



## VACCINES AS A COMMON GOOD

Vaccine distribution and administration is a “two-speed” situation: the map is always the same with low-income countries on one side and the global north on the other. “Solidarity,” “Ethical Obligation,” and “Safety for All” should be the guiding concepts to guarantee equity of access to health.

CHIARA DI BENEDETTO INTERVIEW ALBERTO MANTOVANI, *HUMANITAS UNIVERSITY*

What appeared to be a global virus, the same for everyone, at least at first in the pandemic, is now spotlighting the stark differences between areas of the world and within the same countries, with extremely different consequences and burdens, almost always borne by the most vulnerable.

While Europe is discussing the “green passes” for vaccinated people to facilitate a return to pre-Covid life – albeit with limits and precautions – the situation in the rest of the world is very different. In most low-income countries, getting vaccinations is still an obstacle course.

We discussed the importance of vaccinations and their profound significance for global health with Professor Alberto Mantovani, Scientific Director of Humanitas and President of the Humanitas Foundation for Research.

### o What is the current situation with vaccination coverage around the world?

The data speaks for itself: over 30% of the population of rich countries vaccinated (46% of us), about 1% in poor countries. We can see it as a “two-speed” progression: there is one speed for high-income countries like ours that could optimistically reach protection for 80% of the population as early as next autumn and then there is a speed of low-income countries where the scarcity of vaccines – in addition to numerous other organizational, logistical, and social obstacles – prevents reaching coverage even remotely comparable to ours. Added to this is the worrying variants of the virus that are spreading: the Beta variant started in South Africa, there is a Gamma variant, which started in Brazil in the Amazonian jungle, in a place where it was estimated that 60% of the population had already come into contact with the virus; this proves how extremely shortsighted it is to leave incubators where variants can be generated, and vaccination is the way we have to fight the virus.

### o Professor Mantovani, you have chaired prestigious international boards and have been part of initiatives such as GAVI – Global Alliance for Vaccine Immunization, which have promoted global vaccinations. What role do they play for global health?

I served on the board of GAVI, the global alliance for vaccines and immunizations, which has helped reduce mortality from lack of access to essential vaccines, lowering mortality from 2.5 million to just over 1 million children per year. In that situation as well, like in the current pandemic, the challenge was “to go the last mile,” to reach the furthest village to make vaccination a common good.

Now COVAX – the international program led by the World Health Organization and the Gavi Alliance – has this same purpose: to be able to bring enough vaccines to cover 20% of the low-income population, in order to contribute to more equal access to protection for all, counteracting “vaccine nationalism.” We should have learned the lesson and we have to understand how Covid-19 is a full expression of the concept of global health: if Africa isn’t covered, this means less protection for the populations of the rest of the world too.

### o It has often been said that “we have to turn vaccines into vaccination.” What exactly does this mean?

The vaccine is not enough on its own, it has to become vaccination, reach the population, including to the last mile. There are three good reasons to share vaccines and turn them into vaccination:

- 1) One reason is about solidarity, many of us think is a moral duty, an answer in terms of fairness;
- 2) one is ethical: there’s an accepted guideline by international scientific associations that says if I’m doing clinical trials on a community, that community must benefit from it. We shouldn’t forget that all Covid-19 vaccines have been tested in low-income countries. These countries, which have let us learn that vaccines work, must not be left out;
- 3) and then our safety in terms of protection and global health. We should remember that cynicism does not pay; there’s no benefit to letting the virus “run rampant” in these apparently distant countries, because the highest price would be paid by those populations, but because variants would continue to be generated – as in the case of the Brazilian Gamma variant – it also exposes all of us, everywhere, to the risk of contagion.

I like to summarize these reasons with an acronym: SOS, Solidarity, Obligation to Ethics, Safety for All.

**o What role can NGOs play in acting as intermediaries in this situation?**

I'll start from my experience. For 5 years as part of GAVI, I served alongside large organizations, such as the WHO and the World Bank. I think it takes two pieces: one is that of large organizations to give resources, economic or concrete support, such as vaccine vials, like COVAX does. Then there's the other part, which is getting to the last mile. In the case of Cuamm, you go "with" Africa, "with" the local population. My university, Humanitas University, works in this same way.

Then I would like to add a third key factor: that of training, or "capacity building." Training is essential if we want a continent like Africa, made up of 1.3 billion people, to be able to go forward with development. It is essential if we want it not to depend only on aid coming from other countries. Training the local population, creating resources in the country and for the country is the real engine of development.

There is also something we can do in our own home: remember that what we do wrong here is reflected in the poorer countries. I'll give a historical example that has parallels to the current situation. Years ago, fake news was circulating that the vaccination

against the *papilloma virus* caused fatigue in adolescents. It was fake news that was spread mainly in Japan. This made HPV vaccination levels drop and Japan is paying a price in disease and death. But the worst thing is that the use of the vaccine has also fallen in low-income countries of Southeast Asia; we should keep in mind that the greatest price for fake news given at home is paid by low-income countries.

**o It has often been hoped that Africa could play an active role in scientific production and research too. Do you think this is an achievable goal?**

Africa would be able to promote scientific research but work has to be done to make this happen. I chaired the International Union of Immunological Societies (IUIS) from 2016 to 2019 and now I am Past President. Our motto has always been Immunology without Borders. For this not to be just a slogan, to be translated into reality that generates positive change, we make it concrete by training in Africa, Latin America, and low-income Asian countries. Board meetings always take place in countries of the global south, where we also initiate fellowship programs for African students, aware of the role of training in generating growth and development. So I'd like to answer based on what I've done and am doing: I have hope. But let's all get to work doing something.