

Book Reviews

Rama V. Baru. *Private Health Care in India: Social Characteristics and Trends.* New Delhi: Sage Publications, 1998. Hardback. Indian Rs 295.00. 184 pages.

The provision of health care has been recognised as a fundamental human right. Consequently, developed countries incur heavy expenditures in the provision of health care facilities to their citizens. For example, Canada's public expenditure on health as a percentage of Gross Domestic Product (GDP) is 6.9 percent, Norway's is 6.6 percent, the USA's is 6.5 percent, and Japan's is 5.6 percent. On the other end of the scale are the developing countries such as Niger, which spends 1.6 percent of its GDP on health, Mozambique 1 percent, Haiti 1.3 percent, and Senegal 1.2 percent. In South Asia, Pakistan spends 0.8 percent and India 0.7 percent of their GDP, respectively, on health provision.

This volume, by Rama Baru, examines and evaluates the ability of the private sector to meet the challenging requirements of providing health care. This has become necessary as the state in India realised its inability to successfully provide health facilities to its subjects. The achievement of its health goals was becoming an impossible task. To overcome this the government of India encouraged the private sector to take up the task of providing health care in conjunction with the public sector.

The book narrates briefly the historical development of health care provision in 19th Century United Kingdom culminating in the establishment of the welfare state after World War 2. However, since then 'nationalised' medicine has been strongly challenged by the American model. This was reflected most strongly when the Reagan Administration took office in the early 1980s. As a result of economic recession that had affected the industrialised world in the 1970s, expenditure cuts and tightening of budgets became necessary. Consequently, health budgets were affected, with the much-disadvantaged, the elderly, and the low-paid being the most affected as their access to basic health facilities dried up. According to the Reagan Administration, health care was a marketable product and should be provided by the private sector like any other consumer product. With this philosophy in mind, providers of health facilities regrouped and reorganised their services, which, as mentioned earlier, led to the marginalisation of the poor who were effectively barred from availing of such facilities.

A similar market-oriented system of health care has also been suggested for India, where, despite planning, the government has been unable to deliver what it has promised in the shape of health care to its people. Medical and health facilities have grown and developed extensively in the private sector particularly in the past two decades

or so. Currently the model of health care provision is one where the private sector has developed extremely close links with the public sector.

The core of this book is the case study of private hospitals in the city of Hyderabad. The case study highlights the linkages between medicine, social classes, and international capital. More specifically, the author examines the social bases of privatisation. In addition, the author demonstrates that distinct capital movements have occurred from the agriculture and business sectors into the medical sector. The author's research also reveals that the overall development of the private sector in the delivery of health care provision has had an adverse impact on the public sector. To make matters worse, the quality of health care, the efficiency of health services, and the social responsibility of the medical profession in the private sector are open to doubt. The author concludes with the opinion that privatising health care in a country where already large members of the population live in poverty, the burden of paying for medical care will further increase the level of impoverishment.

The book touches on a very central issue—that of the role of the state versus the private sector in providing services to the people. The conventional wisdom is that the private sector is more efficient than the public sector. The private sector, however, is more expensive as compared with the public sector. Therefore, it is necessary to have a trade-off between the sectors. However, the provision of health services is a very basic service, something that the public sector should be encouraged to do as it is the government's responsibility to provide equitable access to medical facilities. Keeping in view this responsibility, therefore, appropriate policies have to be formulated that ensure the accessibility of health care facilities to all at a reasonable cost. Public health should not be left solely in the domain of the private sector.

To sum up, the issues regarding private health care in India have been very strongly highlighted by the author. Of particular interest have been the linkages between international capital and the very complex domestic social processes that have shaped Indian medical care since the 1970s. The book is well-written, comprehensive, and rigorous in its handling of the subject matter. A similar study on the availability of private health care, its costs and consequences, for Pakistan would be useful. Finally, this book will be of great value to students of public health, medical sociology, and development studies. The extensive bibliography provided by the author could form the basis for further research in this area.

Samina Nazli

Pakistan Institute of Development Economics,
Islamabad.