



DIALOGUE

WHEN THE VIRUS HITS INERTIA

The pandemic will be remembered for the lack of quick decision-making despite many authorities urging a rapid global vaccination program. This inertia has led to imbalances between global north and south, worldwide and locally, forgetting that the universal nature of the emergency should be met by a universal response.

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“Vaccines are a global common good. It is a priority to increase their production, ensuring safety, and removing the obstacles that limit vaccination campaigns.” These were the words of Prime Minister Mario Draghi on the same day Ursula Von der Leyen, president of the European Commission, said in her speech on the State of the Union 2021, that “the European Union is ready to support the suspension of vaccine patents.” These words were in keeping with those spoken less than 24 hours earlier by U.S. President Biden, who officially declared his country’s commitment to a temporary suspension of patents, in the name of the universal nature of the emergency.

We read this in the newspaper *La Stampa* last May 6. It seemed as if the world’s top political authorities had become aware of the *universality of the emergency*, of the fact that the COVID-19 pandemic will not end until there is a rapid vaccination program on a global scale to protect against severe forms of the disease and preferably aim for herd immunity.¹ To quote an idea expressed in a *Lancet* editorial, agreed upon by all: no one can be saved from this pandemic unless everyone is saved.

Two words are key in *Lancet* article: “rapid program,” especially “rapid.” The time variable is fundamental: the more prolonged and massive the circulation of the virus, the greater the probability of variants emerging that make the epidemic more aggressive. Yet, one thing this pandemic will be remembered for is the lack of rapid decisions. This inertia is unjustified and negligent given the gravity of the situation.

This inertia is, first and foremost, on a global level. The statements made on May 6 turned out to be mere words: no step was taken in the direction of suspending patents and transferring technologies and know-how from the global north to the south, and those are the only decisive, lasting solutions to ensure vaccines are truly a “global common good.” It quickly became evident that they were empty promises when at the *Global Health Summit* – held in Rome on May 21 and 22 overseen by the European Commission and the Italian Presidency of the G20 – in the final declaration (Rome Charter), though it recognized that the pandemic will not be defeated until the virus is under control in all countries, no mention was made of the suspension of patents, opting instead for Big Pharma’s favorite solution: voluntary *licensing agreements* between pharmaceutical industries and governments. The overview of the percentage of the population vaccinated in different areas of the world (see the figure in the News) reflects the first phase of the vaccination campaign which saw the richest countries grab over 85% of the vaccine doses produced. If this situation does not change quickly, the problems will not only concern the poorest countries.

This inertia is at the local level as well. The richest countries have sucked up the vaccines – buying and reserving amounts of doses up to twice the national needs – and they have not been able to avoid the Delta variant epidemic wave due to serious strategic mistakes, as happened in Great Britain, where everything was reopened without having first achieved herd immunity through vaccination, exposing 17 million people (mostly young people) to the risk of contagion, a strategy that *Lancet* called “dangerous and immoral.”² But the Delta variant wave affected – albeit less violently – all the other European countries that have carried out an excessively slow vaccination campaign (having vaccinated less than half the population after seven months), adopting methods of access to vaccinations based on online reservations (more difficult for the older population), not actively calling the target population, which requires preparing up-to-date vaccination registries, capable of including the “invisible population,” such as irregular immigrants. This was a classic public health intervention but alien to the “logistical-military” culture of Commissioners Arcuri and Figliuolo.

NOTES

¹ Wouters O. J. et al. (2021), Challenges in Ensuring Global Access to Covid-19 Vaccines: Production, Affordability, Allocation, and Deployment, in “The Lancet,” 397, 10278, pp. 1023-34.

² Gurdasani D, Drury J, Greenhalgh T, et al. Mass infection is not an option: we must do more to protect our young. *Lancet* 2021. Published Online July 7, 2021 [https://doi.org/10.1016/S0140-6736\(21\)01589-0](https://doi.org/10.1016/S0140-6736(21)01589-0)