# CPD Challenge

## Questions

**Q1 Which of the following statements are TRUE or FALSE concerning the risk factors for NCDs in Africa?**

a. Exposure to risk behaviours—such as tobacco use, unhealthy diets, physical inactivity, and excessive alcohol consumption—is unevenly distributed in Africa, with discrete high-risk groups shaped by socioeconomic status, gender, and residence.
b. Numerous geographical variables, including lifestyle factors, socioeconomic issues, social awareness, and the quality of the local healthcare system, influence both the prevalence and treatment of NCDs.
c. In most developing countries, major contributors to NCDs include physical inactivity, low fruit and vegetable intake, sedentary lifestyles, and smoking, among others.
d. Factors such as insufficient societal awareness of NCDs, poverty, urbanization, industrialization, and inadequate implementation of government regulations and programs are NOT considered risk factors for NCDs.
e. Malnutrition, physical inactivity, alcohol misuse, inadequate medical care, and limited health budgets are responsible for increasing NCD cases in Africa.
f. All TRUE

**Q2 Which of the following statements are TRUE or FALSE regarding the incidence and trends of catastrophic health expenditure in sub-Saharan Africa?**

a. There is high reliance on out-of-pocket (OOP) health payments as a means of financing health systems in Africa.
b. Out-of-pocket health payments can make households face catastrophe and become impoverished.
c. Policymakers need to increase public healthcare funding and provide social health protection against informal OOP health payments in order to offer financial risk protection, which is currently absent among a high percentage of households in Africa.
d. Although data on catastrophic health expenditure in Africa is limited, available evidence suggests that a non-negligible share of households in sub-Saharan Africa experience catastrophic expenditure when accessing health-care services.
e. The incidence of catastrophic health expenditure among people affected by specific diseases—such as non-communicable diseases, HIV/AIDS, and tuberculosis—is generally negligible.
f. ALL TRUE

**Q3 Which of the following statements are TRUE or FALSE concerning health workforce policy and plan implementation in the context of universal health coverage (UHC) in the Africa Region?**

a. Several countries in Africa have developed human resources for health (HRH) policies and `strategies to align efforts in setting priorities, directions, and actions to address challenges in leadership and governance, production, recruitment, management, motivation, retention, and coordination.
b. Regarding the quality of HRH policies and strategic plans in Africa, a majority of countries link their plans to the national development plan.
c. Nearly all countries do not inform their HRH policy and plan using the national health policy and strategic plans.
d. Evidence-based HRH policies and plans are not used to guide the actions of actors in strengthening health systems.
e. Investment in developing quality HRH policies and plans through an intersectoral approach, based on contextual evidence, is vital to ensuring that equitably distributed, well-regulated, and motivated HRH are available to deliver people-centred health services.
f. HRH strategic plans in many African countries show a commitment to addressing workforce problems, but they often lack specificity, costing, and monitoring mechanisms.

**Q4 Which of the following statements are TRUE or FALSE concerning respiratory infectious diseases?**

a. Respiratory infectious diseases have long been recognized as a substantial global healthcare burden and are among the leading causes of death worldwide, particularly in vulnerable individuals.
b. In the post–COVID-19 era, there has been a surge in the prevalence of influenza virus A and other common cold–causing viruses compared with the same period in the previous three years, coinciding with countries easing COVID-19 restrictions.
c. While originally considered a childhood infection, it is now increasingly recognized that respiratory syncytial virus (RSV) may also cause infection in adults.
d. RSV is a common cause of respiratory tract infections in adults, and advances in recent research have improved understanding of the infection and led to the development of effective treatment and prevention.
e. Chlamydia psittaci is a gram-negative, specialized intracellular parasitic pathogen and one of the Chlamydia species that is pathogenic to humans or animals.
f. Psittacosis, also known as ornithosis, is caused by infection with C. *psittaci*.

**Q5 Indicate whether each of the following statements is TRUE or FALSE regarding the role of partnership in policy dialogue in Africa:**

a. The Universal Health Coverage (UHC) Partnership established by WHO aims to support health ministries in establishing inclusive, participatory, and evidence-informed policy dialogue.
b. Partnership can trigger "collaborative governance regimes" in a wide variety of contexts through mechanisms such as trust-building, capacity strengthening, and brokering, and can lead to outcomes such as trust-based relationships, policy documents, and joint decisions.
c. Even with strong partnerships, the effects of policy dialogue may remain fragile and depend heavily on contextual factors such as existing power dynamics, actors' incentives, and institutional capacities.
d. The UHC Partnership contributes to collaborative health governance in sub-Saharan Africa by helping ministries of health moderate power relations, build trust, and collaboratively produce policy decisions.
e. The success of the UHC Partnership is not automatic; sustaining collaborative governance regimes requires long-term support, context-sensitive design, and continuous maintenance of trust among stakeholders.
f. Strong partnership at the country level minimizes WHO's brokering role because it strengthens the capacity of ministries of health.

**Answers**

1 a). T; b). T; c). T; d). F; e). T; f). F
2 a). T; b). T; c). T; d). T; e). F; f). F
3 a). T; b). T; c). T; d). F; e). F; f). T
4 a). T; b). T; c). T; d). T; e). T; f). T
5 a). T; b). T; c). T; d). T; e). T; f). F