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A Plea for Fair Pricing of Vaccines

Over the last decade, there has been an upsurge of new vaccines in the Indian market. The Indian Academy of Pediatrics Committee on Immunization (IAPCOI) recommends vaccination schedule for 'office practice' annually, which serves as a guideline for pediatricians across the country. From 'optional' to 'one is to one discussion with parents' there has been a major shift to 'routine vaccines' and 'special circumstances' vaccination. This has led to a vertical split between the public- and the private-sector vaccination program.

It has been our observation that a new vaccine is usually launched at a higher price, that is then slashed within months once another manufacturer steps in. Further, by altering or adding another component to the vaccine, the cost of such combination far exceeds the cost when given individually. This is aptly being reflected in the newly launched six-in-one combinations. Also it is observed that individual vaccine by the same company goes out of market once a new vaccine is launched but continues to be available in combination (eg, Inactivated polio vaccine). This leads to an unjustified increase in the overall cost of vaccination, thus pinching the pockets of the parents.

The vaccine pricing recently has created headlines in national print media holding the pediatricians responsible. This is unfortunate as it has led to a growing mistrust between the doctor and the parents. It is very clear that doctors have no say in the pricing of the vaccine, and 'MRP' is decided by the vaccine manufacturer.

Cardiology stents and orthopedic implants have come under radar for over-pricing. Government of India has recently introduced regulation for fair pricing for essential drugs. This should be extended to the vaccine sector to curb the growing price menace. It is indeed tragic that the vaccination has become a 'privilege' rather than an essential right of the child. Parents feel guilty of not affording the newer vaccines and pediatricians usually have to take the blame little realizing that they end up serving as pawns at the hands of giant multinationals. As custodians of our children, we must ensure that the vaccine use is based on the intent, content and science, and raise voice against the pricing mischief. All the stakeholders should advocate, support and promote a 'fair pricing' policy for the vaccines for the well being of all our future citizens.

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Remodel ICDS Centers as Early Child Care and Education Centers

The recent correspondence on 'Utilization of Anganwadi services in Rural Population of Kerala' is an eye opener to the currently prevailing situation [1]. With mushrooming of private kindergartens, which cater to young children

before formal schooling, society tends to turn away from the Anganwadi centers. There is an alarming competition in this field, resulting in soliciting of available children, by offering transport, uniform and other privileges. There are other reports of sub-optimum utilization of Integrated Child Development Scheme (ICDS) centers [2]. Qualitative studies should be undertaken to find out the reasons for under utilization and the societal expectations about these centers [1]. However, the solutions seem remote. Hence, it is proposed that the ICDS centers may

be remodeled as Early Child Care and Education (ECCE) centers, which is the need of the hour.

ECCE refers to caring for young children from birth to eight years of age, and very early nurse care refers to children up to two years of age. Day-care facilities for infants from 6 months of age will be a big boon for young mothers, who are still perusing education or struggling with employment and parenting. ECCE places strong emphasis on molding physical, social, emotional and cognitive needs. This shall establish a strong foundation for lifelong learning and development. It is the best investment that a nation can make with respect to preparing the future citizens [3]. Care should address health, nutrition and hygiene in a nurturing and safe environment and education should involve play and developmental inputs. Parenting skills and mother-to-child and child-to-child interventions should be undertaken in these centers[3].

Each Anganwadi center should have minimum two teachers and two helpers, supported by ASHA workers and community volunteers. It should become a hub for

adolescents as well as pregnant and lactating mothers to reap the benefits of group eating, food supplementation as well as health and nutrition education. If clean surroundings, CCTV monitoring and basic facilities can be provided, the pride and utility of Anganwadi centers can be brought back. Otherwise, soon these unique centers may become extinct, at least in better-performing states like Kerala.

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