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**COMMENTARY**

## Eliminating childhood killers

Story by OLIN LEVINE AND FRED WERE

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THIS WEEK IN ADDIS ABABA, African leaders will explore how scientific innovations can improve the lives of people across the continent.

With its focus on science and technology, the African Union summit can support concrete ways to expand access to knowledge and tools with the potential to save millions of lives and open opportunities for millions more.

Vaccination is one example of how technology can save lives. Last week, it was announced that widespread measles immunisations have saved 1.6 million African children since 1999.

Other childhood killers, such as pneumonia, diarrhoea and malaria, will continue to hold Africa back unless we expand access to vaccines and accelerate the development of new ones.

This intervention can help Africa achieve the reduction in childhood mortality espoused in the fourth Millennium Development Goal.

The most common cause of vaccine-preventable death in Africa is pneumococcal disease. This bacterial disease causes life-threatening pneumonia, meningitis, and blood infections.

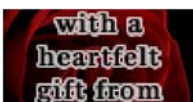
Aids multiplies the risk of pneumococcal infection by a factor of 40, and antibiotic resistance makes treatment increasingly less effective.

The challenge has been to ensure that vaccines are developed to meet Africa's priority needs, and are accessible to those who are least able to pay. To develop new vaccines, private firms must take big risks and make enormous investments.

But many African states cannot pay the prices that will allow firms to recoup that investment. As long as that happens, manufacturers will be reluctant to invest in the research and development needed to find new vaccines, build the capacity to supply them, and make them available at prices that Africa can afford.

Today, a unique mechanism called an Advance Market Commitment (AMC), provides a new way for partners in private and public sectors to overcome the historical obstacles to vaccine development and use in Africa.

The AMC is designed to speed up the creation of vaccines to prevent



diseases in the world's poorest countries, and assure their provision at affordable prices.

An AMC is a legal commitment by a group of donors to subsidise the purchase of future vaccines over a set period of time. Manufacturers agree to meet criteria for vaccine effectiveness and to provide the vaccine at affordable prices.

The subsidies make up the difference between the prices that developing nations can afford to pay and the price necessary to attract manufacturers.

AMCs provide up-front financing for vaccine development, creating a market that encourages manufacturers to develop vaccines for poor countries.

They also help improve access to vaccines as they become available. AMCs could further speed the quest to find vaccines for major diseases, such as malaria and HIV/Aids.

Today, there is an AMC operating structure for a pilot project focused on a major killer of children in Africa. The former Health minister of Malawi chaired an independent committee that selected pneumococcal disease for the pilot project, working closely with the World Bank and the GAVI Alliance.

African government officials play an active role in the selection of vaccine priorities, so that donor funding supports the vaccines that African children need.

Africa's scientists will be essential in the development and testing of these vaccines. And African leadership can drive the process to move AMCs from a concept to a life-saving reality.

First, African leaders can show their readiness to introduce effective, affordable, vaccines against leading child-killers. Second, they can urge international donors to fund the pilot pneumococcal vaccine project.

Britain, Canada and Italy have together committed approximately \$1 billion, but another \$500 million is needed.

*Dr Levine is executive director of the GAVI's PneumoADIP programme and associate professor of international health at the Johns Hopkins Bloomberg School of Public Health, while Dr Were is the national chairman of the Kenyan Paediatric Association, and a senior lecturer at the University of Nairobi.*

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