

## 1.6 Quiz

### Quiz Result

Excellent! You are gaining a good understanding of the module. Well done! You may now proceed to the next activity.

Started on Monday, 5 February 2024, 3:31AM

State Completed

Finished on Monday, 5 February 2024, 3:32AM

Time taken 0m 32s

Grade 9/10

## 1.6 Quiz

**1. What are the main public sources of money commonly used for health at the country level?**

Your Answer (Correct):

- Direct tax (income/corporate/payroll taxes)
- Indirect tax (value-added, sales, excise taxes)
- Non-tax revenues (profits of state-owned enterprises)
- Grants (bilateral/multilateral) flowing through the government

Correct Answer:

- Direct tax (income/corporate/payroll taxes)

- Indirect tax (value-added, sales, excise taxes)
- Non-tax revenues (profits of state-owned enterprises)
- Grants (bilateral/multilateral) flowing through the government

**2. World Health Organization (WHO) has developed the Health Financing Progress Matrix (a standardised qualitative approach) to assess a country's health financing institutions, processes, policies, and their implementation, benchmarked against good practice in the context of universal health coverage.**

Your Answer (Correct):

- True

Correct Answer:

- True

To learn more about the 'Health Financing Progress Matrix', click here:

- Assessing country health financing systems: the health financing progress matrix. (Health financing guidance, no. 8). (<https://iris.who.int/bitstream/handle/10665/337938/9789240017405-eng.pdf?sequence=1>)
- The health financing progress matrix: country assessment guide. Geneva: World Health Organization; 2020 (Health financing guidance, no. 9). (<https://iris.who.int/bitstream/handle/10665/337969/9789240017801-eng.pdf?sequence=1>)

**3. In most countries, the government's spending on health from domestic public resources is below the set target. It is recommended to allocate at least how many percent of the annual budget to improve the health sector?**

Your Answer (Correct):

- 15%

Correct Answer:

- 15%

General Government Expenditure. This benchmark is based on the Abuja Declaration. In April

2001, heads of state of African Union countries met and pledged to set a target of allocating at least 15% of their annual budget to improve the health sector. This benchmark is now used as a reference beyond Africa.

**4. High-income countries' reliance is mainly on \_\_\_\_\_**

Your Answer (Incorrect):

- Domestic private expenditure

Correct Answer:

- Domestic general government (public) resources

The composition of current health expenditure of high-income countries relies mainly on government (public) resources. This reliance reduces as the level of income goes down.

**5. Low and lower-middle-income countries rely overly on \_\_\_\_\_ and low-income countries on \_\_\_\_\_.**

Your Answer (Correct):

- domestic private health expenditure and external aid

Correct Answer:

- domestic private health expenditure and external aid

**6. Health financing may be unsustainable when increases in health spending are overly reliant on debt or overseas development assistance.**

Your Answer (Correct):

- True

Correct Answer:

- True

Countries are encouraged to use fiscal measures (health taxes) to secure sustainable financing mechanisms to help finance the health sector and health promotion programmes.

This is in line with the recommendations of

- the Political Declaration of the High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs,
- the WHO Framework Convention on Tobacco Control (WHO FCTC), and 2030 Agenda for Sustainable Development Goals (SDGs).

**7. Earmarked taxes are taxes in which revenues are dedicated to specific programmes. About how many countries around the world earmarked their tobacco tax revenues for some type of health programmes. More countries are adopting earmarked taxes for health over the years.**

Your Answer (Correct):

- 40

Correct Answer:

- 40

To learn more about how the dedicated tobacco tax revenue is used for different health purposes, click here: <https://hpfhub.info/using-health-promotion-funding/how-is-the-fund-used/>

**8. Which are the following two countries dedicated/earmarked tobacco tax revenues for health promotion?**

Your Answer (Correct):

- Thailand (Thai Health Promotion Foundation (ThaiHealth), 2001)
- Republic of Korea (Korean Health Promotion Foundation, 2011)

Correct Answer:

- Thailand (Thai Health Promotion Foundation (ThaiHealth), 2001)
- Republic of Korea (Korean Health Promotion Foundation, 2011)

**9. In addition to tobacco, the governments can consider earmarked (dedicated) taxes on \_\_\_\_\_ or \_\_\_\_\_ for health programmes.**

Your Answer (Correct):

- alcohol
- sugar-sweetened beverages (SSBs)

Correct Answer:

- alcohol
- sugar-sweetened beverages (SSBs)

Tobacco use, alcohol abuse, and unhealthy dietary intake (such as sugar-sweetened beverages) are behavioral risk factors for death and disease. It is recommended that governments impose health taxes (a tax levied on products (unhealthy goods) that have a negative public health impact).

Health taxes are considered win-win-win policies because they save lives and prevent disease while advancing health equity and mobilising revenue for the general budget.

**10. Earmarking health taxes is one type of source of revenue to fund health in a sustainable manner. Which of the following are the benefits/positives of earmarking health taxes for health programmes?**

Your Answer (Correct):

- Earmarking health taxes for health increases the political acceptability of the tax increase.
- Earmarking can protect funding for a specific programme or service (for example a low-resourced programme) by ring-fencing it from competing political interests.
- Earmarking is usually publicized, it can help educate the public about health issues (such as Non-Communicable Diseases (NCDs)).
- Earmarking improves transparency in funding allocation with tight revenue-expenditure linkage, and accountability of where the money goes.

### Correct Answer:

- Earmarking health taxes for health increases the political acceptability of the tax increase.
- Earmarking can protect funding for a specific programme or service (for example a low-resourced programme) by ring-fencing it from competing political interests.
- Earmarking is usually publicized, it can help educate the public about health issues (such as Non-Communicable Diseases (NCDs)).
- Earmarking improves transparency in funding allocation with tight revenue-expenditure linkage, and accountability of where the money goes.

All the above. Many countries are considering earmarking as a mechanism to increase fiscal space and mobilise resources for the health sector, to finance progress toward universal health coverage (UHC), or to fund other health priorities. Earmarking is increasingly used as an instrument of public health policy - to tax the consumption of unhealthy products such as tobacco, alcohol, and sugar-sweetened beverages.

To learn more, please read: Cashin C., Sparkes S., Bloom D. (2017), Earmarking for health: from theory to practice. Geneva, World Health Organization.