



DIALOGUE

GETTING FROM VACCINES TO VACCINATION, EVERYWHERE

Striving for an equitable distribution of vaccines as a form of “intelligent solidarity”: this is not just out of a powerful sense of social justice but out of an ever-growing awareness of how much each of our lives — whether we’re African, Italian, Asian — are connected to each other, in a collective perspective that reminds us that to save ourselves, we need to take a common path.

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When over a year ago, Covid came to Europe from China, it seemed that there could be a “reversed world” in which the impact on Africa might be lesser or at least less overwhelming. There were ideas about why this might be the case — its younger population, exposure to other coronaviruses, possible coverage given by TB treatments — and it was hoped that the virus would not overwhelm a continent that is already fragile and scarred by recent natural disasters.

Now, a year and a half later, we are back to the same old situation. Attention is now not only on the spread of Covid-19, but also on vaccinations, which together with masks, social distancing, and tracing, are the tools we have available to control the epidemic. And so, if we look at the map of the world (see page 14-15), Africa is once again at the back of the global line. Few, very few, vaccinations define the too-familiar gap between the global north and the global south, rich countries and poor countries. The epidemic is turning out to be unequal too, because of the unequal consequences it bears in terms of disease, impact on the economic and social fabric, and unequal access to treatment.

Less than 1% of the population is vaccinated in countries such as the Central African Republic and South Sudan, less than 2% in Ethiopia, and just over 3% looking at Africa as a whole¹, compared to about 55% in Europe and the United States; these numbers make up the sort of map we have long been used to, the map of “a two-speed world,” in the words of Prof. Mantovani (pg. 8).

The core of the problem is the shortage of vaccines for poor countries, underscoring the short-sightedness of international decision-makers: it should be clear to everyone that as long as there isn’t protection for everyone, in every area, faraway and close, in Africa too, there is still the very real possibility that the virus will remain in circulation, generating new variants. Likewise, it is obvious that no virus will remain isolated or stop at the borders between countries.

This is how we should look at vaccine sharing globally, as a form of solidarity not only driven by ethics and a sense of social justice but also driven by practical intelligence. We could call it *intelligent solidarity*: an ever-growing awareness of how much each of our lives — whether we’re African, Italian, Asian, etc. — are connected to each other, in a collective perspective that reminds us that to save ourselves, we need to take a common path. Pope Francis said as much this last May, that a “variant of this virus is closed nationalism, which prevents, for example, an internationalism of vaccines”². This reflects an economy that cares about profit for few, forgetting the values of humanity and brotherhood. Forgetting that in a situation like this, sharing is the only way to take care of everyone and each of us.

While there are important initiatives such as those of COVAX to ensure vaccines to at least 20% of the population of low-income countries, at Cuamm we have recently developed and approved a vaccination plan for the eight countries where we work. The approach is the same that we have been taking for over 70 years: supporting African governments and organizations in the management of vaccines so that they can become actual vaccination. It is not enough for the vaccines to get to Africa; a healthcare and logistical effort is also needed, aimed at overcoming the obstacles often encountered in that last mile in Africa: the transport of vaccines to remote villages as well, and making sure they are stored and administered correctly. Our vaccination plan aims to integrate international initiatives and local efforts to make effective the right to vaccination.

This is the basis of a form of health ethics and respect for people: without protection human, social, and economic exchanges slow down and the gap between the global north and south becomes even more acute. How we understand global health seeks first of all to be fair, “decolonizing,” so to speak, an approach to health that risks being for the few and dragging all the others towards health injustice, and economic injustice as a result.

A Vaccine for Us All is the name of the campaign we have launched to raise funds for vaccinations in African countries: the meaning is precisely in the shared value of that “us” because when it comes to public health, it is essential to overcome individualism and to think and especially act as a community.

NOTES

¹ Updated data at <https://africacdc.org/covid-19-vaccination/>

² Video message of the Pope sent to the participants of “Vax Live: The Concert To Reunite The World,” May 2021.