Financing Vaccines: Cornerstone of Prevention

Among its first acts, the 111th Congress crafted the American Recovery and Reinvestment Act of 2009 (ARRA), which President Barack Obama quickly signed into law. ARRA includes significant investment by the federal government in preventive health services, an area in which vaccines play a fundamental role.¹

In addition to expanding access to vaccines and related services, ARRA funding should help increase national public awareness and knowledge of the benefits of vaccines in reducing vaccine-preventable diseases. Furthermore, ARRA funding is supporting biomedical research that is critical for future vaccine development. Beyond the immediate impact these efforts have on improving the immunization status of many individuals in the United States, they should strengthen the evidence base for vaccination policies and programs, helping shape the future of our nation’s immunization program.

Historically, investments in vaccine development coupled with programs that implement widespread use of vaccines have transformed the health of individuals and communities in the United States and around the world by converting serious infectious diseases, often with epidemic potential, into vaccine-preventable diseases. Vaccines are now available for a broad range of infectious diseases across the life span, from infancy to old age. By effectively preventing these infections and their consequences, such as death, vaccines have significantly decreased the burden of infectious diseases on an already strained health care system.²,³

Against a backdrop of high immunization rates, the challenges to the US immunization system may not be apparent, but they are real. An increasing proportion of the public questions the need for many vaccines, in part because vaccine-preventable diseases have been prevented so effectively that they are no longer part of the experience of most families. In addition, 2-tiered financing systems have emerged in many states, in which some children receive vaccines but others do not.⁴–⁶ This gap is attributable in large part to different eligibility requirements for public and private insurance programs. In addition, the majority of childhood vaccines are delivered in private, rather than public, health care settings, and practitioners on the front lines have indicated that increased practice costs, such as the costs of managing an increasingly expensive vaccine inventory, are among the reasons why many are reconsidering whether providing immunization services should remain part of their routine medical practice.⁷

The problems and potential solutions highlighted in this Pediatrics supplement on vaccine financing are derived from recommendations of the National Vaccine Advisory Committee (which serves in a purely advisory role to the Assistant Secretary for Health, within the US Department of Health and Human Services) and cut across a wide range of activities and issues in both the public and private sectors. Addressing the range of vaccine financing issues is necessary, but insufficient

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ABBREVIATION
ARRA—American Recovery and Reinvestment Act of 2009
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by itself, to ensure that all individuals in the United States have the immunizations they need.

In the late 1970s and 1980s, the US vaccine enterprise was threatened by a trend of increased liability that jeopardized the stability of the nation’s vaccine infrastructure.\(^8\) Congress intervened and passed P.L. 99-660 which established the National Childhood Vaccine Injury Act of 1986.\(^9\) Contained in this legislation was a directive for national coordination of activities to meet public health needs in the prevention of infectious diseases through the optimal use of vaccines. The legislation also directed the development of a national vaccine plan to capture these activities and to detail how various public and private stakeholders would perform their functions. The current 2008 draft serves as a strategic framework. It not only addresses the details of vaccine financing as a contributor to gaps in coverage but also highlights the other key elements of the system, that is, developing new and improved vaccines, optimizing the safety of vaccines and vaccination practices, supporting informed decision-making, ensuring a stable supply of vaccines and achieving better use of existing vaccines, and increasing global prevention of vaccine-preventable diseases.\(^10\)

The activities involved in executing the plan involve the collaborative efforts of public and private stakeholders who play critical roles in the vaccine and immunization enterprise. Without the contributions of all stakeholders, the system cannot function well to achieve its mission, to protect the health of all people through immunization. This process also provides a model of collaborative policy-making as the nation commits to rational reform of the health care system.

As we continue the national dialogue on reforming the US health care system, preventing disease and promoting the health of the population through immunizations will continue to be significant components of the vision for the future. The US National Vaccine Plan should help inform this national dialogue. Narrowing the gaps in access to vaccines provides important lessons and insights in the quest to improve health and to provide access to health care for all.

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