COMMODIFICATION OF HEALTH CARE IN THE NEOLIBERAL ERA: IMPLICATIONS FOR PEOPLES' LIVES

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INTRODUCTION

The most significant and widespread global trend in health care over the past three decades has been the transformation of the healthcare provisioning reflected in increasing share of the 'for profit' health care sector and its marketisation across societies and geographical boundaries. While medical practice by private practitioners and the dispensation of medical care for a price have been known for a long time all across the world, the sheer commoditization of health care is a phenomenon of the last three decades. This transformation in the health care sector has followed the neoliberal globalization and is directly linked to it. There has been a clear relationship between the two, but the conflicts between these two are more visible than ever before and invite significant attention of the researchers, policy makers and activists. The implementation of the right to health has been challenged and confronted by a hostile policy framework and the global dominance of the neoliberal paradigm. "One also observes multiple manners that neoliberal economic and social policies favour the wealthy, while disadvantaging—literally leaving to suffer and die—those most in need of health care and the social determinants of health" (A Chapman 2016). The process of commodification received a boost following the global recession during last decade. It is well evidenced that the global economy experienced a difficult situation over the past decade. The Great Financial Crisis (GFC) began in 2007 and had deepened by 2008, sparking unprecedented public bailouts and stimulus spending by many of the world's richest and most powerful governments (GHW4 2014). This recent upheaval in the global economy is the fallout of the four decades long unregulated experiment in neoliberal globalization enveloping both developed and developing countries, putting restrictions on government budgets and encour-aging them to cut back on public expenditure in the social sectors.

OBJECTIVE OF THIS PAPER

It would be interesting to see how the global economic powers put across rationale for marketization of health care and other public services. Understanding that is the first objective of this paper. Second objective is to evaluate the extent of commodification of health care. Third is the impact of commodification on the equity, accessibility ,availability and affordability of the population.

PLAN OF THE PAPER

1. A review of literature is undertaken.

2. Tracing the recent history of neo-liberalisation,

3. The context, its approaches to public services and the role of the state,

4. Discussion: attempts to assess the implications on populations' health and incomes, equity, accessibility, and affordability.

5. It ends with suggestions for the activists and researchers.

REVIEW OF LITERATURE

Several articles, official documents, and books on neoliberal policies and their impact on public services--- health and social determinants of health were reviewed. A Chapman *(2016)* presents an in-depth examination of the conflicts between neoliberalism, and the international human right to health, and offers both an accessible account and a deep critical analysis of the impacts of current market-based approaches to health care and the social determinants of health. Chapman explains the normative dissonance of neoliberal and human rights-based approaches, concluding that the two ideologies are fundamentally incompatible. With respect to health, she maintains:

A human rights approach rests on a conception of health and heath care as social or public goods of special importance that are designed to benefit the whole population. In contrast, neoliberalism tends to promote the view of health care as a commodity whose price, availability, and distribution, like other consumer goods, should be left to the marketplace.

Kentikelenis, A. et al. (2011) and Marmot, M. G. and R. Bell (2009), present robust analysis of the financial crisis of 2007-08 and its impact on health and other public services. They have been on one page when blaming the IMF- World Bank directed structural adjustment programmes and the ever-increasing greed of transnational corporations engaged in housing loans in the US. They squarely blame the neoliberal economic policies for the crisis in world economy as well as public services.

Devarakonda (2012) commented in his article, "The GFC of 2008 is the still-evolving outcome of Neoliberalism 2.0, a crisis whose inevitability was predicted by many heterodox (non-neoliberal) economists at least a decade before it occurred".

Engler, Y. (2013) evaluated the impact of the austerity measures suggested by the IMF and has concluded that austerity was totally uncalled for and undesirable. He goes to the extent of calling austerity as the most foolish attempt at financial discipline of the states.

