Cambridge Assessment International Education

Cambridge International AS & A Level

GLOBAL PERSPECTIVES & RESEARCH **9239/12**

Paper 1 Written Exam **May/June 2023**

INSERT **1 hour 30 minutes**

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INFORMATION

- This insert contains all the resources referred to in the questions.
- You may annotate this insert and use the blank spaces for planning. **Do not write your answers** on the insert.

This document has **4** pages. Any blank pages are indicated.

The following documents consider issues related to health issues. Read them **both** in order to answer **all** the questions on the paper.

Document A: adapted from *Why universal health coverage is the key to pandemic management*, an article written by Agnes Binagwaho & Kedest Mathewos published in 'devex news' in 2020. Professor Agnes Binagwaho is the vice chancellor of the University of Global Health Equity (Rwanda). She is a Rwandan pediatrician who has served the health sector in various high-level government positions, e.g. as the executive secretary of Rwanda's National AIDS Control Commission, and then as minister of health. Kedest Mathewos is a research associate to Agnes Binagwaho. She holds a Bachelor of Arts in global health and a Bachelor of Science in economics from Duke University (US).

Over the past nine months, COVID-19 has killed more than 1 million people. The pandemic has exposed flaws within health care systems worldwide. In various countries, we have seen a lack of resilient health care systems backed by policies, strategies, and programs centered on universal health coverage (UHC). This contributed to a failed pandemic response and a disruption in the delivery of existing health care services. There have been instances in which people avoided care because of fear of contracting COVID-19, lack of transportation due to the lockdown, or lack of money due to partial or total job loss.

The state has an obligation to ensure UHC: the provision of affordable, accessible, and quality health services to all.

Take the example of Rwanda. Thus far, the country has recorded around 5,100 COVID-19 cases. Compare that to the 204,000 cases recorded by the similarly populated U.S. state of Pennsylvania. Examining Rwanda's response to COVID-19 through the nation's UHC program can provide key transferable lessons to countries seeking to achieve this same progress.

In Rwanda, the health system is decentralized to bring health care to where people live. Four community health workers (CHWs), are elected in each of the 15,000 villages. The government provides basic home-based preventive services, health education, and treatment for uncomplicated conditions. When the pandemic emerged, CHWs were trained on COVID-19 and worked closely with districts and the national coordinating institution — Rwanda Biomedical Centre — to educate the public on measures to fight the coronavirus. CHWs work within their communities and are highly trusted. CHWs also played an instrumental role in contact tracing and identifying potential COVID-19 cases, thus allowing for a proactive response and a home-based treatment for COVID-19.

The provision of accessible and affordable care ensures everyone has access to the necessary resources. They can implement preventive measures and get treatment in the case of infection. This is key to pandemic management. Universal access is the only way to ensure universal compliance. We will not be safe until everyone is.

Rwanda based its response on accessibility and affordability for all. Testing, isolation, and quarantine were provided free of charge. Citizens who would not have been able to afford these services could therefore protect themselves and their families. To ensure that a full lockdown was possible in a country where the majority of workers are in the informal sector — where people live hand-to-mouth — Rwanda provided food relief to tens of thousands of households.

To prevent cross-contamination, Rwanda's Ministry of Health requested that members of the public call a toll-free phone number if possibly infected. It set up specialized COVID-19 treatment centers. It designated specific ambulances and personnel to transport potentially infected people from their homes to a facility. This meant that people without COVID-19 felt safe to continue seeking care in ordinary health facilities.

In Rwanda, collaboration between all sectors: local and national leaders, community members, research institutions, was central to an effective response. The country's coronavirus command post, which consists of 400 professionals from different sectors, was set up to guide the response. The government worked closely with scientists, pandemic management experts, and the transport industry. Achieving UHC during a pandemic requires strong political will and collaboration between stakeholders. It requires a health care workforce trained in the principles of equity and evidence-based decision-making. It is only when we achieve such UHC that we can ensure safety for all.

Document B: adapted from *For the sake of doctors, say no to universal healthcare*, an article written by Helen Claire McNulty, published in 'The Daily Mississippian' in 2020. The author is a university biology student from Holland, Michigan (US), and West Palm Beach, Florida (US).

Throughout the U.S. presidential debates, campaigns and now the pandemic, healthcare has become a very controversial issue. Self-proclaimed Democratic-Socialist Bernie Sanders has presented an idyllic picture of what he believes healthcare should be in America: universal coverage for everyone with low to no upfront costs for prescriptions or copays*.

On the surface, this sounds like a pretty sweet deal, but what few talk about — Democrats or Republicans — are some of the problems that impact medical professionals in transitioning to this socialized haven.

As someone who hopes to become a medical doctor myself, I see many potential issues with this proposed model.

First is the issue of doctor shortages. With many physicians nearing retirement age, a large number are leaving the profession. This creates many more job vacancies than can be filled. With an average medical school debt of 201,490 USD, and the extreme competitiveness to be accepted into most medical schools, a lot of potential doctors are put off considering the profession. Some justify this financial burden by being able to pay off the six-figure debt through the handsome salaries that they could potentially earn. Physician salaries in the U.S. are among the highest in the world, while countries that have socialized medicine pay their doctors a fraction of the U.S. salary.

According to MedScape, the average doctor in the U.S. makes 381,000 USD per year compared to the next highest-paid doctors. German doctors earn 163,000 USD per year, and the United Kingdom's physicians make around 138,000 USD per year. The best-paid doctors in Europe make under half of what the average American doctors do.

With the introduction of universal healthcare, current physicians could see a large pay cut. Potential medical students would think twice about taking on that much debt, as they would not be able to pay it off as quickly. This would require a total overhaul in funding of the university education system to one where all undergraduate and graduate studies are paid by the state. The current state of public universities funding makes this a tall order.

We as Americans are also accustomed to a certain experience while at a hospital — nice accommodations, short wait times, etc. In a video by media outlet PragerU, a Canadian citizen spoke about how his pregnant wife, who had a high-risk pregnancy, had to wait several days to get an ultrasound for two reasons: the ultrasound machine was all booked up, and ultrasound technicians in hospitals don't work on weekends. In the U.S., that would be completely unacceptable. In countries where socialized medicine takes precedent, wait times are extremely long. Going from a setting where care is administered quickly and in a lovely setting to something quite the opposite would certainly face backlash and frustration from many Americans.

I am not saying that privatized healthcare is perfect. It certainly has room for improvement, but socialized healthcare is not the answer. Congress needs to put their differences aside and work together to improve the healthcare system in this country.

*copays: fixed amount you have to pay for a health care service as part of many health insurance plans

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