

NAMIBIA UNIVERSITY

OF SCIENCE AND TECHNOLOGY

FACULTY OF HEALTH AND APPLIED SCIENCES DEPARTMENT OF HEALTH SCIENCES

QUALIFICATION: BACHELOR OF SCIENCE IN HEALTH INFORMATION SYSTEM MANAGEMENT		
QUALIFICATION CODE: 07BHIS	LEVEL: 7	
COURSE: PUBLIC HEALTH PRACTICE	COURSE CODE: PHP 721S	
SESSION: JANUARY, 2019	PAPER: THEORY	
DURATION: 3 HOURS	MARKS: 100	

SECOND OPPORTUNITY EXAMINATION QUESTION PAPER			
EXAMINER(S):	MR ERWIN NAKAFINGO		
MODERATOR:	MS HILENI NANGULOHI NIIKONDO		

THIS QUESTION PAPER CONSISTS OF 5 PAGES

(INCLUDING THIS FRONT PAGE)

INSTRUCTIONS

- 1. Read the questions and instructions carefully
- 2. Answer All the questions
- 3. Write neatly and clearly
- 4. Begin each question on a separate sheet of paper and number the answers clearly

PERMISSIBLE MATERIALS	
NONE	

SECTION A (25 MARKS)

QUESTION 1 (10 MARKS)

Evaluate the following statements/phrases and select the most appropriate answer by choosing from the given possibilities. Write the appropriate letter next to the number of the statement/phrase in the ANSWER BOOK

1.1	Wł	nich of the following is NOT a core function of public health?	(1)
		Assurance	
	В.	Authority	
	C.	Policy development	
	D.	All of the above	
	E.	None of the above	
1.2	The	e project success factors related to external environment includes :	(1)
	A.	Economic context	
	В.	Project life cycle	
	C.	B and A	
	D.	Political context	
	E.	A and D	
1.3	The	e organized response by the society to protect, promote and prevent illness is the	
	de	finition	
	of:		(1)
	A.	Health promotion	
	В.	Prevention paradox	
	C.	Globalization	
	D.	Public health	
	E.	Health systems	
1.4	The	e World Health Organization re-defined the meaning of health. What was included in	
	the	2	
	ne	w definition of health?	(1)
	A.	The inclusion of biomedical technology	
	В.	Statements regarding mental health	
	C.	The inclusion of social well being	
	D.	The disability index	
	E.	Professional perspective	

1.5	The	e essential health services of monitoring health and diagnosing and investigating	
	dis	ease	
	rela	ate to which core public health function?	(1)
	A.	Health technology	
	В.	Policy development	
	C.	Health promotion	
	D.	Assessment	
	Ε.	None of the above	
1.6	Eva	aluation measure:	(1)
	A.	The timeliness of a programme activities	
	В.	The outcomes and impact of a program's activities	
	C.	How closely a program kept to its budget	
	D.	How well the program was implemented	
	E.	The beginning of the program	
1.7	The	e strength of population approach to disease prevention includes:	(1)
	A.	Behaviorally appropriate	
	В.	Costly	
	C.	Inequitable	
	D.	Unknown advantage to individual	
	E.	Risk management	
1.8	Lak	poratory is one of the core competencies that provide the foundation of:	
	pul	blic health.	(1)
	A.	True	
	В.	False	
1.9	Ter	rtiary prevention prohibits deterioration of disease and compensate adverse	
	Co	nsequences.	(1)
	A.	True	
	В.	False	
1.10)	Which essential public health service does NOT serve policy development as a core	
	fur	nction of public health?	(1)
	A.	Linking people to needed health services	
	В.	Mobilization of community partnerships to identify and solve health problems	
	C.	Empowering people about health issues	
	D.	Research for new insights and innovative solutions to health problems	
	E.	All of the above	

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QUI	QUESTION 2 (15 IMA		KKS)	
		the following terms and concepts;		
	2.1.1	Global Health	(2)	
	2.1.2	Prevention paradox	(2)	
	2.1.3	Health promotion	(2)	
	2.1.4	Determinants of health	(2)	
	2.1.5	Public Health Competencies	(2)	
		on five core sciences that public health practitioners may apply as the foundation of ractice.	(5)	
		SECTION B (29 MARKS)		
0111	CTIO	N 2	NC)	
	STIO	1	K5)	
	earer (Ith has emerged rapidly as a field of study. However, it is still being refined in terms definition and conceptualization. At the heart of global health are changes being		
abou	it by g	lobalization, an often contested concept shaping the health of populations in both nd positive ways.		
3.1 \	What is	s globalization?	(2)	
3.2 [Descrik	oe in details the aspects of globalization that affect the health of populations.	(5)	
3.3 [Discuss	any two population based sources of health information with reference to their		
S	trengt	hs and limitations.	(4)	
QUI	STIO	N 4 (18 MAR	KS)	
key o	challer	th challenges are no longer just local. These challenges are global and among the nges to our societies. A 2016 World Health Assembly resolution calls on countries to crategies in reducing public health problems.		
		on the approach that countries should take in addressing the numerous public health ges they are facing.	n (8)	
4.2 [Differe	ntiate the three levels of prevention. Give clear examples	(6)	
a c k ii	ilthoug ervica e con: nciden	Papilloma Virus (HPV) has been identified as a necessary cause of cervical cancer, gh it is not a sufficient cause and the majority of those infected do not develop I cancer. A programme of routine vaccination of adolescent girls against HPV is to sidered in country X, where the prevalence of HPV among women is 10% and the ice of cervical cancer is 10 per 100,000 women per year. Is this an example of tion paradox? Explain your answer.	(4)	

SECTION C (46 MARKS)

QUESTION 5 (18 MA)	RKS)	
5.1 What are the advantages and disadvantages of the high risk approaches to prevention of diseases.	(8)	
5.2 The increasing demand on country's surveillance systems can only be met if better and resimonitoring and evaluation systems are build and fully supported. Describe any five compor of a functional monitoring and evaluation system in relation to enabling environment (peopartnership and planning.	lient nents	
QUESTION 6 (28 MAI	RKS)	
The Ministry of Health and Social Services in Namibia is planning to develop a policy on abortion legalization. As a public health expert with experience in policy development, you were requested to assist with the planning and implementation of this policy.		
6.1 What is a policy?	(2)	
6.2 Enumerate four main stages of a policy making process.	(4)	
6.3 Describe the role of any of the five key stakeholders that each would play in this process.	(10)	
5.4 Discuss factors that may lead to success or failure of public health projects with respect to the		
project manager and organization and project itself.	(12)	

TOTAL MARKS: 100

GOOD LUCK