

UNIVERSITY COLLEGE LONDON

University of London

EXAMINATION FOR INTERNAL STUDENTS

For the following qualifications:-

B.Sc.(Intercal)

IHME3002: Health, Poverty and Development

COURSE CODE : **IHME3002**

DATE : **18-May-05**

TIME : **10:00**

TIME ALLOWED : **3 hours 0 minutes**

Answer THREE questions. There are ten questions on this paper. Each question is worth the same number of marks.

1. “Development’ as both idea and action represents a contemporary version of western economic, political, cultural and ideological imperialism” (Escobar). Discuss.
2. ‘The divergence of South Korean and Brazilian economic development is primarily a result of the choice of industrialisation strategy’. Discuss.
3. Critically examine the impact of structural adjustment on sub-Saharan African development since 1980.
4. ‘If a country is to develop effectively, democracy is more of a hindrance than a help’. Discuss this statement, using examples from both the developed and developing worlds.
5. How could developing countries capture more of the gains from global trade?
6. How much can African countries learn from the strategies of the East Asian ‘tiger’ economies in their own quest for development?
7. To what extent can civil society organisations play a positive role in supporting the development of national health systems in the developing world?
8. Assess the consequences for women's health arising from the economic changes associated with globalisation.
9. You are a civil servant in the health ministry of Tambalia, a low-income country. Tambalia is in recovery from an extended period of economic recession. GDP per capita is \$530 per year; 55% of the population live below the \$1 per day poverty line, and 75% live on less than \$2 per day.

The economic growth rate has been a healthy 5% per annum for the last three years, boosted by the demand for tantalum, the expensive metal used in mobile phones around the world. Income inequalities, however, appear to be widening. The rural poor survive on a mixture of subsistence production and agricultural labour: their income fluctuates over the course of the year. Whilst incomes have been rising in the towns and cities, unemployment and under-employment remain a problem.

Government health expenditure is \$8 per capita per year. Child and maternal mortality rates are high, even by the standards of other low-

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income countries. Access to health care is variable. There are government facilities in rural areas but they are understaffed and terribly run-down – some areas have no access at all. In urban areas too the public sector is degraded, but well-used by poorer groups. In addition in the cities there has been an increase in the size of the private sector – encompassing a range of different providers from small dispensaries to larger clinics and hospitals serving better-off groups. Regulation of the private sector is difficult and some private providers offer dangerously low-quality services. A charitable sector exists mainly serving rural areas.

Charges for health care vary between providers and are often crippling for poor people, although some exemption schemes are working. Poor people in particular often face abuse or sub-standard treatment in all sectors, but again, examples of good treatment exist.

The Minister is under pressure from external donors to come up with a coherent ‘pro-poor’ policy in the health sector. Write a policy brief for her outlining priority measures the Government of Tambalia could take to boost the access of poor people to competent health care.

10. You are working for an international NGO with a distinguished record in dealing with famine. You have been called in to give advice to a low-income country government on famine prevention measures.

Four years of low rainfall have led to drought in a region in the south of the country. People living in this region survive by growing crops and tending animals to feed themselves and selling a small surplus. Poverty is acute and agricultural productivity is low; transport links to markets in towns are very weak. There is limited access to health care.

Household surveys suggest that people have started disposing of assets, that some men have migrated to towns outside the region, and the price of the basic staple has recently seen a sharp rise. The fallback position of women is particularly weak, as they have few assets under their control.

What short- and longer-term measures that might help prevent famine can you recommend to the government?

END OF PAPER