***Disinvesting in Health, The World Bank's Prescriptions for Health.* edited by Mohan Rao. New Delhi: Sage Publications; 1999, 238 pages.**

The World Bank's Development Report for 1993 (WDR 1993) sets out with admirable clarity, the Bank's perspective for health sector development in developing countries. It is subtitled, "Investing in Health" (1). In 1996, The *Ceylon Medical Journal* editorially judged that WDR 1993 is "nothing less than an exhortation to cut welfare budgets devoted to health" (2). It also noted melancholically that although this Report led to "sustained and acrimonious intellectual debate in many foreign countries", in Sri Lanka it evoked hardly any discussion (2). It commissioned and published as a leading article, an evaluation of the WDR 1993 under the title: *World Bank prescription for health* (3).

In 1994, the Centre of Social Medicine and Community Health in the School of Social Sciences, Jawaharlal Nehru University (JNU), New Delhi, had conducted a national seminar on WDR 1993. The seminar had brought together scholars from several disciplines (medicine, sociology, economics, politics) and activists in the health sector. The book reviewed here brings under one cover the papers presented at the seminar. Mockingly, no doubt, it is titled, *Disinvesting In Health, The World Bank's Prescriptions for Health*.

The book is not so much a record of "a sustained, acrimonious debate" on the WDR 1993, as a relentless bashing of the World Bank for what the 15 authors who have contributed papers, severally and collectively regard, at least so far as India is concerned, the Bank's ideologically motivated, erroneous, irresponsible and even callous prescriptions for health. The unequivocal message of the book is that the World Bank's prescriptions violate the most fundamental rule of sound medical practice formulated by Hippocrates himself: 'Primum non nocere'. ie. First, do no harm. The book predicts that faithful compliance with the prescriptions of the Bank would do positive harm to the health of millions of Indians.

The first few chapters of the book set the context in which the WDR 1993 emerged. The editor Mohan Rao, who teaches public health at the JNU, has written an authoritative, comprehensive and lucid introduction to the book. He refers to the relevant period as one which the world of "actually existing socialism turned upside down and burst asunder". The rallying cry of the ensuing period became 'globalisation, marketisation and privatisation'. Rao has also contributed an insightful paper on how the World Bank's prescriptions would adversely affect India's already blemished family planning program.

Prabhat Patnaik, an economist, draws attention to the World Bank/IMF prescription called the Structural Adjustment Programme (SAP) for economically ailing third world countries. This package of macroeconomic policies advocates the systematic withdrawal of major state interventions in social sectors such as health and education. The WDR 1993 is in line with the SAP. Patnaik pointedly asks whose interests dictate the imposition of the SAP on third world countries. The documented answer he gives is that it is in the interests of metropolitan finance capital (ie. money in centres of advanced production which can move across nations in pursuit of profit) He demonstrates why such capital, by its very nature, cannot and will not work for the benefit of other peoples', especially poor peoples' health.

In a paper called "The Gentle Leviathan Welfare and the Indian State", political scientist Niraja Gopal Jayal argues that at best India has been a state "with only a limited welfarist orientation". She claims that the prescriptions of the World Bank are calculated to diminish even that.

In "The Brave New World of Primary Health Care" Imrana Qadeer, a trained paediatrician and public health theoretician, demonstrates how the World Bank's prescriptions, will inevitably dismember India's commitment to primary health care.

Nata Duvvury, a specialist in the economics of the tobacco industry and agricultural labour, discusses the gender implications of the New Economic Policies. These policies which India embarked upon in 1991, seem to dovetail with the prescriptions of the WDR 1993. She concludes that the Bank's prescriptions for health will have a worse effect on poor Indian women than on poor Indian men.

In his paper AK Shiva Kumar, a UNICEF consultant, concedes that on face value the approach to health policy vigorously advocated by the WDR 1993 is plausible enough. Having said so, he nevertheless argues that the health sector is one in which equity and ethical considerations are as important as efficiency arguments. Accordingly, he faults the WDR 1993 for virtually ignoring such considerations.

Seeta Prabhu, one of India's leading health economists, demonstrates the consequences that would follow from ignoring equity and ethical considerations in the health care sector in India. She asserts that in the

interests of the poor it is imperative for the government to intervene actively in strengthening the health infrastructure of the country.

Rama V Baru who has specialised in the study of the privatisation of health care, argues convincingly that in India at least, privatisation of health care will be no panacea.

Amit Sen Gupta bemoans the fact that the current drug policy of the government of India is more accommodating to the demands of the drug industry and pressures from the World Bank than to the health needs of the Indian poor.

K R Nayar, an environmentalist, considering the way things are working out, warns that the Indian government's pious hope of a new era of growth for sustainable development could be given an early burial. Appropriately enough, his paper is titled. "The New Era of Growth: An Epitaph to the Environment". In an emotionally charged contribution Arti Sawhney declares that given the World Bank's approach to reproductive health, the outlook for the health of poor Indian women is dismal.

N H Anita is a plastic surgeon who has transformed himself into a plain-speaking community health physician and political ideologue. He calls his paper on the World Bank's prescriptions for health, "A Prescription for Health Disaster". The title tells it all. It is the shortest and most powerful paper in the book. Unrepentant socialists (like me) will swallow it hook, line and sinker. He predicts that the World Bank's prescriptions will kill over 150 million of the poorest Indians in the coming years. The paper stirs one's blood by appealing to one's head.

According to K V Narayana a major premise of the WDR 1993, that recent declines in mortality rates in

developing countries are mainly due to progress in medical technology, is based on wilful ignorance. This premise, he argues, ignores the social origins of much ill-health. He concludes that SAP will worsen the socio-economic status of the poor, and when this is compounded with the prescriptions of WDR 1993, the net result would be disastrous for the poor.

T N Krishnan, the co-ordinator of a UNDP national project on human development, declares that privatisation of health care, which the WDR 1993 advocates, "would injure the health access of poor people, poorer regions and poorer states in the country".

For a book written severally by no less than 15 authors, its unity of purpose and uniformity of style are remarkable. Its approach is empirical, historical and academic, but its sustained tone is polemical. The volume advocated a humane model of health care. Long ago the Buddha taught that health is the greatest wealth. "Because good health increases the economic productivity of individuals" proclaims the WDR 1993, "investing in health is one means of accelerating development." For the World Bank, therefore, good is wealth, and health is good for wealth creation. The authors of this brilliant book agree with the Buddha rather than with the World Bank. The Buddha or the World Bank? that is the question. You pay your money and take your choice!

References

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Carlo Fonseka, *Professor Emeritus in Physiology, Universities of Colombo and Kelaniya.*