Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

COVID-19: learning as an interdependent world

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There were some grounds for hope that the COVID-19 pandemic would be under control by now. Huge scientific advances have been made in our understanding of COVID-19, as well as its countermeasures. Countries have had 18 months to understand which policies work, and to develop strategies accordingly. Yet the pandemic is at a dangerous and shifting stage. Almost 10 000 deaths are reported globally every day. National responses to COVID-19 range from the complete lifting of restrictions in Denmark, to new state-wide lockdowns in Australia, and a growing political and public health crisis in the USA. In the UK, the number of infections is rising again, putting unsustainable pressure on the health service. Health workers are exhausted. The response to WHO's call for global solidarity to combat COVID-19 has been derisory. The pandemic remains a global emergency.

The handling of the pandemic is becoming increasingly politicised, with many public health decisions informed by partisan division instead of science. The conflation of the two is damaging public trust in both governments and scientists. For example, vaccine hesitancy has become a major issue in the USA due to the unprecedented political polarisation that has affected virtually all aspects of the US pandemic response. There is a sharp geopolitical contrast in vaccine uptake, with polls showing vaccine acceptance of 52·8% in Democrat counties versus 39·9% in Republican counties. This situation is no longer a debate about a public health crisis. In France, Italy, and the USA, the discussion has evolved into a division over the touchstones of democracy: freedom of individual choice versus the power of governments attempting to safeguard citizens. US President Joe Biden, in attempts to combat vaccine hesitancy, has imposed the most dramatic vaccine mandates to date. The US paradox shows how a scientific superpower can be plunged into chaos.

COVID-19 continues to spread globally. The current hot spots are the USA, Brazil, and India, followed by the UK, Turkey, Philippines, and Russia. As vaccine roll-out advances, many high-income countries have lifted most restrictions, often without considering lessons learnt from other countries. For instance, Israel, the first country to vaccinate most of its population, jumped at lifting all restrictions by June, 2021, when hospital admissions and deaths were substantially reduced. However, Israel is seeing a sharp rise in COVID-19 cases caused by the delta (B.1.617.2) variant. The Israeli experience shows the continual need to monitor vaccine protection; the importance of identification and understanding of variants of concern; and the fact that vaccines are not wholly effective at stopping the transmission of the virus, but are very effective at protecting against disease. Scientists themselves remain divided on the best approach to vaccination programmes and there are notable differences between countries, specifically around the roll-out of booster vaccination and the vaccination of children. The authors of a recent Viewpoint in *The Lancet* argue that, although many high-income countries are beginning to offer booster vaccination, evidence of the need for boosters in the general population is still lacking.

Global vaccination is the best approach to ending the pandemic, but equitable delivery of COVID-19 vaccines remains painfully slow. More than 5·7 billion vaccine doses have been administered globally, but only 2% of those have been in Africa. Such vaccine inequality is not only unjust, but it undermines global health security and economic recovery. COVAX has indisputably helped to deliver vaccines more widely and more quickly than otherwise would have occurred—in 6 months, 240 million doses have been delivered to 139 countries—but this is not enough. COVAX has inherent shortcomings and is well short of the goal of distributing 2 billion doses (20% of the world population) by the end of 2021.

Global solidarity to address the pandemic is further away today than ever. We are not learning as an interdependent world. Yet it need not be this way. As *The Lancet* goes to press, President Biden is convening a COVID-19 summit at the UN General Assembly to call for greater ambition when it comes to equitable vaccination—but it is not a pledging conference. The former UK Prime Minister Gordon Brown had proposed an emergency G7 vaccine summit at the General Assembly to enable unused vaccine supplies to be transferred to COVAX. The G20 meeting, to be held in Rome, Oct 30–31, would be an even more powerful venue to agree action. The G20 includes critically important nations missing from the G7—Brazil, China, India, Russia, and South Africa—thereby increasing the legitimacy of commitment. Agreement within the G20 could kick-start delivery of vaccines to reach two-thirds of the world's population by mid-2022. It is doable.

■ *The Lancet*

For more on **vaccination acceptance in the USA** see https://www.kff.org/policy-watch/the-red-blue-divide-in-covid-19-vaccination-rates/

For **President Biden's remarks on the pandemic** see https://www.whitehouse.gov/briefing-room/speeches-remarks/2021/09/09/remarks-by-president-biden-on-fighting-the-covid-19-pandemic-3/

For the **Viewpoint on boosters for COVID-19** see **Viewpoint** *Lancet* 2021; published online Sept 23. https://doi.org/10.1016/S0140-6736(21)02046-8

For more on **COVAX** see **World Report** *Lancet* 2021; **397:** 2322–25