

make a strong case for need and viability of the concept of Universal Health Coverage (UHC). Another paper by Sunil Nandraj and Devaki Nambiar writes about the pilot projects 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 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 in this collection is Ravi Duggal's lucid note on the potential and problems for financing UHC — based on projections for one large state, Maharashtra. While arguing for the need to minimise out-of-pocket expenditure and regulate private and public health services, the author emphasises the importance of a strong political leadership with conviction enough to neutralise the opposition of the medical industry. He says the state has to be ready to reorganise healthcare

under an autonomous decentralised health authority, with strict budgetary provisions, and also enable citizen participation. He draws from the experience of UHC in other countries.

Another sterling contribution to this section explains what it entails to make the "right to health" meaningful. The authors — Kajal Bharadwaj, Veena Johari and Vivek Divan, all 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 those who framed the National Health Policy 2017 had read this book. The publication of the book has been delayed as the papers here are drawn from a consultation held in early 2015. Even so, I think this book remains relevant, 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.

A comedy that makes you cry

SHRUTI BAJPAI

***Dying to survive*, Producers: Xu Zheng, Ning Hao, Yibing Wang, Liu Ruifang, Director Muye Wen; Chinese, 117 minutes, 2018.**

"*Wo bu shi yao shen*" (Mandarin for "I am no God of medicine"), better known as *Dying to survive*, is one of this year's surprise movie blockbusters in China. Unlike the action packed, adrenalin-pumping movies that typically rule Chinese box office charts, this understated debut movie of director Muye Wen stands out in more ways than one.

Dying to survive is a poignant comedy-drama that tells the story of Cheng Yong and his mission to provide low cost, generic cancer drugs from India to poor patients in China where generic drugs are illegal. Loosely based on the real-life story of a Chinese textile trader and his unstoppable journey to buy generic cancer drugs from India and smuggle these to impoverished patients back home, *Dying to survive* has won hearts across audiences in all of China.

Cheng Yong is a small-time aphrodisiac seller who runs an Indian healthcare supplements store and lives a humdrum life that changes overnight when he is approached by a patient

of chronic myelogenous leukemia (CML), who requests him to smuggle generic drugs from India. What starts as a pure business proposition for cash-strapped Cheng Yong, is soon transformed into a mission to provide significantly cheaper drugs to a large network of suffering CML patients unable to afford the prohibitive cost of 'Gleevec', the multinational pharmaceutical drug available in China.

Cheng Yong, affectionately called "ge" (*ge-ge* is big brother in Mandarin) is helped by his motley crew of partners - the nerdy and earnest Lv, a CML patient who first approaches him for help; the lovable Christian priest Liu, who serves as a business partner-cum-translator, the soft-spoken bar dancer Suhui who helps Cheng Yong and Lv reach out to online chat groups of desperate CML patients, and whose own daughter is a CML patient; and the maverick Peng Huo, or "Yellow hair", whose signature mop makes a statement throughout the film.

The central theme of the movie is inspired by the life of Lu Yong, a cancer patient who smuggled cheap generic drugs from India to help an estimated 1000 patients suffering from cancer. In 2013, he was sentenced to 13 years in prison by a Shenzhen court, but was later released after his case was petitioned by hundreds of survivors whose lives he helped save. The Chinese government subsequently made several reforms to include cancer drugs in a number of cities and provinces as part of its nationwide social health policy.

Set in a run-down suburb of Shanghai, the film's touching narrative touches a raw nerve. As stories of Cheng Yong and

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his merry men's exploits travel, the local police soon start to crack down on their illegal business practices by rounding up patients in order to hunt down the elusive Cheng Yong. The film's defining moment comes when an old poverty-stricken lady, a CML patient and a user of the cheaper generic drug, asks the interrogating police officer, "Can you guarantee that you can be healthy for as long as you live?"

Zheng Xu as Cheng Yong, and the core cast, as well as the supporting network of actors playing the patient community, deliver moving performances that make you laugh, albeit with a constant lump in your throat. Most importantly, the movie throws open the moral dilemma of international patent laws, the prohibitive cost of life-saving drugs and the cost of life itself.

One cannot help but think of the contrasts and similarities that outline the healthcare systems of China and India. China currently has a comprehensive health insurance system that provides basic medical insurance to almost all its citizens. However, there are significant challenges in its execution: the coverage levels differ in rural and urban areas and many life-saving drugs are left out of its scope. China's rapidly ageing population and the increase in the number of serious illnesses has undoubtedly put greater pressure on the social insurance system.

India, on the other hand, has only recently launched its National Health Protection Scheme which seeks to cover approximately 500 million beneficiaries for upto 500,000INR a year. The road to implementation, however is long and arduous. A price cap on essential drugs makes it relatively easier to access drugs in India. Generic drugs are in abundant supply, making it the world's leading exporter of generic drugs.

Dying to survive is not without its share of clichés on India. Cheng Yong's India trips take him to the predictable squalor of Mumbai's slums. Images of an idol of Kali that emerges from the blinding smog and an oddly funny name of Cheng Yong's Indian shop (*Bharat Bhagwaan tel ki dukaan*) are quickly forgiven in the wake of an otherwise tightly scripted drama.

Cheng Yong's Indian drugs supplier played by Shabaaz Khan almost prophetically says to him, "India is the pharmacy of the world's poor because we have a merciful government"

The movie ends with a quick factual update on the efforts of the Chinese government to incorporate cancer drugs in the social insurance system and highlights the significant hike in survival rates of CML patients over the last 15 years.

As relevant in China as in India and perhaps the rest of the world, *Dying to survive* is a telling social comment, but in the most endearingly entertaining way.

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