

## **Recommended but non-funded vaccines: Perspectives from different stakeholders**

CAIRE Research Sponsor Advisory Board Meeting – June 2023

### **Meeting Summary**

Many vaccines are recommended by the National Advisory Committee on Immunization (NACI), but not included in publicly funded provincial programs. A CAIRE workshop in 2012 discussed ‘recommended but unfunded vaccines’ (RUVs) as a growing problem. The main objective of this meeting was to revisit this issue to discuss progress made, persisting challenges and potential solutions. This summary highlights the progress that has been made since 2012, and the key current issues raised and suggested solutions at a meeting of individuals representing immunization policymakers, clinicians, patients, NACI, and industry.

#### Progress made since 2012:

Recently, we have noted better communication around vaccines and immunization programs by public health, expansion of pharmacists as suppliers and providers of certain vaccines (e.g., influenza and COVID-19 vaccines), expansion of immunization registries as a means to identify and prioritize higher risk groups, inclusion of vaccines for particular risk groups (e.g., Tdap in pregnancy and HPV for boys). NACI has updated its recommendation framework to include ethics and equity deliberations to improve immunization program roll out. In the last few years, COVID-19 and Mpox vaccines were available in limited quantities, so NACI started using the Public Health Agency of Canada (PHAC) Public Health Ethics Consultative Group (PHECG) framework to discuss ethics and equity for developing roll out strategy of COVID-19 and Mpox vaccines for specific populations.

#### Persisting and new challenges:

Canadians find vaccine information navigation, cost, and access to vaccines challenging. In addition, non-immunizing clinicians who are asked about vaccine recommendations by their patients face difficulties in following national guidelines as provincial recommendations often differ. While NACI provides national recommendations, it has limited jurisdiction over provincial roll-out of vaccine programs. Immunization experts find political priorities as an important factor for differential provincial vaccine programs across Canada. If vaccines are not included in publicly funded programs, they are considered of little value by the Canadian population. New challenges highlighted for RUVs included: unavailability of health care providers (HCPs) for advice, post-pandemic fatigue among HCPs, need to restore uptake of routine vaccines, growing societal distrust of vaccines in general, high cost of new vaccines, evolving notions of cost benefit from NACI’s economic framework, ongoing prioritization challenges for funding of prevention programs, compared with illness care.

#### Potential solutions:

While inclusion of all RUVs in private insurance was suggested as an option, it was balanced out by a cautionary reminder that a sound and effective communication strategy is needed to prevent any undesirable outcome, especially access to RUVs through private insurance would exacerbate social inequities. To counter this issue, it was suggested that a national funding approach for vaccines that are recommended for a small patient population would be helpful. In addition, clinicians suggested the first message patients hear often leaves the strongest impression, so there is a need to get the relevant information to the patients sooner through trusted source like NACI. In some provinces, patients are not able to find family doctors, it was suggested that easier access and availability of vaccines at local pharmacies would be helpful.

In summary, communication, cost, and access were highlighted as key barriers by immunization expert, clinician, patient, ethics, and industry representatives for awareness and utilization of RUVs. Vaccine information from trusted sources like NACI or provincial public health, a national funding program, and easier access of vaccines at local pharmacy were suggested as potential solutions to RUVs.