

The United States Food and Drug Administration, for example, closely monitors promotional material and makes manufacturers accountable for this material by issuing letters of warning (14).

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## Vaccines: for whose benefit?

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Development of vaccines is a priceless gift from humans to humankind because vaccines prevent diseases while drugs treat or control diseases. Without any research grant or government funding, in 1796 Edward Jenner developed an inoculum. It is said that when the British government asked him to license his inoculum technology for a small royalty on each dose, Dr Jenner refused, electing instead, to give all rights to his preparation technology and preparations to the public free of any royalty. Unfortunately, today's bottom-line-driven vaccine manufacturers are more interested in developing vaccines that maximise their profits.

A doctor must care for individuals. Advice regarding immunisation, like other aspects of medical care, should be given after full consideration of the financial status and circumstances of the family but in the best interest of the individual concerned. The list of essential vaccines should be decided by experts and not by the pharmaceutical industry; the industry should cater to our needs. But at present newer vaccines are being dumped in our country and experts or experts' group(s) are coerced to create a need for these vaccines.

The government should give some sort of incentives for immunisation as vaccines prevent diseases, reducing the burden of expenditure on treatment of diseases and also reducing absenteeism from work and education. The government should consider exempting vaccines from sales taxes and charges in order to reduce the price of vaccines. Similarly, there should be some mechanism to regulate the difference between the maximum retail price (MRP) and

the price to doctors or chemists. At present there is a huge difference in these rates for some of the expensive vaccines. I would like to cite the example of one such vaccine.

Currently the varicella vaccine is available in India from three manufacturers. Their price structure is given in Table 1. Even if all the three vaccines happen to be of similar efficacy, one may be tempted to recommend vaccine C because of the huge profit margin to the doctor. If the difference between the MRP and cost to the doctors is equal or nominal, doctors may consider the comparative merits of the vaccines instead.

TABLE 1 Price structure of three varicella vaccines				
	Vaccine	MRP	Cost to doctors	Difference
A.	Earlier	1430	1120	310
	Now	1599	1102	497
B.		1468	1005	463
C.		1690	1050	640

Market forces play a role in the reduction or increase in a product's price. Strangely, the increase in MRP of brand A vaccine is not related to an increase in the cost of production. On the contrary, the table shows that the price for doctors was actually reduced, though marginally.

The difference between the MRP and the price for doctors or chemists is very small for those vaccines which are part of the National Immunisation Programme. The difference between the MRP and the price for doctors is Rs 500-600 for some newer vaccines. The MRP of DPT is Rs 15.50 and the cost to doctors is about Rs 12.50 whereas the MRP of DaPT is Rs 699 and the cost

for doctors is Rs 595. Doctors would prefer to administer the DaPT vaccine.

These days some of the new vaccines are advertised in the electronic media on the pretext of creating public awareness. Consumer products are advertised, but no new medicine is advertised in a similar manner. Some of these vaccines are not recommended for universal immunisation but are recommended for specific conditions, but this is not mentioned in the advertisement. So when parents ask their doctors about such vaccines, doctors find themselves in a piquant situation. For example the influenza vaccine is recommended when a vaccinee is suffering from chronic pulmonary and cardiac disease, immunodeficiency, HIV infection, etc. On the other hand the absence of such indications is no contraindication for this vaccine, and no harm is expected to occur.

The doctor may choose to explain the true situation and spend a lot of time to convince the parents that the vaccine is not required for that child. Two questions may be asked. First, will any harm occur to the child if this vaccine is administered? The answer is "No". Second, is there any possibility, although it is not likely, that this child could suffer from a severe form of

influenza in the future? The answer of course is "Yes" as this possibility is always there. Thus, through advertisements, a sort of fear is created to increase sales of this vaccine. Under these circumstances doctors cannot be blamed for administering such a vaccine. Such advertisements should not be permitted.

For some time the medical profession has been in the news, but for all the wrong reasons. Earlier it was the "kidney racket", then abortions of female foetuses, and now, in August 2009, a "blood scandal" has been reported from Lucknow and Kanpur. If information regarding the huge difference between the MRP and the cost to the doctors – in other words the profit to doctors – becomes public, the reputation of the medical profession will take a further nose dive. Vaccines are to provide benefit to people, with a nominal financial benefit and not for huge financial gain, which may act as enticement for the doctors. Perhaps it is high time that some introspection is done and remedial steps taken to win respect and trust of people.

*Some of these issues were raised by the author during the consultative meet on a sustainable national vaccine policy held in New Delhi on June 4-5, 2009.*

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