

Book Review

Private Sector Participation in Public Services: Health by K. B. Saxena (Ed.)

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The book titled ‘Private Sector Participation in Public Services: Health’ is a fresh attempt to flinch the conscience of the people in general and the professionals as well as policy makers in particular. The book presents a collection of 11 papers written by experts and activists who participated in a conference at the Council for Social Development in 2016. Introduction of global and transnational capital in Indian

healthscape has had anticipated outcome as far-reaching adverse consequences for the poor. The change in the healthscape since introduction of Liberalisation, Privatisation and Globalisation (LPG) model of growth unleashed since 1991 in India has been celebrated too, especially by those who find ‘health tourism’ and state of the art ‘healthcare hub’ as desirable ingredients adding to their sense of national ‘prestige’.

Rise of neo-liberalism fueled the emergence of a new capitalist order which produces and reproduces health inequalities and fashioned a social and historical context that justifies such inequities. The World Health Organization Global Commission on the social determinants of health identified inequities in the conditions in which people are born, live, work and age, that are driven by inequities in power, money and resources which in turn drive inequities in health. All of this is shaped by the economic regimes of production, distribution and consumption. The existence and persistence of such inequalities can be seen at global level by simply comparing life expectancy at birth in Japan (83.7 years) and Sierra Leon (50.1 years). Similar inequalities across gender and economic quintiles are visible at national levels both in rich and poor countries alike.

The book under review needs to be evaluated in this background and the context. Reading the book along with chapters on different case studies shreds apart the dreams sold to the people by the ruling elite and their experts alike, that large-scale opening up of the health sector to private capital and market forces were the only reasonable response to adequately address to the problems of access and poor quality healthcare in the remote areas.

It is pertinent to problematize ‘public and private’ before going into the case studies or evidences. Prabhat Patnaik’s insights into problematising of the public and the private through four key concepts provide much needed perspective and strength to the book. On the specific case of health and education, Kuldeep Mathur concludes that ‘neoliberal solutions, privatization or partnerships may be creating more problems than one can foresee’. Connecting intersectionalities of caste, gender, and religion to the economic inequalities is the right way to develop a fresh perspective for understanding policy reforms, since in a country like India access to resources, which often are meager, is determined on the basis of multilayered hierarchies: both inherent and acquired. In light of these, the questions of internally displaced persons in different sectors including in power loom, as Syeda Hameed highlighted, is worth capturing for the larger understanding of the vulnerabilities and health of the marginalized sections in the country. Imrana Qadeer aptly interrogates the existing contradiction in democracies between the state and the citizen and the limited existence of participatory decision-making process through parliamentary system. Rooted in the policy paradigm of social democratic state, Indian health system, according to the author

is still to evolve as a basic right. She presents the history of healthcare that started on the basis of Bohre Committee report to current disarray in a fragmented healthcare model, which has allowed, or has encouraged private sector to grow from strength to strength.

Based on the National Sample Survey Organisation (NSSO) data, S. K. Hooda has presented growth of private sector, its structure, trend and diversified nature of the healthcare delivery market. The paper gives a detailed account of changing landscape of the growth of private sector across different components of healthcare for which data is available in the NSSO surveys. The title of the paper itself indicates that growing private sector has reduced health as a commodity to be bought and sold in the market, which in all likelihood would be dominated by the buyers and sellers while the ‘state’ acts as an indifferent observer in the neoliberal scenario.

Everyday experience as well as the papers in this collection suggests that state is indeed active but acts in favour of the ‘elite power’. Indranil Mukhopadhyay, using NSSO data along with the data from District Level Health Surveys (DLHS) and Health Information of India data, has mapped the continuity and consistent shift in healthcare sector linking it with macro-economic stabilization and structural adjustment programme. In pursuance with macro-economic stabilization, the amount and proportion of public spending continues to slide down and despite the size of India’s economy growing multifold, public spending in the health sector continues to remain around one percent. He engages with the possibility of Universal Health Coverage and has analyzed different approaches, including ‘public choice theory’.

The possible monopolistic tendency in healthcare delivery system is aptly flagged. Based on multiple rounds of NSSO data, Bijoya Roy has analysed the changes in contribution of public and private hospitals and has argued that the government hospitals, over the last three decades have met with a drastic decline in the in-patient care. The paper presents diverse nature of the Public-Private Partnership (PPP) contract models across India and has also presented PPP models of health infrastructure of different states across the country.

T. Sundararaman and Samir Garg examine the wealth of experiences present in Indian healthcare sector over 20 years. An alternate understanding of universal health coverage (UHC) is presented where the government is not a provider but a buyer of healthcare services from private parties. UHC aims to ensure universal access. However, the difficult question of efficiency, quality and equity remain embedded in UHC and the international organizations have at best remained silent on providing any specific framework to deal with these issues. Discussing the case of primary healthcare in Rajasthan, Community Health Care in Uttarakhand, ancillary services in Andhra Pradesh and Maharashtra, the authors conclude that it is difficult to suggest any one model as replicable. Biswajit Dhar and K.M. Gopakumar discuss growing import of pharmaceutical ingredients and the challenges that are there in recent schemes announced by the government for revival of the pharmaceutical sector. They argue that public sector undertakings can play a key role in meeting the challenges and the government should support the public sector units so that domestic production is augmented.

K. Sujata Rao presents the scenario which is increasingly dominated by the private sector and tries to suggest ways for dealing with the misgivings arising out of the increasing privatization and stagnant and low public spending in healthcare. She correctly points out to the proponents of PPP to see that private sector is not a 'no profit charitable' sector and profit maximization often becomes key to their existence. Vikas Bajpai and Anoop Saraya, both physicians open their chapter with quote of Virchow saying, 'Medicine is a social Science and Politics...' The authors have taken the case of Covid-19 pandemic and the role of public as well as private/corporate healthcare structure in fighting against the pandemic. They have noted the dissatisfaction aired by the big private hospitals about their usual business going down due to Covid-19 and their inability to perform elective surgeries and near absent medical tourism. Through a detailed analysis of Delhi government's data on Covid patients and deaths, they show the true colours of the corporate sector healthcare in fighting the biggest health emergency in modern human history. In fact examples have been cited to show how private healthcare fleeced the people seeking care and refused to honor their legal commitments toward the poor patients even in times of a raging pandemic. The government agencies and bureaucracy has been one with the private healthcare in facilitating this and letting the big private hospitals go scot free. They conclude that these findings should not surprise us as private sector would behave in the manner they did because profit generation and profit maximization is the primary goal of any capital investment.

Reading of this book would generate a much needed debate around the ‘gains’ of investment in private healthcare sector in India. It is even more important to move in the direction of identifying the gainers from such a ‘large scale investment’ in hospital care, diagnostic, and pharmaceutical industry. The question of public health being a low priority area in India can be further probed if one examines it through the lens of election campaign trails as well as the manifestoes of major political parties - at what number does health count in the electoral promises. It would be further interesting to see how profit that is generated from selling health as a commodity is distributed. The echo

of ‘insurance based healthcare’ and the premium payment by the state would be another area which needs deep investigation in India, as the proponents choose to ignore the fact that non-health expenditure (financial administration, reimbursement, etc.) become part of insurance based healthcare system. Absolute apathy towards the accountability needs operationalization of strong social audit as a necessary step if any course correction is thought through.

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