

*The Political Economy of Primary Health Care in Southeast Asia.* Edited by Paul Cohen and John Purcal. Canberra: Australian Development Studies Network, Australian National University, 1989. Pp. xx, 197.

The fundamental question that this book addresses is: What part does a government and its economic policy play in the development of primary health care in Southeast Asia? This book brings together diverse ideas, historical and current, necessary to a comprehensive study of the issues derived from such a concern. The study of primary health care policy cuts across the domains of economics and political science. Economic and political questions in this are distinct. Indeed, when issues of health resources distribution arise, economic theories provide answers on the role of the government through a macroeconomic framework for analysis. Political influences, however, affect the way health policies are formulated in the context of existing institutions. Little theoretical and empirical research has been undertaken on the political economy of health. In the overview (Cohen and Purcal), the evolution of health programmes in Southeast Asia was traced utilizing three distinct temporal phases: (1) the pre-colonial period with the predominance of traditional medicine; (2) the colonial period characterized by the introduction of Western technology mainly to increase workers' productivity; and (3) the post-colonial period with developments in public health. A major equilibrating feature of primary health care programmes as posited by the writers is community participation which has been viewed in diverse ways in different countries. The political implications of such community involvement are wide and far-reaching. Besides, a contradiction between goals and processes is noted in as much as most of the countries that are considered models of health development (Singapore, Korea, Hong Kong) did not necessarily capitalize on community participation to achieve equity in health care. For community participation to flourish, success could not be measured simply by health benefits gained over a short time frame (for example, health for all by the year 2000), but above all by the way in which these health changes take place. Visible health benefits are no doubt sought after but the decisive test of success is that,

in achieving them, a community will have fostered (1) greater autonomy in planning health changes; (2) social creativity instead of mere compliance; and (3) control over social forces in health instead of mere adjustment to them. The crucial question is "Can the population in developing societies in Southeast Asia become agents of their own health change?". At a time when more governments are burdened by resource constraints, desired health changes can ensue only in the wake of concerted action emanating from a variety of change agents including non-governmental organizations (NGOs) and the community.

Two papers in the book touch on the influence of the colonial system on health care. Manderson's paper dwells on

the development of interest by the British colonial state in reproduction and the subsequent governments' interest on women as recipients and providers of primary health care.

Hull analyses the development of primary health care in Indonesia "from the Hygiene Program in the colonial period which was based on a firm philosophy of self reliance". Both the salubrious and negative effects of colonialism in health programmes are presented.

The development of various health financing schemes in response to economic growth in China led the author (Cox) to conclude that "this will be of great interest for all in Southeast Asia to follow, both for their organizational structure and health outcomes". It is to be pointed out that despite inconsistencies in many governments' health objectives, programmes, and policies, a certain coherence or internal logic exists which makes it difficult for them to benefit from the experience of other nations where the social and political situation may be radically different.

Current programmes are described in the papers on the overview of Southeast Asia (Hirshman), primary mental health care programmes (Higginbotham and Connor), access to health care in Sabah (Chandler), primary health care programmes in the Philippines (Barile), and village health services in Indonesia (Robertson). A synthesis and integration of issues that have political and economic significance in the health care programmes in these countries would have been valuable, and inferences could have been drawn regarding the economic, social, and health

implications of primary health care programmes discussed in the papers. Likewise, a theory of health resource allocation could be posited together with the hypothesis that economic and political power are concentrated in a small group. This renders health factor markets highly imperfect and limits access to health services, thus affecting their health-seeking behaviour as well as the efficiency of the system. A consolidation of these papers could raise some fundamental questions about the functions of the government in health care, the organization of social forces in the implementation of primary care programmes, and the circumstances under which primary health care can produce equilibrating movements.

Political economy within the primary health care framework should emanate from a particular conception of optimizing health behaviour which is context-bound. Primary health care policy has both political and economic dimensions as it requires an understanding of the allocation of health resources and the distribution of services. Likewise, predominant patterns of health activity may be related to a country's level of economic development. Take the example of Singapore (Purcal), where the private sector and the population bear the share of the cost of health services. Subsidization of health and medical services for lower-income groups and the complementarity with other social sectors have strengthened the public health programmes in the country. Finally, "the strengthening of the health sector gave support to the restructuring of the economy".

The Singapore paper reveals the impact on health programmes of the political and economic development of a country. Increased participation at high levels of economic development alters the demand for health services, with some form of consumerism becoming common. One can glean from this paper that the government can be envisioned as playing three roles: the provision of basic health services, interventions to correct the allocation of resources, and the redistribution of services for the entire population. All these are interrelated.

The private sector has been viewed as a vast potential resource to expand services, to reallocate publicly provided funds and services, and to improve the internal efficiency of the country's health sector. However, the utilization of NGOs in meeting health care needs is not without difficulty and pitfalls. The conflict between Thai NGOs and the

institution of official primary health policy with its bureaucratic orientation may result in

a dual system of health care with entrepreneurial medicine flourishing in large cities and a system of primary health care in rural areas starved of funds and unsupported by structural reform.  
(Cohen)

This issue is relevant in the light of the current perception that NGOs can be tapped to correct intersectoral allocative inefficiencies resulting in the under-funding of the health sector.

The value of the book lies in the compilation of the varied papers devoted to the study of primary health care in Southeast Asia. Several important issues emerged from this multidimensional report: the foundation of community participation, the role of NGOs, feminism as a correlate in primary health care development, and the impact of economic development on modifications in health care programmes. However, many more aspects of the political economy of health care could have been incorporated, such as the empirical analysis of participatory action research in primary health care, the financing of services, policy alternatives, as well as central planning and allocative efficiency in health. In conclusion, a relevant question is reiterated:

Can a viable strategy for primary health care be conceived and implemented in the present political and economic situations in developing countries in the Southeast Asian region?

TRINIDAD S. OSTERIA