***Equity and Access: Health Care Studies in India. Purendra Prasad and Amar Jesani***

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As a public health practitioner in rural central India, issues of access to health care as well as cost, quality and equity issues have always interested me. Yet my day to day work only brought a few aspects into sharper focus. This book caught my attention due to the interesting title and the promise by the editors that the book unravels why health iniquities and access are worsening due to the role that the state and the market forces play. Working among health iniquity in a small part of this country, I was curious to get a wider perspective on this. My hopes were fulfilled and I enjoyed reading this volume and learnt much. I would like to give a quick journey through this book.

Both editors are both public health scholars who have impressed me through their incisive analysis of health issues over the years. What attracted me most about the design of the book was the political economy approach to the issues, that all 17 papers in this compendium take.

The first section on the role of the state and the market in shaping the health care system has some sterling contributions. Two chapters on medical education stand out which elucidate how commercial pressures have determined their direction. Anand Zachariah points out that the structural problems in medical education are related to orientation of medical knowledge, a divorce of medical education from health care and its privatization. Both also offer specific advice on how to mitigate this mal-development through changes in pedagogy and content.

Purendra Prasad explains how the economic reforms of the last three decades have fostered increased costs and inefficiency besides reducing regulation of quality and access to health systems and accelerated the development of an unregulated private health care market. He points out three trends that have happened which exemplify it – decline of the secondary and primary government health services, excessive growth of corporate and private health care and significant rise in out of pocket expenditure by people.

His scathing criticism of the agenda of health care reforms of the last decade in the name of greater accessibility and social justice is spot on. He argues that such individual or household level protection for curative procedures short changes the priorities that public health agenda of preventive and primary health care that primarily benefits the poor people. Social protection, he argues, is not only curative or surgery based interventions but prevention and control of diseases as well. He shows how clearly such social protection strategies are boosting health insurance markets and leading to commodification of health services.

Ritu Priya in her article makes an evidence based and yet very lucid argument of how welfare capitalism has twisted all concepts of primary health care have been vulgarized to suit its needs.

The second section on Pharmaceuticals and medical research are very educating and have clear take-aways for making a better health care policy for the country’s people. That we can’t ensure health care to our people without proper state intervention in drug pricing, licensing and provisioning is put out very emphatically by Srinivasan, Malini Aisola and Amit Sengupta in their contributions. The authors effectively argue that price regulation/ control of drugs by the state is essential because of market failure in this arena. They also lament that the dilution of key flexibilities in the country’s patent laws was unnecessary and was done at the behest of the big pharmaceutical lobby and is a dangerous regression. They further caution that opening the country to international trade might undo the tremendous progress made in the domestic drug industry in the last four decades.

The entrenched economic and social inequity in our country makes it very difficult to develop ethical standards or to ensure compliance with them, thus making conduct of equitous and ethically sound experimental research almost impossible. The article by Sarojini and Vrinda explains how the new markets in biomedicine (of renting and selling body parts) throw up provocative questions of autonomy, reproductive justice and outright oppression. I think these provide illuminating thoughts for all those interested in equity issues in public health, including those involved in clinical medicine.

The third section explores equity concerns along the more traditional axes of gender, disability, social group, violence and other forms of marginalization. How the medical- health bureaucracy and legal state apparatus perpetuate inequity in health care quality and access is something I learnt from the four articles in this section. Even though the purported concern of the state is to benevolently plan and intervene in the lives of communities through its bureaucratic structures, the issues of caste, class and gender bias remain an underpinned theme.

It made sense that the papers that would look at potential solutions be the strongest part of this volume. Here it is clear that the paper written by Srinath Reddy and Manu Raj Mathur make a strong case for need and viability of the concept of Universal health coverage (UHC). Another paper by Sunil Nandraj and Devaki Nambiar write about the pilots in Kerala with hope. But these papers were at least two years too late to affect the National Health Policy 2017. They say very clearly that UHC is not merely a technical redesign and infusion of larger funds but is rather a political battle that has to be fought through with objectives of health justice and social solidarity. These papers offer a not only a theoretical framework for the path that the country should take but also talk about the nuts and bolts of UHC implementation.

Arguably, the best paper in this collection is one by Ravi Duggal who has penned a very lucid note on the potential and problems for financing UHC based on projections for one large state- Maharashtra while arguing for minimizing out of pocket expenditure and for regulating private and public health services. He also tells us that experience from other countries who have gone down the path of UHC, shows that a strong political champion, a political party convinced enough to neutralize the opposition to the idea from medical professional lobby is essential. They should also bring in a law that mandates UHC, provides a minimum budgetary provision that can’t be reduced and should ensure pooling of all resources to finance health care through a single payer mechanism. The state has to be ready to reorganize the health care system to a decentralized governance framework and enables citizen participation. A regulatory framework that lays out rules and regulations is mandatory as is an autonomous health authority to manage the entire health system.

This section has another sterling article that explains what it entails to make ‘right to health’ adequate meaning. The authors- three lawyers caution that the Right to Health is a deeply contested space and the path from drafting bills to enacting laws and issuing policies is a long one that will be played out in the judicial arena. I enjoyed reading this one a lot.

I wish this book was read by the persons who framed the National Health Policy 2017. In fact, the publication of this book has been delayed- the papers here are drawn from a consultation held in early 2015. Even so, I think this book remains relevant, at least for perspective building, if not for direct inputs into health policy framing. I hope the editors also upload the book on an online site for wider access. As presently priced, this handsome volume is a tad too expensive at INR 1195.

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