higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

NATIONAL CERTIFICATE (VOCATIONAL)

THE SOUTH AFRICAN HEALTH CARE SYSTEM
NQF LEVEL 4

(9020064)

3 December 2020 (X-paper)
09:00–12:00

This question paper consists of 10 pages.

279Q1N2003

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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. Write neatly and legibly.

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QUESTION 1

1.1 Choose a description from COLUMN B that matches an item in COLUMN A regarding health care financing. Write only the letter (A–K) next to the question number (1.1.1–1.1.10) in the ANSWER BOOK.

COLUMN A		COLUMN B	
1.1.1	Budget	A	allocation of funds between spheres of government
1.1.2	Equity	B	maintaining a level of efficiency and effectiveness
1.1.3	Division of revenue	C	increase in the general level of prices
1.1.4	Equitable share	D	allocation of funds between national, provincial and local governments
1.1.5	Sustainability	E	12 months on which government budgets are based
1.1.6	Fiscal year	F	given on top of provincial financial allocations to assist in fulfilling national priorities
1.1.7	Conditional grant	G	the obligation to accept responsibility for decisions and consequences
1.1.8	Accountability	H	estimated income and expenses for a set period of time
1.1.9	Inflation	I	all the money the government raises through taxes
1.1.10	Expenditure	J	spending of funds
		K	the quality of being fair

(10 × 1) (10)

1.2 Define the term *tertiary health care*. (2)

1.3 Name FIVE types of specialised health care professionals that would fall under tertiary services. (5)

1.4 Define the following terms:

1.4.1 Voluntary health insurance

1.4.2 Mandatory health insurance

(2 × 3) (6)

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1.5 1.5.1 Read the extract below to answer this question.

RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL

Red Cross War Memorial Children's Hospital is South Africa's only health institution exclusively for children and offers a comprehensive range of specialised paediatric services to children. It is a centre of excellence for the training of all categories of child health professionals.

Children from all nine provinces of South Africa and from all over Africa are referred to the Hospital by referral hospitals, clinics and smaller hospitals. The hospital is active in paediatric outreach and support programmes across South Africa.

Red Cross War Memorial Children's Hospital is regarded as South Africa's leading centre for postgraduate specialist paediatric medical and surgical training. The hospital's tertiary facility provides comprehensive dedicated paediatric services with a full range of subspecialties at quaternary, tertiary and secondary levels of care.

[Source: *https://www.westerncape.gov.za/your_gov/149*]

Which level of health care is provided at the Red Cross War Memorial Children's Hospital? Give reasons for the answer. (5)

1.5.2 Discuss how an academic health care institution would work with the labour and health market (sector). (6 × 2) (12)

[40]

QUESTION 2

2.1 State FIVE functions of academic health care institutions in South Africa. (5)

2.2 Explain how the proposed National Health Insurance Scheme in South Africa will be funded. (5)

2.3 There are seven ways in which health care services are paid for in South Africa.

2.3.1 Name FIVE financing mechanisms of the current health care system in South Africa. (5)

2.3.2 State the advantages of TWO of the health care financing mechanisms that was mentioned in QUESTION 2.3.1. (2 × 2) (4)

2.3.3 State the disadvantages of TWO of the health care financing mechanisms that was mentioned in QUESTION 2.3.1. (2 × 2) (4)

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2.4 Based on the advantages and disadvantages that was mentioned in QUESTIONS 2.3.2 and 2.3.3 regarding the financing mechanisms of the South African health care system, briefly discuss the replacing of these systems with the National Health Insurance system under the following headings:

2.4.1 What is the NHI? (3)

2.4.2 How will the NHI be different to the current health care systems, particularly with regards to financing? (5)

2.4.3 How will the NHI help or not help the current health care system, particularly with regard to financing? (2)

2.5 State FIVE components of the Ideal Clinic Initiative under the NHI. (5)

2.6 When is the NHI planned to be in full implementation in South Africa? (2)

[40]

QUESTION 3

3.1 Various options are given as possible answers to the following questions. Choose the answer and write only the letter (A–D) next to the question number (3.1.1–3.1.10) in the ANSWER BOOK.