'The 67 people as wealthy as the world's poorest 3.5 billion', by K. Moreno,in (Forbes 2014) focuses on relationship between health and livelihoods, underlines the inequities increased by the policies of neoliberalism which impacted most adversely the incomes, health and livelihoods of the people of LMICs.

(Bezruchka 2009; Quintana and Lopez-Valcarcel 2009); in their celebrated work highlighted the existence and the impact of continued recession. They went on to say, that GFC and the ensuing Great Recession (GR) are expected to raise poverty rates for vulnerable populations and deepen reliance on low-cost, highly processed obesogenic unhealthy risky foods. They also predicted that due to these policies, new mentle health issues going to come up such as depression and stress levels related to unemployment, poverty and insecurity . They also underline that suicide rates since the crisis period have indeed increased by 12 to 15 per cent in several European countries .

Brundtland (2000), came up with a study on the IPR protection framework. He was highly critical of the international agencies, particularly the WTO and the WHO calling them as support organizations of the big Pharmaceutical Corporations aiming at protecting phar-maceutical company bottom lines and helping them gen-erate super profits. He also observed that such policy interventionism has en-sured the funding of specific selected programmes, the creation of a market for pharmaceuticals and equipment and doing away the state control on the market. Citing the example of nineties, Brundtland wrote that "the WHO increasingly went in for partnerships with the industry, especially for the tropical disease research programmes."

UNCTAD (2011) in its report concluded that the premise on which fiscal tightening was considered indispensable for restoring the confidence of financial

markets, economic recovery, was wrong because financial crisis was the result of financial market failure.

Gavin Moony (2012) was ruthless in his observation about the neoliberalism and wrote in his book, ''The best outcome in terms of bringing about real change would be to see an end to neo-liberalism. So many of the problems that beset societies today and their populations' health can be placed at its door …'

Global Health Watch 4,(2016) in its assessment concluded that Central to structural adjustment was a reduction in social protection spending by governments, which subsequent analyses found to be the main cause of increases in poverty and inequality in the affected countries (UN Habitat 2003) Since poverty and inequality are the two greatest risk conditions for preventable disease, it is not surprising that structural adjustment led to a slowdown or reversal of health gains, particularl y affecting the poor, rural populations, women and children.

D. Stuckler (2013) and Ruckert , A. and R. Labonté (2012) expressed dismay at the way neoliberal global policies were leading to increasing inequalities in incomes and opportunities for maximizing the profits of large corporations. As a recommendation for the civil society and the human rights community, Chapman calls for paying greater attention to research and social accountability on the overall impacts of marketization, private provision and financing of health care in order to get health rights for all.

Hendrikse and Sidaway (2010) wrote about their research on the impact of different stages of neoliberalism. On austerity agenda, they stated, "The story does not end with the GFC and the GR Rather, the response to the 2008 crisis marks the advent of Neoliberalism 3. 0 the 'austerity agenda'"

HISTORICAL CONTEXT

In this section we try to trace, very briefly, the emergence of neoliberal globalization in the post-war period and how it occupied the dominant role in global policy making and impacting the lives of people across the globe. It is significant because the available evidence suggests that the dominant powers under neoliberal globalization interfered and controlled the policy making in most countries of the world. Four decade history of Neoliberal globalization has been described as three phases of neoliberalism: structural adjustment, financialization, and austerity (Gavin Moony (2012). Very briefly we have tried to examine how it has evolved from 'structural adjustment' via 'financialization' to 'austerity' and how these phases have affected healthcare .

STRUCTURAL ADJUSTMENT

Available literature leads us to believe that Neoliberalism's dominance in political and economic decision-making began to emerge in the early 1970s (GHW4 2014). This decade witnessed an increasing pace of economic recessions, oil embargoes and oil-price shocks that increased the cost of capitalism's crude energy source. This process received a boost during the late seventies and early eighties. This increased the space for the growth of the 'for profit' private sector in the provisioning of health care, which further accelerated during the nineties and 2000s. The increasing role of the big corporate pharmaceutical manufacturers and trading giants and medical equip-ment industries' grabbed the markets for their products .

