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The world has seen the introduction of the first-ever vaccine developed specifically for the developing world—a meningococcal A conjugate vaccine that can end a terrifying threat for millions of people who live in Africa's meningitis belt. Over 250 million people have been vaccinated with the vaccine in large-scale campaigns, and now the vaccine is recommended for use in routine immunization programs.

But much remains to be done. We need new vaccines. The work to develop effective vaccines for tuberculosis, malaria, and HIV must continue.

We need better vaccines. The currently licensed BCG vaccine for tuberculosis has been administered 4-billion times over the last 90 years. It is safe and it protects against severe disease in infants. However, its efficacy is quite limited and it does not

save millions of lives over time, are increasingly used in poor countries. Significantly, the time lag between vaccine innovation in rich countries and their availability in poor countries has been shortened from more than a decade to only a few years.

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While the greatest focus of vaccination programs has been on children in the first few years of life, some of the most vulnerable children are newborn infants who are too young for vaccines to induce immediate active immunity. There have been increasing efforts to protect these young children from diseases such as pertussis and influenza by vaccinating pregnant women with transplacental transfer of protective antibodies. This new platform is likely to expand as promising candidates to prevent respiratory syncytial virus and other serious pathogens of the neonatal period prove to be safe and effective in clinical trials.

The simple truth is that vaccines save lives. They are overwhelmingly safe, are remarkably cost effective, and remain the single best tool we have in global health. They protect the human potential that is sapped by rampant sickness in developing countries. As a result, vaccines are one of

There has been significant progress in the case of measles. The vaccine for measles was licensed in the 1960s, but its uptake was frustratingly slow in many places. Even 30 years after its introduction, three-quarters of a million children were dying from measles every year. However, since 2000, measles coverage has substantially increased, and measles deaths have declined by about 80%. This translates into more than 500 children each day who live instead of die because the measles vaccine is being delivered regularly almost everywhere in the world.

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Some of this is attributable to the biology of the pathogen. But a lack of political will and a failure of health systems to deliver polio vaccines to children at risk have also prevented the eradication of this scourge. We are 99% of the way there and I am optimistic we will succeed, but only if we combine the best of medicine, logistics, education, and community outreach. Similarly, *S. pneumoniae* has been studied for more than a century. Nevertheless, invasive pneumococcal disease kills more than 800,000 children each year. But since 2000, Gavi (The Vaccine Alliance) has been making effective pneumococcal conjugate vaccines available to the world's poorest countries. Between 2008 and 2012, more than 50 Gavi-eligible countries introduced the vaccine via their routine programs at a rapid rate.

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