higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

NATIONAL CERTIFICATE (VOCATIONAL)

THE SOUTH AFRICAN HEALTH CARE SYSTEM
NQF LEVEL 4

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DEPARTMENT OF HIGHER EDUCATION AND TRAINING
REPUBLIC OF SOUTH AFRICA

NATIONAL CERTIFICATE (VOCATIONAL)
THE SOUTH AFRICAN HEALTH CARE SYSTEM
NQF LEVEL 4
TIME: 3 HOURS
MARKS: 200

INSTRUCTIONS AND INFORMATION

1. Answer all the questions.
2. Read all the questions carefully.
3. Number the answers according to the numbering system used in this question paper.
4. Use only a black or blue pen.
5. The diagram should be clear and neat, and a pencil may be used.
6. Write neatly and legibly.

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QUESTION 1

1.1 Tertiary health care is one of the main levels of health care within the South African health care system.

1.1.1 Define *tertiary healthcare*. (3 × 1) (3)

1.1.2 Name FIVE functions of the academic health care institutions in South Africa. (5)

1.1.3 Groote Schuur Hospital is regarded as a tertiary hospital.

Give ONE reason why this is the case. (1)

1.1.4 Give TWO other examples of tertiary hospitals or tertiary academic institutions that provide health care training in South Africa. (2)

1.1.5 Do patients pay for services at government hospitals? (1)

1.1.6 Give a reason for the answer to QUESTION 1.1.5. (1 × 2) (2)

1.1.7 Give FOUR examples of specialised services that are offered at Groote Schuur Hospital. (4)

1.1.8 State FOUR ways in which the socioeconomic benefits of the National Health Insurance (NHI) assist poor South Africans through access to health care. (4 × 2) (8)

1.2 The NHI has a financial system known as a pooling of funds. This is the accumulation of prepaid money on behalf of the population.

State THREE risk factors that influence the progress towards a single large pool. (3 × 2) (6)

1.3 Copy the following table in the ANSWER BOOK and complete it by giving TWO advantages and TWO disadvantages of each financing mechanism.

FINANCING MECHANISM	ADVANTAGES	DISADVANTAGES
Government taxes		
Medical aid		

(4 × 2) (8)

[40]

QUESTION 2

2.1 Choose an explanation from COLUMN B that matches an item in COLUMN A. Write only the letter (A–K) next to the question number (2.1.1–2.1.10) in the ANSWER BOOK.

COLUMN A		COLUMN B	
2.1.1	Financial year	A	Office of Health Standards Compliance
2.1.2	Expenditure	B	health insurance available without any other option
2.1.3	Accountability	C	12 months in which companies and organisations account for the budget they prepared
2.1.4	Efficiency	D	being able to maintain a certain level of efficiency and effectiveness regardless of risk factors
2.1.5	Sustainability	E	being able to do excellent work
2.1.6	SHI	F	Social Health Insurance
2.1.7	OHSC	G	South African Revenue Services
2.1.8	SARS	H	the obligation of an individual/organisation to accept responsibility for decisions taken and the results thereof
2.1.9	Mandatory health insurance	I	health insurance of a person's choice that is not mandatory and funded by voluntary contributions
2.1.10	Voluntary health insurance	J	refers to the spending of funds
		K	the ability to accomplish a job with the best utilisation of time, effort and resources

(10 × 1) (10)

2.2 Compare the role of a *community health worker* with a *professional nurse* working in a community by copying and completing the following table in the ANSWER BOOK.

COMMUNITY HEALTH WORKER	PROFESSIONAL NURSE

(4 × 2) (8)

2.3 The National Department of Health has endorsed a comprehensive approach to quality by identifying priority areas that are patient centred.

Name the SIX priority areas. (6 × 2) (12)

2.4 Describe *mandatory health insurance* by stating FIVE facts. (5 × 2) (10)
[40]

QUESTION 3

3.1 Indicate whether the following statements are TRUE or FALSE by writing only 'True' or 'False' next to the question number (3.1.1–3.1.5) in the ANSWER BOOK.