The oil-price shocks that continued through the 1980s pushed the developing world into heavy debt crisis, as many developing countries had to borrow heavily to continue their post-colonial path to industrialization. This was followed by another set of crisis. As the time approached for repayments of international loans of the of developing countries , they were not in a position to repay and hence had to go for refinancing, the super-high interest rates were applied which

caused debt-servicing costs to increase manifold and debt loads to accelerate accordingly.

The IMF and the World Bank came up with 'structural adjustment' program having conditionalities that embodied neoliberal economic principles, known as the 'Washington Consensus', named after the location of the head offices of the World Bank and the IMF. These conditionalities included:

- Privatization of state assets, in part to help governments pay off inter- national loans;
- Deregulation, to enable rapid private-sector-led economic growth;
- Tax reform to attract foreign investment through lower corporate and marginal rates, or tax holidays, for foreign investments;
- Public deficit and debt, in part to help governments pay off international loans; and
- Rapid liberalization of trade and financial markets on the theory that liberalization leads to economic growth .

FINANCIALIZATION

Capitalism's inherent tendency towards a cyclical crisis of overproduction and under-consumption, leading to a declining rate of profits, acc elerated in the 1970s led to a process of 'shifting and displacing' (Patrick Bond 2008) . The corporations resorted to all cost saving measures to boost their profit rates, such as outsourcing production to low-cost countries; increasing the use of labour-saving technology, and opening up new markets . During the same time, investors through new digital technologies, ideologically driven bank deregulation in the USA and the UK, and removal of capital controls that allowed rapid inflow and outflow of' hotmoney'across borders, increased rapidly the financialization of the economy thus increasing the vulnerability of the economy. However, the global economy slowed down in this period as compared to the 1960s (World Bank 2005). The economy all over the world, except some patches, was unstable with one regional recessions and financial crises (Cornia et al 2008).

The developing countries under different platforms were making efforts to create a fairer ' new international economic order' to damage control from the wrongs of colonialism and global economic domination. A declaration on the new international economic order was actually endorsed by the United Nations in1974, but then soon forgotte n as neoliberal economics began its push to dominan ce

- A decrease in over all financial flows to developing countries (ODI 2009a); and
- A sharp rise in global unemployment of at least 69 million by the end of 2013, co ncentrated among young adults, creatin g a surplus (unemployed) labour pool of over 200 million, which is expected to ris e even further to 210 million over the next five years (ILO 2011, 2013)

AUSTERITY AGENDA

SAP and financialization had not only created adverse conditions for the majority nations but had undone the benefits of earlier state welfare policies in the European nations. The new development led to gross income inequities as a small group of people captured most of the gain s of the past several decades of economic growth. The GFC in the aftermath of 2008, impacted the wealth and savings of fixed income groups, pensioners and working classes. It also benefitted the 24 million people of 'high- and ultra-high net worth individuals' to the tune of over 20 per cent (Baxter 2011).Billionaire wealth rose by 20 per cent alone in 2012 over 2011, and continued to grow in the following years. Such a huge concentration of wealth in a few hands was unprecedented since 1929. Other outcomes of the austerity drive as suggested by the GHW4, are the following:

- reduction in social protection spending and public sector employment;
- increased VAT (consumption) taxation;
- reduction or elimination of public deficits;
- reduction of public debt;
- increased user pay in public programmes (co-payments);
- privatization of state assets; and
- increased public–private partnerships (PPPs) characterized by the public absorbing most of the risk and enjoyin g little of the gain of private sector financing for public goods and services (Orti z and Cummins 2013).

IMPACT ON HEALTHCARE SECTOR

An attempt is made to explain the impact of commodification and privatization on healthcare in terms of general tendency of neoliberalism in the first place and then through citing the instances.

