



FACULTY	FACULTY OF HEALTH SCIENCE & VETERINARY MEDICINE		
DEPARTMENT	PUBLIC HEALTH		
MODULE	HEALTH ECONOMICS		
CODE	BPH 3812		
DATE	OCTOBER/NOVEMBER 2024		
DURATION	3 HOURS	MARKS	100

SECOND OPPORTUNITY EXAMINATION

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INTERNAL MODERATOR: DR HERMINA IITA (UNAM)

EXTERNAL MODERATOR: PROF FREDRIK NORSTROM (UMEA UNIVERSITY, SWEDEN)

Instructions

1. This question paper consists of 6 pages including this cover page.
2. Work in an orderly way and present your work as neatly as possible.
3. Number the questions correctly and clearly.
4. The paper consists of sections A & B Answer ALL questions
5. Marks are allocated in full marks.

UNIVERSITY OF NAMIBIA EXAMINATIONS

SECTION A: SHORT QUESTIONS

QUESTION 1

1. The following questions are multiple choices. Please select the most correct answer. Write the number and the correct answer e.g. 1.1 f (10 marks)

1.1 Which of the following best describes Health Economics? (1)

- a) The study of the physical health of populations
- b) The application of economic theories to health and health care
- c) The regulation of pharmaceutical companies
- d) The promotion of public health campaigns

1.2 Equity in health care is concerned with: (1)

- a) The equal distribution of health care resources
- b) Maximizing the efficiency of health care delivery
- c) Ensuring access to health care based on need
- d) Reducing the cost of health care services

1.3 A major cause of market failure in health care is: (1)

- a) Government regulation
- b) Externalities such as public health concerns
- c) Efficient resource allocation
- d) Competitive markets

1.4 Which type of funding mechanism is most common in tax-based health care systems? (1)

- a) Social insurance contributions
- b) Direct out-of-pocket payments

- c) General taxation
- d) Private health insurance premiums

1.5 Health and economic development are linked because: (1)

- a) Healthy populations contribute more to economic growth
- b) Economic growth automatically leads to better health
- c) Wealthy nations have no health challenges
- d) Health expenditure decreases with economic growth

1.6 Cost-effectiveness analysis (CEA) is primarily used to: (1)

- a) Maximize profits in healthcare
- b) Compare the costs and health outcomes of different interventions
- c) Assess the quality of healthcare facilities
- d) Determine the affordability of new health technologies

1.7 Which of the following is a challenge of user fees in developing countries? (1)

- a) They are easy to implement
- b) They ensure universal access to health care
- c) They can discourage people from seeking necessary care
- d) They eliminate the need for government funding

1.8 Decentralization in health care refers to: (1)

- a) Central government control over all health services
- b) The transfer of decision-making power to local health authorities
- c) Increasing privatization of health care services

d) Nationalization of private health providers

1.9 Shadow pricing in economic evaluation is used to: (1)

- a) Set official market prices
- b) Value non-market goods and services
- c) Reduce the cost of healthcare delivery
- d) Increase the market share of healthcare providers

1.10 Rationing in health care is often necessary because: (1)

- a) Resources are infinite
- b) All health services are equally important
- c) There are limited resources and unlimited health needs
- d) Health care is free for everyone

QUESTION 2

Indicate which of the following statements is True/False (e.g. f-True) 1 Mark on each correct answer (10 Marks)

- (a) Health Economics only deals with the financial aspects of health care. (1)
- (b) Healthcare markets function perfectly under free-market conditions. (1)
- (c) Social health insurance systems are funded by government taxation. (1)
- (d) Efficiency in health care means providing the most cost-effective treatment for patients. (1)
- (e) User fees can sometimes lead to inequities in access to health care. (1)
- (f) Economic evaluations in health care ignore the quality of life outcomes. (1)
- (g) Decentralized health systems often have more flexibility to address local health needs. (1)
- (h) Cost-benefit analysis converts all outcomes into monetary terms. (1)
- (i) Private health insurance is the main funding source for health care in all countries. (1)

