

Neonatal Survival in India: Thinking Beyond Resource Limitations

I read with great interest the recent editorial "Improving Status of Neonatal Health in India"(1). We know from SEARCH trial (Gadchiroli), and from the example of Sri Lanka that investments in Level I and II care can bring significant reductions in neonatal mortality(1). We, however, rarely discuss overcoming negative parental attitudes in a large section of vulnerable communities like rural areas, urban slums in India, which can attribute significantly to neonatal mortality. Negative parental attitudes like gender bias, not seeking timely care for their sick newborns, not following medical advice in the presence of freely available services could arise from a feeling of helplessness due to poverty, social taboos and pre-fixed mindset(2,3).

Training of birth attendants, ASHA, AWW, FMPW and primary care physicians must involve cultural sensitization and mastery in behavioral

skills. In order to be effective these primary level workers will have to act like social scientists and clinical psychologists to transform the negativities into a more positive focused action towards the desired goal.

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Pneumococcal Vaccination: Yes or No

In response to recent publications on pneumococcal vaccination(1-3), it may not be justified to hurriedly consider PCV-7 for inclusion in universal immunization. But it has sufficient merit to be offered to children on individual basis.

The paucity of data on IPD (invasive pneumococcal disease) and its distribution in different parts of this diverse land should urgently sensitize epidemiologists to plan studies. Till such time it would be worthwhile respecting the indirect indicators of incidence of this disease. Our sub-continent contributes about 75% cases of pneumonia every year to the global scenario. Even by a lenient yard stick, if 50% of these cases can be implicated to be caused by *S. pneumoniae*, it would be useful to save a large number of lives by vaccination. The absence of data, in a similar situation in the past, on the Hib disease has already done harm and induced a prolonged complacency in planning our strategy.

Additionally, though the available PCV-7 vaccine covers only 50% of the causative serotypes in India under 5 years of age, the eligible beneficiaries should not be deprived of protection currently available. The herd effect imparted by the current PCV-7 is definitely going to have its positive effect for future in providing a "spring board jump" to any newer and better vaccine. The aim should be to develop the vaccine indigenously, suited best for our purpose, and affordable.

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