

UNIVERSITY OF ESWATINI  
FACULTY OF HEALTH SCIENCES  
DEPARTMENT OF MIDWIFERY SCIENCE  
FINAL EXAMINATION: AUG 2020

**COURSE TITLE:** HEALTH POLICY PLANNING AND FINANCING

**COURSE CODE:** MWF 632

**DURATION OF EXAMINATION:** THREE (3) HOURS

**TOTAL MARKS:** 100

**INSTRUCTIONS:**

1. READ QUESTIONS AND INSTRUCTIONS CAREFULLY.
2. THE EXAMINATION HAS FIVE QUESTIONS: ANSWER QUESTION 1 AND THREE OTHERS;
3. QUESTION 1 IS COMPULSORY
4. USE THE PROVIDED ANSWER BOOKLET FOR ALL YOUR ANSWERS.
5. START EACH NEW QUESTION ON A NEW PAGE.
6. MAKE SURE THAT ALL YOUR ANSWERS ARE NUMBERED CORRECTLY; PLEASE WRITE CLEARLY AND LEGIBLY.

**PLEASE DO NOT OPEN THIS QUESTION PAPER UNTIL PERMISSION HAS BEEN GRANTED BY THE CHIEF INVIGILATOR OR HIS/HER REPRESENTATIVE**

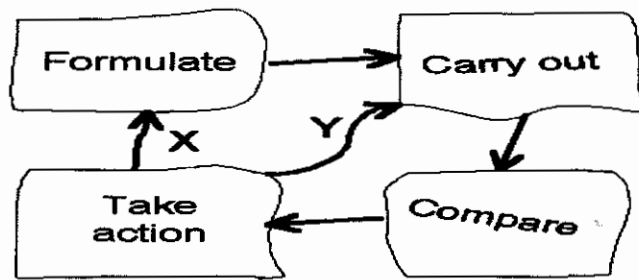
**QUESTION 1: SECTION A: MULTIPLE CHOICE**

**Each of the questions in this section has only one best option as an answer. Choose and indicate your best answer by writing the alphabet (in capital letters) next to the question number as follows: 70 = Q. Each correct answer carries one (1) mark.**

1. Which of the following is not a feature of health policies?
  - A. Health policies are always statements of intent or broad actions to be taken to achieve desired goals
  - B. Health policies may or may not be written down but they still guide implementers
  - C. Only people at the highest level of management in a health system (policy makers) are responsible for developing health policies
  - D. Health policies are as political as they are social
  
2. In most developing countries the highest proportion of the national health expenditure comes from...
  - A. National Health Insurance
  - B. Out of pocket
  - C. Social Health Insurance
  - D. Donors
  
3. The main sectors of any Health System include which of the following?
  - A. The public sector, the private sector, the civil society, the NGOs and consumer associations
  - B. The public sector, the private sectors, NGOs and civil society
  - C. The public sector, the private sector and NGOs
  - D. The public sector, NGOs, civil society and consumer associations
  
4. According to World Health Organisation information, which of the following groups are at high risk for contracting the coronavirus?
  - A. The elderly, pregnant women and those with chronic conditions
  - B. The elderly, travellers and those with chronic conditions
  - C. The elderly, pregnant women and travellers
  - D. The elderly, pregnant women, and young people
  
5. Within the context of the MDGs, which of the following are not considered "skilled birth attendants"?
  - A. Traditional Birth Attendants
  - B. Midwives
  - C. OBGYNs
  - D. None of the above

6. Any policy that seeks to address human resources as a strategy for reducing maternal, neonatal and childhood mortality should include which of the following?
  - A. An understanding of the content of pre service training curriculum
  - B. An understanding of the attrition rate of skilled staff
  - C. An analysis of practices from pre-pregnancy through post delivery
  - D. All of the above
  
7. Kingdon's model gives three streams to explain the policy process. These include
  - A. The problem stream, the policy stream, and the political stream
  - B. The policy stream, the decision-making stream and the political stream
  - C. The problem stream, the decision-making stream and the policy stream
  - D. The problem stream, the political stream, the implementation stream
  
8. When developing a health policy, all of the following are main factors to consider while building up appropriate / sustainable health policy, *except*:
  - A. Context
  - B. Content
  - C. Process
  - D. Outcome
  
9. Health economics decisions concerns which of the following:
  - A. Effectiveness
  - B. Efficiency
  - C. Equity
  - D. All of the above
  
10. Which of the following is a health financing reforms that have been tried in African Countries?
  - A. Community Health Insurance
  - B. Out of pocket payments
  - C. Universal Health Coverage
  - D. All of the above
  
