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Vaccines should not be the preserve of rich countries

Fiona Godlee *editor in chief*

Since their 18th century beginnings vaccines have been one of humanity's most profound public health interventions, preventing illness and death on a massive scale, eradicating the global scourge of smallpox, and potentially soon doing the same for polio. But while some parts of the world bask in the success of their covid vaccination programmes others are struggling to gain even a foothold. Such gross inequities are causing much preventable suffering, needlessly prolonging the pandemic, and leaving us all at risk of vaccine resistant variants.

Fatima Hassan and colleagues are in no doubt of the causes of this "vaccine apartheid" (doi:10.1136/bmj.n2027).¹ It is not a lack of manufacturing capacity: it is possible to make enough vaccines for the world. Instead, vaccine preventable deaths and illness are occurring across Africa, Asia, and Latin America at an unprecedented speed and scale. And the reason? A free market, profit driven enterprise that is based on patent and intellectual property protection, combined with a lack of political will. So, while rich countries hoard a billion unused doses, poorer nations, with only 1-2% of their populations vaccinated, remain at the mercy of the virus.

The answer is equally clear, say our editorialists. Vaccine manufacture needs to be globalised, intellectual property rights relaxed to allow technology transfer, and regional manufacturing hubs established. More than 100 countries have backed this approach, but it is being blocked by vaccine manufacturers and rich countries.

Other voices confirm the devastation caused by this global inequity. Centuries of injustice have diverted wealth from Africa, leaving the continent without the necessary manufacturing infrastructure (<https://blogs.bmj.com/bmj/2021/08/13/the-legacies-of-colonialism-putting-african-covid-19-vaccination-into-context>).² By contrast India has no shortage of manufacturing capacity, but production has been restricted to the two vaccine manufacturers with patent rights, and half of the doses produced in India are exported or given away in aid. Erratic supply has led to confusion, discrimination, and corruption (<https://blogs.bmj.com/bmj/2021/08/10/covid-19-in-india-vaccine-shortages-are-leading-to-discrimination-in-access>).³

Rich countries are not out of the woods. Those that did well in controlling the virus in the pandemic's first phase have low levels of natural immunity and need now to achieve high vaccine coverage to open up safely. Australia's slow and turbulent vaccine rollout has snatched defeat from the jaws of victory, says Renza Scibilia (<https://blogs.bmj.com/bmj/2021/08/12/australias-covid-19-experience-pride-before-the-fall>).⁴ Countries in east Asia will need to achieve high vaccine

coverage before relaxing other measures, say Jingyi Xiao and colleagues (<https://blogs.bmj.com/bmj/2021/08/11/transitioning-from-covid-19-elimination-to-sustainable-endemicity-in-east-asia>).⁵ Vaccines are the only foreseeable exit, they say, bridging the transition from elimination to "sustainable endemicity."

For the moment, current vaccines seem to protect against the dominant delta variant (doi:10.1136/bmj.n2029),⁶ reducing risk of infection, serious illness, and death, although not as well as against the original wild type or the alpha variant (doi:10.1136/bmj.n1960).⁷ Longitudinal data are needed to track the vaccines' effectiveness in the face of the potential emergence of new variants (doi:10.1136/bmj.n1976).⁸

The lessons and challenges of covid will differ for each region and country (doi:10.1136/bmj.n1858).⁹ But the world will emerge safely from this pandemic only if vaccines are no longer seen as a commercial commodity. They should be a freely available public good.

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