- (j) Rationing health care resources can help ensure that the most urgent cases are treated first. (1)

QUESTION 3

Match the indicator type with its correct description (e.g. 1. k) 1 Mark on each correct answer

Column A	Column B
1. Cost-utility analysis(1)	A. Payment based on health outcomes
2. Externalities in health care(1)	B. The opportunity cost of using resources for health
3. Private health insurance(1)	C. Impact of one person's health on others
4. Decentralization(1)	D. Government collects taxes to fund health care
5. Tax-based funding(1)	E. Measuring health outcomes in QALYs
6. Rationing(1)	F. Allocation of limited resources to the most urgent needs
7. Social health insurance(1)	G. Funded by workers' and employers' contributions
8. User fees(1)	H. Direct payments made by patients for services
9. Market failure(1)	I. When markets do not allocate resources efficiently
10. Shadow pricing(1)	J. Valuation of non-market goods

(10 Marks)

[TOTAL 30]

SECTION B: STRUCTURED QUESTIONS

QUESTION 1

Health Expenditure and Economic Growth

A developing country is experiencing rapid economic growth. However, health expenditure as a percentage of GDP has remained stagnant, and health outcomes have shown little improvement.

- 1.1. Discuss the possible reasons for the stagnant health expenditure despite economic growth. (10 marks)

- 1.2 Propose strategies to ensure that economic growth translates into improved health outcomes. (10 marks)

QUESTION 2

Implementing a Tax-Based Health Care System

The government of a low-income country is considering shifting from a predominantly out-of-pocket payment system to a tax-based health care funding system.

- 2.1 Define out-of-pocket payment system (2,5 marks)
- 2.2 Define tax-based health care funding system (2,5 marks)
- 2.3 Analyse the potential benefits and challenges of implementing a tax-based health care system in this context. (10 marks)
- 2.3 Suggest ways to overcome the challenges identified and ensure successful implementation. (10 marks)

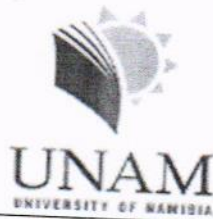
QUESTION 3

Addressing Inefficiencies in a Decentralized Health System

In a decentralized health system, local health authorities have identified significant inefficiencies in resource allocation and service delivery, leading to disparities in health outcomes across regions.

- 3.1 Define the term Centralization of health services (2,5 marks)
- 3.2 Explain the term Decentralization of health services (2,5 marks)
- 3.3 Identify the common causes of inefficiencies in decentralized health systems. (10 marks)
- 3.4 Recommend strategies to improve efficiency and reduce disparities in health outcomes. (10 marks)

[TOTAL MARKS: 70]



FACULTY	HEALTH SCIENCES AND VETERINARY MEDICINE		
SCHOOL	SCHOOL OF ALLIED HEALTH SCIENCES		
DEPARTMENT	PSYCHOLOGY AND SOCIAL WORK		
SUBJECT	HEALTH PSYCHOLOGY		
SUBJECT CODE	PSY 3712		
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SECOND OPPORTUNITY EXAMINATION

Examiner: Albertina P. Luaanda

Internal/External Examiner: Dr. Shelene Gentz

This question paper consists of 2 pages including this front page.

Instructions

- 1. You must answer all the questions**
- 2. Number your questions correctly**
- 3. Write neatly and legibly**
- 4. Please be reminded that cheating in the examination will result in a failing grade**

Follow the instructions provided to answer each question.

1. Define the term sexual health. (2)
2. List the main elements of genetic counselling. (6)
3. Name and describe 3 types of genetic screening. (6)
4. Name the 3 biological systems and describe each of their roles in regulating health and illness. (10)
5. Name, define and discuss 4 theories that have informed the majority of interventions in health psychology and health promotion. (20)
6. Outline and explain the approaches used in the prevention and treatment of alcohol problems. (15)
7. Compare and contrast 3 theories of smoking. (6)
8. Mention and describe the categories of health literacy. (15)
9. Comprehensively outline and explain the criticisms against individual-level theories and models of health promotion. (20)

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