3.1.1 MTEF refers to Middle-Term Exposure Framework.

3.1.2 Out-of-pocket payment is when patients pay for health services themselves, mostly within the private sector.

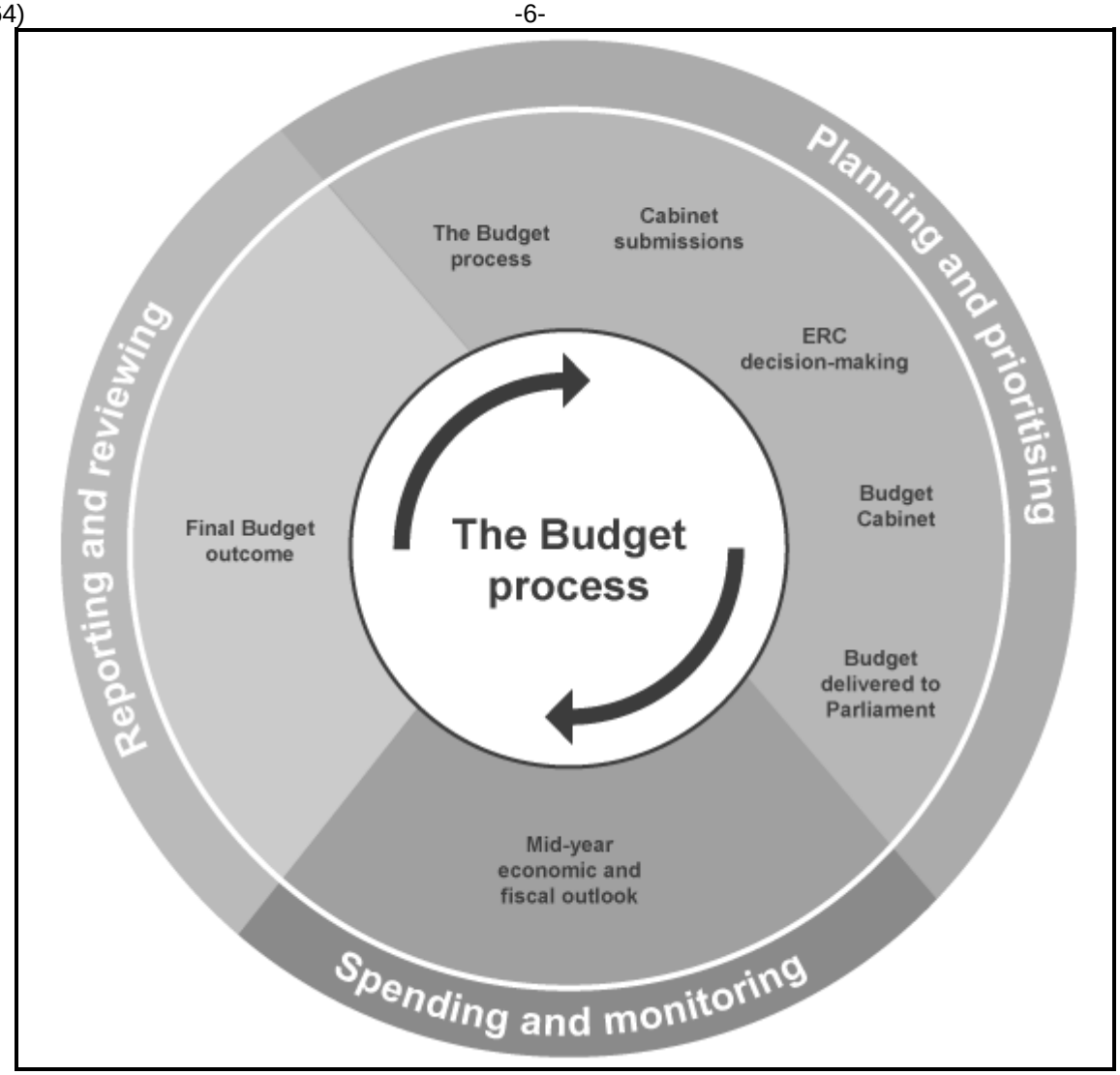
3.1.3 Individual private insurance is when the patient pays a monthly membership fee towards a medical scheme.

3.1.4 Employment-based private insurance is when the employee pays the premium of the medical scheme directly to the medical aid scheme.

3.1.5 Government-financed health care is also known as private health care.

(5 × 1) (5)

3.2 The following diagram shows the general budget cycle of the government with regard to the national budget that takes place over several months.



[Source: Picture credit: https://www.finance.gov.au/government/federal-budget/budget-process]

3.2.1 Define the following terms:

(a) Affordability

(b) Appropriateness

(2 × 3) (6)

3.2.2 Explain the reporting phase of the budget cycle. (5)

3.2.3 During which months does the planning in terms of laying down policies, estimating revenue and setting an upper limit on spending take place? (2)

3.2.4 Name the division in which funds are allocated from the national budget to provincial and local budgets. (2)

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3.2.5 Name FOUR ways in which revenue is collected from households, businesses, government and donors. (4 × 2) (8)

3.2.6 Name the Act that sets the guidelines for the allocation of funds to provinces and municipalities. (2 × 1) (2)

3.3 Compare the South African for-profit private health care sector with the South African public health care sector by providing SIX differences between the two sectors.

