

Health Systems and Consumers Exam 3 Practice (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. During Phase II reforms, which outcome occurred?**
 - A. Increase in government ownership of facilities**
 - B. Expansion of universal insurance**
 - C. Increase in surveillance**
 - D. Decrease in surveillance**

- 2. Ghana's GDP per capita in 2021 was approximately which amount?**
 - A. \$4200 USD**
 - B. \$5500 USD**
 - C. \$5400 USD**
 - D. \$7800 USD**

- 3. Which organization allocates resources and creates partnerships with private sectors at the national level?**
 - A. Ghana Health Service**
 - B. Ministry of Health**
 - C. Regional Health Administration**
 - D. District Health Management**

- 4. Which organization oversees Egypt's healthcare system?**
 - A. Ministry of Health and Populations**
 - B. Ministry of Public Health**
 - C. National Health Service**
 - D. Ministry of Health and Social Welfare**

- 5. What is the life expectancy at birth for female Koreans?**
 - A. 81.2 years**
 - B. 87.2 years**
 - C. 51,966,948**
 - D. 2.83/1000**

- 6. Which program is designed to serve urban residents?**
 - A. NRCMS**
 - B. UEBMI**
 - C. URBMI**
 - D. NHS**

- 7. Phase III's five priorities are which of the following?**
- A. Free markets, changes to financing, less insurance and more out-of-pocket payments, decrease in surveillance.**
 - B. It introduced universal health insurance by 2012.**
 - C. Healthcare reform (five priorities): universal insurance, essential drug access, primary care, strengthen public health services, reform public hospitals.**
 - D. Government-owned facilities, no private practices.**
- 8. Which description best captures South Africa's 2011 initiative to improve public health care quality?**
- A. It launched a private sector accreditation program**
 - B. It introduced the National Core Standards to set benchmarks for quality of care and auditing public health facilities**
 - C. It created a new ministry for health services**
 - D. It implemented pay-for-performance for doctors**
- 9. Which level includes allocating resources within the region and has 16 regional health administrations?**
- A. National level**
 - B. Subdistrict level**
 - C. Regional level**
 - D. District level**
- 10. What was the out-of-pocket health expenditure by households in 2019-2020?**
- A. 23.4%**
 - B. 47.1%**
 - C. 60.2%**
 - D. 32.4%**

Answers

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1. D
2. C
3. A
4. A
5. B
6. C
7. C
8. B
9. C
10. B

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Explanations

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1. During Phase II reforms, which outcome occurred?

- A. Increase in government ownership of facilities**
- B. Expansion of universal insurance**
- C. Increase in surveillance**
- D. Decrease in surveillance**

Phase II reforms shift from heavy government control toward market-based approaches and deregulation, aiming for efficiency and private-sector involvement. With this shift, the state reduces direct oversight and monitoring of providers, allowing more operational freedom for facilities. That makes a decrease in surveillance the most consistent outcome of Phase II reforms. Increased government ownership or expansion of universal insurance would reflect stronger public control or broader coverage typical of earlier or different reform phases, while increasing surveillance would run against the deregulation focus of Phase II.

2. Ghana's GDP per capita in 2021 was approximately which amount?

- A. \$4200 USD**
- B. \$5500 USD**
- C. \$5400 USD**
- D. \$7800 USD**

GDP per capita is the average economic output per person, calculated by dividing a country's GDP by its population and expressing the result in dollars. For Ghana in 2021, the dataset used here reports nominal GDP per capita around 5,400 USD. That makes 5,400 USD the closest approximation to the year's figure, so it's the best choice. Remember, this is an average and reflects nominal dollars; it doesn't capture income distribution or informal economic activity, and different measures (nominal vs. PPP) or data sources can yield different numbers.

3. Which organization allocates resources and creates partnerships with private sectors at the national level?

- A. Ghana Health Service**
- B. Ministry of Health**
- C. Regional Health Administration**
- D. District Health Management**

The main idea here is which national-level entity coordinates funding and partners with private sector providers to deliver health services across the country. The Ghana Health Service is tasked with implementing national health policies through public facilities and shaping how resources are distributed across districts. It also engages with private sector partners to expand access, improve efficiency, and align private contributions with national health priorities. Because this body operates across the nation to allocate resources in public facilities and to forge nationwide partnerships, it fits the role described in the question better than the other options, which tend to operate at regional or district levels or focus on policy and oversight rather than national-day-to-day resource distribution and national PPPs.

4. Which organization oversees Egypt's healthcare system?

- A. Ministry of Health and Populations**
- B. Ministry of Public Health**
- C. National Health Service**
- D. Ministry of Health and Social Welfare**

Understanding who oversees a country's health system is about recognizing the national body responsible for health policy, regulation, and public health services. In Egypt, that role is filled by the Ministry of Health and Population. This ministry sets health policy, licenses and supervises healthcare professionals and facilities, and runs public health programs, including vaccination campaigns and disease control, while coordinating public hospitals and primary care services. Other names like a Ministry of Public Health or a National Health Service appear in different countries with different government structures, but in Egypt the formal lead agency is the Ministry of Health and Population.

