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Vaccine Nationalism

by GWYNNE DYER

My wife and I had our first shots of a COVID-19 vaccine this weekend (Astra-Zeneca, since you ask), and none of our children are old enough to be particularly vulnerable. I therefore no longer have a dog in this fight, and can write with godlike impartiality about who else should get the vaccine.

We can all (or almost all) agree that the most vulnerable should come first: care-home residents, health workers, over-70s, and people with serious underlying diseases. Among adults under 50 who catch COVID-19, only 200 out of a million die; among those over 70, 54,000 do. So, everybody else can afford to wait another month or so, and let the vulnerable go first.

But who is ?we?? Almost always it means people in our own country, not the whole world. Not even the country next-door, in most cases: there is now a most unedifying row between the United Kingdom and the European Union over vaccine supply, although they are among the richest countries in the world.

The EU's 27 nations have 960 million doses of five different vaccines on order, with options for several hundred million more. The UK has 250 million doses on order from the same five companies (Moderna, Pfizer/BioNTech, Oxford/AstraZeneca, Novavax and Johnson & Johnson).

That's enough for everybody in the EU with plenty left over, and more than twice as much as the UK could possibly use. And still they fight over who gets it first.

If this is how rich neighbours behave towards each other, is there any hope that they will support vaccination in poor countries far away? As it turns out, yes.

?Vaccine nationalism? is not an all-or-none thing. If the whole street is on fire, I will save my children first, but I'll go back to save the neighbours' kids too, and even their cats if there's time. It's not children at risk in this case, but the principle is the same.

Nobody can criticize Britain, for example, for putting its own most vulnerable people first ? but it is on schedule to have them all done by the middle of this month.

As soon as that is accomplished, it should share some of its supply from AstraZeneca to save the lives of elderly French and Danes and Greeks rather than devoting it all to its own relatively safe middle-aged people. And as other supplies come online, it should share more widely too.

Within a few months, as more vaccines are approved and production ramps up, more doses will be produced each day than can be injected into the citizens of rich countries in the same day. This will happen because those countries pre-bought large quantities of many different vaccines in order to be sure of having some winners.

The vaccines almost all worked, so we are in the happy situation of looming over-supply ? and there's no need to wait until the rich countries have vaccinated everybody at home. Once their own vulnerable people are safe, they can spare some for the vulnerable elsewhere.

Canada, for example, has bought 214 million doses of vaccine, with options on 200 million more. There are 38 million Canadians, so say 30 million recipients ? many of whom will be getting one-shot vaccines. Canada will have at least 150 million doses left over ? or 350 million, if it exercises its options.

?Absolutely we will be sharing with the world,? said Prime Minister Justin Trudeau, and the UK, which will end up with around 200

million spare doses, should be saying the same thing.

The United States has orders with six companies for 800 million doses, with options on another 1.6 billion. There are more than 800 million spare doses bought and paid for worldwide. Start sharing them now, not after everybody has been inoculated at home.

This is not charity; it's self-interest. So long as the virus is circulating widely in poorer countries, it constitutes an enormous reservoir in which new mutations will occur frequently ? and some of those mutations might render existing vaccines ineffective. The vaccines can be tweaked to deal with new variants, but we don't want to be playing catch-up for the next five years.