3.1.1 The allocation of revenue to the national, provincial and local spheres of government as required by the constitution, is called …

A voluntary health insurance.
B conditional grant.
C accountability.
D equitable share.

3.1.2 When the national government provides extra finances to provinces to fulfill national priorities, it is called …

A horizontal division.
B conditional grant.
C vertical division.
D sustainability.

3.1.3 The financial management cycle in health care in South Africa is divided into ... stages.

A 2
B 20
C 5
D 50

3.1.4 The evaluation stage of the financial management cycle in South African health care happens in the month of …

A November.
B January.
C March.
D May.

3.1.5 The difference between budgeted expenditure and budgeted revenue is called …

A budget balance.
B a budget.
C revenue.
D accountability.

3.1.6 When an employee is injured on the job, his/her health care is paid for by the …

A Workmen's Compensation Fund.
B Road Accident Fund.
C grants.
D medical schemes.

3.1.7 A person going to a private general practitioner (GP) that does not belong to a medical scheme will use the following health care financing mechanism:

A Social health insurance
B Government financing
C Community financing
D Out-of-pocket payment

3.1.8 Horizontal division refers to …

A funds being distributed between the national, provincial and local governments.
B funds being distributed between communities.
C funds being distributed between the nine provinces.
D prioritising of expenditure.

3.1.9 Vertical division refers to …

A funds being distributed between the national, provincial and local governments.
B funds being distributed between communities.
C funds being distributed between the nine provinces.
D prioritising of expenditure.

3.1.10 MTEF stands for …

A Medium Term Expense Financials.
B Medium Tabled Expenditure Framework.
C Monetary Tabled Expenditure Framework.
D Medium Term Expenditure Framework.

(10 × 1) (10)

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3.2 Read the extract below and answer the questions.

DOCTOR SHORTAGES

In March 2012, 165 371 qualified health practitioners in both public and private sectors were registered with the Health Professions Council of South Africa, the health practitioner watchdog body. This includes 38 236 doctors and 5 560 dentists.

The doctor-to-population ratio is estimated to be 0.77 per 1 000. But because the vast majority of GPs – 73% – work in the private sector, there is just one practising doctor for every 4 219 people.

In response, the Department of Health has introduced clinical health associates, midlevel health-care providers, to work in underserved rural areas.

About 1 200 medical students graduate annually. In some communities, medical students provide health services at clinics under supervision. Newly graduating doctors and pharmacists complete a year of compulsory community service in understaffed hospitals and clinics.

In an attempt to boost the number of doctors in the country, South Africa signed a co-operation agreement with Cuba in 1995. South Africa has since recruited hundreds of Cuban doctors to practice here, while South Africa is able to send medical students to Cuba to study.

South Africa believes the Cuban opportunity will help train the doctors, so desperately needed for the implementation of the National Health Insurance Scheme.

Other agreements exist with Tunisia and Iran, as well as between Johannesburg Hospital and Maputo Central Hospital.

The government has also made it easier for other foreign doctors to register here.

The Allied Health Professions Council of South Africa had 3 773 registered 'complementary health' practitioners in 2012.

[Source: *https://www.brandsouthafrica.com/south-africa-fast-facts/health-facts/health-care-in-south-africa]*

3.2.1 What is the percentage of doctors who work in the public sector in South Africa? (1)

3.2.2 What is the percentage of doctors who work in the private sector in South Africa? (1)

3.2.3 How does the lack of doctors in public health care impact the quality of health care provided to people in poor communities? (5)

3.2.4 According to the article above, what has the government done to combat the shortage of doctors in South Africa? (5)

3.2.5 Can people in poor communities join a medical scheme? State 'Yes' or 'No' and explain the answer. (3)

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3.3 Read the extract below and answer the questions.