5. What is the life expectancy at birth for female Koreans?

- A. 81.2 years**
- B. 87.2 years**
- C. 51,966,948**
- D. 2.83/1000**

Life expectancy at birth is the average number of years a newborn would live if current mortality rates stayed the same. In Korea, women live longer on average than men, so the female life expectancy at birth is in the upper 80s. About 87.2 years matches this pattern and aligns with recent data showing Korean women living into their late 80s. The other numbers aren't lifetime expectations: 81.2 is lower and not typical for female life expectancy in Korea; 51,966,948 is a population figure; 2.83/1000 is a crude death rate, not a lifespan projection.

6. Which program is designed to serve urban residents?

- A. NRCMS**
- B. UEBMI**
- C. URBMI**
- D. NHS**

In health system design, programs are set up to cover specific populations based on where people live and their employment status. Urban Resident Basic Medical Insurance is the program created to serve urban residents who aren't covered by the urban employee scheme. It aims to extend coverage to non-working urban groups like children, students, and unemployed or elderly urban residents. The other options target different groups: the rural cooperative medical scheme serves rural residents; the urban employee scheme covers urban workers; and the NHS refers to the public health system in the UK. So, for urban residents who aren't formally employed, URBMI is the designed program.

7. Phase III's five priorities are which of the following?

- A. Free markets, changes to financing, less insurance and more out-of-pocket payments, decrease in surveillance.**
- B. It introduced universal health insurance by 2012.**
- C. Healthcare reform (five priorities): universal insurance, essential drug access, primary care, strengthen public health services, reform public hospitals.**
- D. Government-owned facilities, no private practices.**

Phase III focuses on five priorities that are designed to extend coverage and strengthen how the health system actually works. The goals are universal insurance so people aren't prevented by cost from getting care; access to an essential drug list so affordable medicines are available widely; a strong emphasis on primary care to be the first contact and coordinator of care; strengthening public health services to improve population health and preparedness; and reform of public hospitals to improve efficiency, governance, and the quality of inpatient care. Together, these areas shift the system toward broad access, affordable care, and an integrated service delivery model rather than relying on markets or keeping care fragmented. The other options describe different approaches (for example, market-driven changes, a timing claim about when universal insurance would be achieved, or a focus on government-owned facilities) that don't capture this set of five interconnected priorities.

8. Which description best captures South Africa's 2011 initiative to improve public health care quality?

- A. It launched a private sector accreditation program**
- B. It introduced the National Core Standards to set benchmarks for quality of care and auditing public health facilities**
- C. It created a new ministry for health services**
- D. It implemented pay-for-performance for doctors**

Setting national quality standards and audits to lift public health care quality. In 2011 South Africa introduced the National Core Standards to define the minimum level of quality and patient safety that public health facilities should meet. These standards create a common benchmark across facilities and outline areas like patient rights, clinical governance, infection control, medicines management, and service delivery. They're paired with an auditing process to check compliance and drive improvements, giving facilities a clear target and a mechanism to measure progress. This approach focuses on public sector care and on accountability through standardized quality checks, rather than creating new ministries, paying doctors for performance, or pursuing private-sector accreditation.

9. Which level includes allocating resources within the region and has 16 regional health administrations?

- A. National level**
- B. Subdistrict level**
- C. Regional level**
- D. District level**

The regional level is being described. This level translates national policies into region-specific plans, including budgeting and distributing resources across the smaller areas within that region. Having 16 regional health administrations fits this idea, as each region is managed by its own authority, coordinating resources, staffing, and services within its boundaries. The national level sets overall policy and funding, while districts and subdistricts handle direct service delivery in local areas. So allocating resources within a region and overseeing multiple regional administrations aligns with the regional level.

10. What was the out-of-pocket health expenditure by households in 2019-2020?

- A. 23.4%**
- B. 47.1%**
- C. 60.2%**
- D. 32.4%**

Out-of-pocket spending by households is the portion of health costs that people pay directly at the time of care, without reimbursement or insurance support, typically expressed as a share of current health expenditure. This measures financial protection in a health system—the lower the OOPE share, the better the system spreads risk. For 2019-2020, households financed about 47.1% of current health expenditure. That means nearly half of all health spending in that period came directly from individuals and families at the point of service, highlighting a substantial burden on households and indicating gaps in financial risk protection. This is why health systems aim to reduce OOPE through stronger public funding, expanded insurance, and protections against catastrophic health costs.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://healthsysconsumers3.examzify.com>

We wish you the very best on your exam journey. You've got this!

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