

vaccine development will also benefit from improved surveillance for emerging infections as envisaged in the CDC plan for these activities (see appendix 4).

Review of Product License Applications for varicella (chicken pox) and hepatitis A vaccines is also being conducted as a matter of priority.

POLICY AND PROGRAM DEVELOPMENT

The National Vaccine Program Office (NVPO), in collaboration with the National Institutes of Health, the Department of Defense, the Food and Drug Administration, the CDC, the U.S. Agency for International Development, and the private sector will identify barriers to accelerated development of new and improved vaccines and will assess options for addressing these barriers, including consideration of the recent IOM proposal for a National Vaccine Authority with the capacity for pilot-lot vaccine manufacturing. The NVPO also plans to hold discussions with vaccine companies to strengthen private-sector involvement in preparing future versions of the National Vaccine Plan.

The coming biennium will probably see the licensure of one or more new vaccines or combinations. The NVPO will coordinate among the relevant Federal agencies, States, and private-sector entities, including vaccine companies, to establish policies and procedures to optimize new vaccine introduction and early use, and apply these as new vaccines become imminent.

In FY 1994 the NVPO will initiate revision of the Nation's plan for responding to the threat of pandemic influenza, which has not been updated since 1983 and will review the need to prepare plans to anticipate other emerging threats for which vaccines might be necessary (see appendix 4).

In collaboration with participating agencies, the NVPO will identify and provide support for selected, urgent vaccine development or immunization-related activities that support the goals and objectives of the National Vaccine Plan, where further investigation of such possibilities should not be delayed by the usual budget cycle. Support for these opportunities will be time-limited; continued support will be through their incorporation into Federal agency budget requests.

As the CII is implemented, various issues relating to vaccination delivery that need analysis or health services research will undoubtedly be identified. Studies to address such problems will be conducted by the NVPO or through other agencies collaborating in the National Vaccine Program.

IMPLICATIONS OF HEALTH CARE REFORM

The fact that immunization averts disease, disability, and death very effectively argues compellingly for its prominent inclusion as a covered benefit in health care reform. Moreover, the protection afforded by vaccines is achieved very cost effectively; immunization can be cost saving and could lower health costs (see section XI). However, vaccination must be delivered to be effective. Unfortunately, there are many barriers to vaccination that arise from shortfalls in the present overall health care delivery system and from inadequate access to care. Overcoming these is inextricably intertwined with overall questions of health care reform. Such issues include affordability of vaccination services, ensured through adequate financing; availability, guaranteed by access to a health care provider; and appropriateness of the services to consumer needs. Other needs for improving immunization efforts are also linked with desirable reforms in health care, such as developing the capability to track the services, including vaccinations, that individuals receive. Such systems also can maintain public health department accountability for disease prevention and control.

Much can and will be done in the forthcoming year to improve the Nation's vaccination system. In addition, the NVPO will continue to address the issues outlined above, through analysis or health services research, in the context of health care reform.