11. The main functions of any health care system include all of the following except:
  - A. Stewardship
  - B. Establishing collaborative relationships
  - C. Resource generation and mobilisation
  - D. Service delivery

12. Which of the following is not a goal of universal health coverage?
- A. Financial protection and equity in financial burden
  - B. Access to quality health services and attainment of better health outcomes
  - C. Responsiveness to non-medical health expectations
  - D. Prioritising primary prevention of diseases and conditions
13. The health policy analysis process is a fluid step-by-step pathway using which of the following?
- A. Data collection from many sources and implementation of a health policy using scientific approaches to problem-solving.
  - B. Analysis of a problem and policy to determine the best way to implement change.
  - C. Assessment, planning, intervention, and evaluation of nursing and health policies and procedures.
  - D. Identifying a problem, analysing the policy and problem, developing the policy, implementing and evaluating the policy.
14. Of the following statements, which one best describes a question you might ask in analysing health policy?
- A. Who will benefit from this health policy?
  - B. How can we implement this health policy?
  - C. How has this health policy been utilized?
  - D. Are there any changes that need to be made to this health policy?
15. Which of the following is not a part of the analysis of policy being developed for health issues?
- A. Implementing the policy needed for the containment of healthcare costs
  - B. Evaluating the overall impact, financial impact, and feasibility or possible success of the health policy
  - C. Collecting data and research on current and past health policies if applicable.
  - D. Determining the ownership of the health policy and the audience.
16. Planning can best be defines as:
- A. An integrated management process in which plans are formulated, carried out and controlled
  - B. It is a function of senior central management and planners
  - C. It is concerned with devising ways of achieving the goals of an organisation
  - D. It's a collaborative function between management and every member of an organisation, concerned with setting goals and objectives of an organisation and mobilising means and resources necessary at achieving them



17. In the sketch of the planning and control cycle above, what do the arrows X and Y indicate?
- A. (X) Proceed with normal planning review; (Y) intervene urgently in current action.
  - B. (X) Restart the planning process; (Y) confirm existing plans.
  - C. (X) Review plans, (Y) review implementation of plans.
  - D. (X) Alter plans; (Y) alter implementation of plans.
18. What are the three levels of planning?
- A. Strategic, administrative and functional
  - B. Operational, intermediate and strategic
  - C. Top, middle and bottom
  - D. Central, divisional and local
19. Which of the following best describes what a planning horizon is?
- A. The time between making a plan and putting it into effect.
  - B. The time period within which uncertainty is very low.
  - C. The distance ahead for the forecasts on which plans are made.
  - D. The maximum time for which managers can make plans.
20. Which of these statements is true? (i) A good objective should clarify the desired result;(ii) A good objective enable achievement to be measured; (iii) A good objective need not specify a time scale.
- A. (i) only
  - B. (i) and (ii)
  - C. (ii) and (iii)
  - D. (i) and (iii)
  - E. All of them

**QUESTION 1: SECTION B.MATCHING**

Please find and match the best explanation in column B for the terminology or concept in A and write your answer as follows 70=Z. Each correct answer carries one (1) mark.

		COLUMN B	
21.	Information processing	A.	Refers to the process of applying a specific theoretical framework to understanding a situation or decision.
22.	Problem statement	B.	Helps with the identification of what is missing between desired performance and what is actually being done.
23.	Framing	C.	Refers to the systematic evaluation of the technical and political implications of public policy alternatives
24.	Gap analysis	D.	Is concerned about how individuals and groups make sense of different medical and policy information that they are presented with.
25.	Policy analysis	E.	Identifies a cause and effect relationship that happens with each individual while strengthening the tests used to prove the hypothesis.
26.	Logic Model	F.	Shows how one aspect influences other different aspects by describing how different parts of a problem interacts with each other.
27.	Causal Model	G.	This discipline lies at the interface between economics and medicine.
28.	Conceptual model	H.	Refers to the concept where providers, especially physicians, manipulate their patients' demand for medical services to increase the utilization of health care often driven by the economic interest of the provider than the medical needs of patients, resulting in unnecessary high costs incurred by the health system.
29.	Supplier-induced demand	I.	assesses how a program or process is supposed to work by exploring how outcomes are associated with the process and how it is assumed to work
30.	Health Economics	J.	Refers to a short paragraph that summarizes the issue to be considered.

**[Sub-Total: 30 marks]**

## QUESTION 2

In its national Sexual and Reproductive Health Policy, the Ministry of Health acknowledges that "...despite the high antenatal care attendance and facility deliveries; maternal, neonatal and child morbidity and mortality have remained high...". Improving access to quality maternal health services is essential to reduction of MMR.

