

## Vaccines policy in Canada: International and Domestic Comparisons.

### Description

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### ABSTRACT

This paper compares the policy environments for vaccines in Canada, Australia, United Kingdom, New Zealand, and the United States. It focuses on processes for regulatory approval, health technology assessment, and procurement and funding. Expenditures on vaccines, and routine immunization schedules are also compared. It further examines Canada's policy environment for vaccines versus other types of pharmaceuticals. **OBSERVATIONS:** Canada's process for approving and covering new vaccines under publicly funded immunization programs is among the more complex of the 5 systems reviewed. National expenditures on antibiotics and vaccines together account for 0.49 percent (<1%) of national health expenditure in Canada, and 0.46 percent on average across all five countries. The US national immunization schedule includes twice as many vaccines as any other jurisdiction. Several vaccines recommended by Canada's National Advisory Committee on Immunization (NACI) are not publicly funded in some provinces. The UK National Health Service constitution requires all vaccines on the national immunization schedule (NIS) to be procured by the Department of Health. In Canada, it is not mandatory for provincial and territorial governments to procure all vaccines on the NIS. Vaccines technical advisory bodies in AUS (ATAGI), UK (JCVI), NZ (PTAC), and the US (ACIP), include members representing consumers and patients, in addition to immunization experts. Canada's NACI does not include layperson representatives. Canadian policy treats vaccines differently than other pharmaceuticals, maintaining separate processes regarding HTA, procurement, and funding. Vaccines, like other drugs, are subject to federal drug price regulation, but questions have been raised as to whether the pharmacoeconomic factors applied under regulatory guidelines are appropriate for vaccines.

### AUTHOR AFFILIATIONS

Founder and CEO, Canadian Health Policy Institute. Editor, Canadian Health Policy.

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## DISCLOSURE

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