The public health sector is stretched and under-resourced in places. While the state contributes about 40% of all expenditure on health, the public health sector is under pressure to deliver services to about 80% of the population.

The private sector, on the other hand, is run largely on commercial lines and caters to middle-income and high-income earners who are mostly members of medical schemes. It also attracts most of the country's health professionals.

This two-tiered system is not only inequitable and inaccessible to a large portion of South Africans, but institutions in the public sector have suffered poor management, underfunding and deteriorating infrastructure. While access has improved, the quality of health care has fallen. The situation is compounded by public health challenges, including the burden of diseases such as HIV and tuberculosis (TB) and a shortage of key medical personnel.

However, the South African government is responding with a far-reaching reform plan to revitalise and restructure the South African health care system, including:

- Fast-tracking the implementation of a National Health Insurance scheme, which will eventually cover all South Africans.
- Strengthening the fight against HIV and TB, non-communicable diseases, as well as injury and violence.
- Improving human resource management at state hospitals and strengthening co-ordination between the public and private health sector.
- Deploying health teams to communities and schools.
- Regulating costs to make health care affordable to all.
- Increasing life expectancy from 56,5 years in 2009 to 58,5 years in 2014.

3.3.1 What is the government's plan to improve the problem of resource disparities between the public and private health sectors? (5)

3.3.2 State the TWO most important points of the government's plans, you mentioned in QUESTION 3.3.1 regarding the restructuring of the health care system and give FOUR reasons for each point.
(2 × 5) (10)
[40]

QUESTION 4

4.1 Reorganise the following events of the history of financing of the health care system in the correct order in which they occurred. Write only the letters (A–G) in the correct sequence.

A. Apartheid was implemented which caused a fragmented health care system with 14 separate departments.
B. After the Second World War there was an increase in medical schemes resulting in the Advisory Council for Medical Funds Society.
C. A commission led by Dr Henry Gluckman was set up called the National Health Service Commission. It suggested implementing a National Health Tax.
D. The Medical Schemes Act was implemented.
E. The Medium-Term Expenditure Framework was introduced.
F. The Ministerial Advisory Committee on National Health Insurance was established.
G. The ANC developed a National Health Plan for South Africa to create a comprehensive, integrated and equitable national health system. (7)

4.2 Name and briefly explain THREE Acts that govern the funding of the private health care system. (3 × 3) (9)

4.3 Copy the following table in the ANSWER BOOK and complete, by giving FOUR disparities between *public health care* and *private health care*.

PUBLIC HEALTH CARE	PRIVATE HEALTH CARE

(4 × 2) (8)

4.4 State 'Yes' or 'No' whether you think the current health care system (public and private) is working and motivate the answer. (1 + 3) (4)

4.5 Describe the link between health care and the following sections of the constitution:

4.5.1 Section 28: Every child has the right to basic nutrition, shelter, basic health care services and social services.

4.5.2 Section 227: Local government and each province are entitled to an equitable share of revenue raised nationally to enable it to provide basic services and perform the functions allocated to it. It may also receive other allocations for national government revenue, either conditionally or unconditionally.

(2 × 3) (6)

4.6 Discuss the South African Health Care Expenditure according to the GDP and international guidelines. (3 × 2) (6)

[40]

QUESTION 5

5.1 Name FIVE principles of the National Health Insurance in South Africa. (5)

5.2 Explain how the National Health Insurance will make use of population registration. (2 × 2) (4)

5.3 How is quality monitored in the South African public health care system? (3 × 2) (6)

5.4 Discuss the socioeconomic benefits of the National Health Insurance. (5)

5.5 Briefly discuss the problems in the medical scheme environment in the South African health care system under the following points:

5.5.1 Medical scheme costs

5.5.2 Adverse selection

5.5.3 Possible resolutions

5.5.4 Equity of medical schemes

(10)

5.6 Name FOUR types of health professionals that form part of WBOT (ward-based primary health care outreach teams). (4)

5.7 Name SIX practitioners that form part of the District Clinical Specialist Teams. (6)

[40]

TOTAL: 200

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