2016 in West Africa saw a correlation between families broken up by the impacts of the virus and an uptick in the exploitation of women and girls. In Bangladesh, the impact of Covid-19 has led to a significant rise in vulnerability in poor communities through 2020. In 2018-19, the poverty rate was 20.5 percent; this increased to 29.5 percent by June 2020. Those who were already vulnerable before the pandemic are now being joined by the "newly vulnerable", people whose livelihoods and income have been damaged by the pandemic. An

increase in vulnerability will lead to an increase in risk taking. As a recent BRAC research paper reminds us, "if the need and poverty are great enough, and not addressed, people will ... migrate no matter the risks, known or unknown." For the poorest, severe economic shocks lead to scarcity of jobs, food, and money, and push people into irregular migration and related forms of exploitation.

BRAC is undertaking a pilot project in Jashore (on the western Bangladesh border with India) to test interventions focused on reducing the trafficking of children especially girls and women aged 12-30 in vulnerable communities. There have been a number of key findings about the damaging impacts of Covid-19 on communities.

During the lockdown, there were significant job losses, particularly for those in the informal sector (day labourers, rickshaw pullers, small business owners). As the economy reopens, there has been growing competition for available work; many migrant workers who were previously working overseas have now returned to Bangladesh—*The Daily Star* reported that over 500,000 migrants had returned by March 2021. There has also been a trend of internal migration from urban to rural areas as people return to their villages after losing their jobs. BRAC said they have observed a significant rise in gender-based violence, particularly during the lockdown. It also draws links between lockdown, frustration, anxiety, and a wider increase in violence in the country. At the local level, a number of important services have been disrupted.

The closure of courts from March to September in 2020 has increased the backlog of cases (a backlog that already stood at 3.5 million pending cases). There



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is also less oversight at the local level, and important local bodies such as Counter-Trafficking Committees (CTCs) are not necessarily carrying out their duties due to the lockdown.

These issues are all likely to increase the chances of people being trafficked; adults without income or support or experiencing violence are more likely to pursue dangerous or unreliable job offers themselves or to send their children into risky and unsafe work. Equally, children with fewer supports are more vulnerable to traffickers, especially when many schools have been closed, particularly girls aged 14-16 who are ordinarily vulnerable to school dropout and trafficking.

Evidence points to ongoing trafficking activities, possibly preparatory work to identify victims for a later date when

cross-border movement becomes easier. Middlemen have reportedly been very active lately in communities. Since the border is closed between Bangladesh and India to all but international trade, it is very hard to secure visas for crossings into West Bengal (a common way to "legally" transport trafficking victims into India). Much trafficking activity will likely have been driven out to the unfenced border or online. Recent reports point to a growth in the use of social media platforms like TikTok in the recruitment and grooming of victims.

Most experts think that we are in a moment of uncertainty. There is limited data, and the impacts of the pandemic on trafficking patterns are yet to be observed. But they all agree that a surge in vulnerability will lead to a large growth in trafficking in the coming months.

There are also new and emerging patterns of trafficking. An official from Stop the Traffik, a campaign coalition fighting to prevent human trafficking worldwide, sees a growth of trafficking of Bangladeshis and the Rohingya into Malaysia, and BRAC warns of growing internal trafficking in Bangladesh. BRAC's findings in Jashore are representative of wider growth, evolution and change in trafficking and exploitation of vulnerable and minority groups across South Asia. While responsible organisations will continue to remain vigilant and respond to the changing context, communities, law enforcement and the government in Bangladesh and India, as well as the international community, will all need to cooperate if they are to disrupt new trafficking patterns and minimise the adverse effects of Covid-19 on cross-border trafficking in South Asia.

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