Available research evidence from western world as well as the global south show that neoliberalism has had serious consequences for equity, poverty, livelihood and access to resources. The poor are denied access or often getting poor quality care and in most third world countries, out of pocket expenditures for care leads to indebtedness of the household. Even in the developed nations including the US, the percentage of the uninsured was rising to aerious levels. Across the world the process of privatization and commercialisatio has led to dominant influence of the pharmaceutical and technology industries coupled with the policies of multilateral IFI institutions and organisations.

The health, livelihood, inequity and social policy consequences of Neoliberalism have been well documented, particularly in Latin America and African nations, though not limited to, as these regions are most affected by international debt obligations and International Financial Institutions (IFIs) emergency loan conditionalities (Breman and Shelton 2001; SAPRIN 2004). Not only these regions failed to achieve economic progress , they also experienced severe cuts in public spending, severe shortages of employment in their domestic labour markets, and sharp wealth inequalities within their countries. Structural adjustment led to reduction in welfare programmes spending by governments, which subsequently led to increases in poverty and inequality. (UN Habitat 2003). By inducing poverty and inequality the SAP led to a reversal of health gains, affecting the poor, rural populations, women and children (SAPRIN 2004). Chapman comments on the issue:

"Privatized health care affects both the values on which effective realization of health rights depend and the institutional capacity of the government to implement a right to health approach. Privatization challenges the ideals of social solidarity necessary to realizing the right to health and may also result in unequal, tiered health care systems providing different levels of health care based on income. Additionally, ensuring accountability—a core human rights principle—is more complex for private or mixed health care services, as it requires regulation, licensure, and monitoring of a wide range of personnel, facilities, goods, and services. As private health care providers and insurers often have incentives to reduce expenses to increase profits, accessible mechanisms for monitoring and accountability are serious concerns. Privatization also results in fragmented health care systems, which complicate efforts to develop and implement national health plans. Importantly, data do not support claims often made by private sector advocates that private health sector institutions are more efficient, accountable, or effective than public sector institutions."

In terms of the estimates of the short-term social and health costs include: a rise in mass poverty in developing as well as developed countries; a significant increase in infant and childhood deaths due to increased food prices, decreased public health expenditures and lower rates of healthcare utiliz ation, disproportionately affecting poorer and

marginalized populations; and an increase in child labour and domestic violence. In most developing countries, lack of access to healthcare resulted in out of pocket expenditures leading to poverty and ill-health.

CONCLUSION

In this era of neoliberal globalization, transnational corporations have systematically dominated both multilateral agencies and national governments for policy influence as they veiled tremendous power. World Bank has functioned in the partisan manner and imposes policy conditions on loans, including reduced public spending and user fees for health care ,which negatively affect economic and social rights, especially for the poor in these countries. The global neoliberal environment, has made it difficult for states to engage in people-centered, human rights-based policymaking, and human rights mechanisms needed for protecting their people against. The market efficiency has been given as the rationale for market-based approaches to health and health care. However, a wealth of evidence demonstrates otherwise—as mentioned above. Another important impact is the impact on employment. Not only has unemployment globally and through out most of the world's regions increased, but social protection for the jobs have also decreased. The harmful effects on health were experienced first and most severely by the marginalized and most vulnerable and least responsible for the genesis of these effects: women, children, peasants the rural poor The possible way out of this crisis could be the followingre - regulate global finance; reject austerity; increase progressive taxation; close tax havens; support global tax systems. Some encouraging developments worth noting are that the multilateral agencies, the World Health Organization (WHO), UNCTAD, the United Nations Children's Fund (UNICEF) and the International Labour Organization (ILO) have started to express concern about the harmful effects of the financial crisis and the austerity agenda and have suggested the governments increase spending on healthcare sector. Second is the increasing will power and commitment to improving healthcare sector in smaller asian countries including Thailand and Sri Lanka. It is time that the countries realize the role of state as welfare state and own up the responsibility to deliver healthcare as a public good.

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