Copy and complete the following table in the ANSWER BOOK:

PRIVATE HEALTH CARE SECTOR	PUBLIC HEALTH CARE SECTOR
(Any relevant 3 × 1)	(Any relevant 3 × 1)

(5 × 2) (10)
[40]

QUESTION 4

Read the following article and answer the questions:

According to a report, ineffective leadership, poor administration and poor planning by the South African Nursing Council, had an extremely negative impact on this noble and important profession and this is slowly but surely bringing the nursing sector in South Africa to its knees. There has been a shortage of more than 44 700 nursing staff in South Africa since 2010. 'The supply of qualified nursing staff in all the nursing categories has shrunk by almost 40% since 2013. Since that year, approximately 8 535 fewer nurses have joined the workforce,' Welthagen pointed out.

The shortages can mainly be attributed to multiple problems within the SANC such as inadequate training and student outputs, positions not filled, an ageing workforce and poor working conditions.

Another major problem is that currently more nursing staff resign or retire than can be trained and enter the workforce. According to the SANC, 50% of its workforce is older than 50 and 5% younger than 30. These statistics are of great concern for the future of health care in South Africa because fewer and fewer young people want to enter this profession. This will result in an even bigger shortage when these highly skilled nursing staff, lecturers, nursing managers and clinical specialists retire.

Poor salaries and working conditions, especially in the public health care sector and in rural areas, are a concern and greatly contribute to the shortage of nurses. According to Welthagen, it is almost impossible to link the nursing shortage to a specific number, but if one looks at Persal's ratio of nursing staff to the population visiting the public health sector, there is one nurse for every 327 people.

Nursing as a profession in South Africa is certainly in danger and its impact on good health care for millions of South Africans is almost incomprehensible.

[Source: *https://solidariteit.co.za/en/health-care-nearing-crisis-due-to-shortage-of-nursing-staff/*]

4.1 4.1.1 What is the shortage of nurses in South Africa? (2 × 1) (2)

4.1.2 In the article a number of challenges are mentioned that are faced by the public health care services.

State FOUR of these challenges. (4)

4.1.3 State FIVE components of the ideal clinic initiative. (5 × 2) (10)

4.1.4 (a) Do you think the South African government is doing enough to provide adequate staff? Answer only 'Yes' or 'No'.

(b) Explain the answer to QUESTION 4.1.4. (2 × 2) (4)

4.2 Analyse the disparities (differences/inequalities) in financial resources across the public and private health care systems in South Africa. (5 × 2) (10)

4.3 During March 2021 all the role players had a budget meeting discussion before presenting it to the Minister of Finance, Mr. Enoch Godongwana.

4.3.1 Name FOUR important role players in health care financing in South Africa. (4)

4.3.2 Name SIX documents that are used during the budget cycle. (6)

[40]

QUESTION 5

Read the following passage and answer the questions:

2022 Budget Speech by the Minister of Finance, Mr Enoch Godongwana on Wednesday 23 February 2022.

The Finance Minister, Mr Enoch Godongwana delivered the Budget Speech to the National Assembly (NA) at the Good Hope Chamber.

Through the Budget Speech, the Minister updated the nation on the state of the economy, public finances and progress on the government's objectives in terms of service delivery. The budget also gave details on how the Treasury intends to fund commitments made in the State of the Nation Address (SONA) for the financial year.

The Minister also updated Parliament about the progress on the Medium-Term Budget Policy Statement (MTBPS) he delivered the previous year in October. The national budget process is a continuous cycle that runs from April to March every year. This process is crucial to good governance because it ensures that government spending remains aligned with South Africa's policy goals and objectives.

[Source: *https://www.parliament.gov.za/project-event-details/2262*]

5.1 Define the following terms:

5.1.1 Budget revenue (2 × 2) (4)

5.1.2 Budget expenditure (2 × 2) (4)

5.2 Who is the minister of finance? (2)

5.3 Give TWO reasons why planning is important to the planning of a national budget. (2 × 2) (4)

5.4 State THREE objectives that are considered when funds are allocated. (3 × 2) (6)

5.5 Draw a diagram illustrating the structure of health care financing in South Africa. (5 × 2) (10)

5.6 Analyse South Africa's expenditure per gross national product (GNP) as prescribed by the international norm of minimum health expenditure of the World Health Organisation (WHO). (10 × 1) (10)
[40]

TOTAL: 200

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