- A. Differentiate between maternal mortality rate and maternal mortality ratio. (2 mark)
- B. What is the global target for maternal mortality rate according to the Sustainable development goals and why is it important for those at policy and implementation levels to know it? (2 marks).
- C. Using the policy analysis triangle, discuss the possible factors contributing to failure to achieve the target of reducing maternal mortality, and give recommendations for consideration in future review of the policy. (16 marks).

[Sub-Total: 20 marks]

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## QUESTION 3

- A. The development of any health policy is informed by national and international trends and problems or issues. With increasing globalisation, international policy initiatives have been prioritised over national needs. While the adoption of global policy initiatives may be beneficial particularly for developing countries, it may also pose challenges. Using the Safe Motherhood Initiative as an illustrative example, discuss the challenges of prioritising and adopting global SRH policy initiatives over national needs. (15 marks).
- B. A policy is a dynamic and living document or statement. Discuss the meaning of the statement including its implications to policy makers and implementers. (10 marks)

[Sub-Total: 25 marks]

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## QUESTION 4

As part of ensuring universal health coverage (UHC), countries have either embarked on or are working towards adoption of national health insurance (NHI) coverage. Eswatini is one of those countries that has been working on NHI for some time now. One of the challenges of NHI that health ministries have to guide against is Cream skimming.

1. Discuss the advantages and disadvantages of NHI for maternal and child health consumers. (10 marks)
2. Explain what is meant by cream skimming. Give an example to clarify your answer (5 marks).

3. Discuss the causes of cream skimming from a health systems perspective (5 marks)
4. As a manager under the Ministry of Health, what checks and balances can you put in place to make sure that cream scheming is controlled. (5 marks)

[Sub-Total: 25 marks]

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### QUESTION 5

On 12 April, 2020, a local newspaper article reported as follows:

“A pregnant woman suspected of having contracted coronavirus was denied medical assistance on Tuesday at Ndzevane Clinic. The woman (21) is from Lavumisa and is four months pregnant. She fell pregnant while still schooling at Ngwavuma in South Africa. The lockdown implemented both in South Africa and Eswatini meant that she could no longer attend school, even if she was not pregnant. She accessed medical care from a clinic in Ngwavuma and was given a card from that clinic, which she would use whenever she needed to access medical assistance. The woman preferred to speak on condition of anonymity in fear of being victimised by the health workers at the clinic. She said she was denied the medical assistance because she had gone to stay for a while in Ngwavuma, South Africa and this made the nurses to suspect her of having contracted the coronavirus. She arrived in this country last month from South Africa. That was just before the schools in Eswatini were closed in response to the COVID-19 outbreak. While in the country during the lockdown, the woman could not go back to Ngwavuma to make her regular check-ups. Members of the Umbutfo Eswatini Defence Force (UEDF) could not let her go.

She was informed by the soldiers that no one was allowed to skip to South Africa until the lockdown was over. The soldiers were stationed in one of the informal crossing points at Lavumisa. That was before Tuesday this week when she went to Ndzevane Clinic. Seeing that she could not get to Ngwavuma, she went to Ndzevane Clinic. She was required to produce her identity card. She had a South African one, so she produced it. Upon seeing the card, the nurses, according to the woman, could not help her. They told her to go back to Ngwavuma, where she could get the medical assistance she wanted. The woman said she tried to explain why she could not go to Ngwavuma. The health workers said they could not help her because they could not know if she had the coronavirus or not. “I do not know what to do now because I need to be assisted. I thought it would be easy for me to access health care here, even though I am from South Africa, but they are suspecting me of having coronavirus,” said the woman.

Director of Health Services Dr. Vusi Magagula said such a situation was very unfortunate. He said the health workers knew how to handle such situations. He said people who needed access to medical care were supposed to get the necessary attention from health workers, regardless of where they came from. He said people from South Africa were supposed to be assisted, without having to be reminded of where they came from. Magagula stated that if the health workers suspected that the woman had coronavirus, they were supposed to contact the Emergency Medical Services (EMS), who are commonly known as the paramedics, at 977. The paramedics would then have a way of testing the woman and take her to Lubombo Referral Hospital, if she tested positive. Magagula said what was good now was that Eswatini will be able to test the samples locally, now that the country has its own testing laboratory. The country had been testing its COVID-19 samples at the National Institute for Communicable Diseases (NICD) laboratories in South Africa. Many countries in the SADC region are reported to be sending their samples to the laboratory in South Africa.”

- A. The article raises a number of ethical and policy issues. Identify and discuss the ethical and policy issues inherent in this article. (16 marks)
- B. As the senior midwife in your facility what measures would you take to prevent similar incidences in the future? (9 marks).

[Sub-total marks: 25]