2020 VCE Health and Human Development examination report

General comments

In 2020 the Victorian Curriculum and Assessment Authority produced an examination based on the *VCE Health and Human Development Adjusted Study Design for 2020 only*. The examination provided students with the opportunity to demonstrate and apply a range of knowledge and skills.

Questions that required recall and description of key concepts, including the use of appropriate examples, were generally answered well, which included responses to Questions 1a., 2a., 3a., 9a. and 10a. Questions that required the interpretation of stimulus material and those that required connections to be made between concepts were not answered as well. This was particularly evident in responses to Questions 6c., 7b. and 9c.

Concepts that were well understood included those relating to aspects of health and wellbeing (including the benefits of optimal health and wellbeing as a resource and the dynamic nature of health and wellbeing), Medicare, private health insurance, the challenges in bringing about dietary change and the characteristics of low-income countries.

The areas of greatest challenge related to the World Health Organization (WHO) strategic priorities, the objectives of the sustainable development goals (SDGs), and the concepts of sustainability and access in relation to Australia's health system.

While students were generally able to interpret data (as was evident in responses to Question 5a.), many found it difficult to use the data in a meaningful way to answer the question (this was particularly evident in Question 7a.).

Where variations between population groups were assessed, some students neglected to make a meaningful comparison between the two groups, affecting their ability to receive marks for the rest of the question.

Students are reminded to read the questions carefully, consider the mark allocation, plan their responses so they are clear, and answer what is being asked. When extra space is used at the end of the question and answer book, it is important that students indicate this and label the response clearly with the question number.

Specific information

Student responses reproduced in this report have not been corrected for grammar, spelling or factual information.

This report provides sample answers or an indication of what answers may have included. Unless otherwise stated, these are not intended to be exemplary or complete responses.

The statistics in this report may be subject to rounding resulting in a total more or less than 100 per cent.

Question 1a.

Marks	0	1	2	Average
%	11	20	69	1.6

This question was answered well, with most students able to demonstrate that health and wellbeing is said to be dynamic as it can change quickly, changes constantly or can change over time.

Those who demonstrated an understanding of health and wellbeing being dynamic were generally also able to provide a relevant example, such as: 'Health and wellbeing is said to be dynamic as it can change quickly. For example, a person could be experiencing adequate physical functioning and then suffer a fall and break their leg, which can reduce their level of functioning'.

Question 1b.

Marks	0	1	2	Average
%	24	32	44	1.2

Where students were able to identify an example or impact of optimal health and wellbeing (e.g. having adequate levels of energy, experiencing low levels of stress and anxiety, being able to work productively or gain an education), they were generally able to outline how it could benefit a country as a resource.

Students needed to ensure that the benefit related specifically to a country and not merely an individual.

The following is an example of a high-scoring response.

If a person is physically healthy, they are able to complete their education and get a job, and therefore a taxable income, in which the taxes can be used by the government to fund infrastructure, education, etc, acting as a national resource.

Question 2a.

Marks	0	1	2	Average
%	10	31	59	1.5

This question was answered well, with most students able to list one service that is covered by Medicare and one service that could be covered by private health insurance. Possible answers included:

- Medicare
    – general practitioner (GP) consultation
    – specialist consultation
    – specific items for allied health services as part of a Mental Health Management (Treatment) Plan
    – pathology such as blood tests
    – eye tests performed by optometrists
    – treatment from a psychologist or psychiatrist (up to 10 sessions as part of a Mental Health Management Plan)
    – consultations with an exercise physiologist.

- Private health insurance
  - psychological and/or counselling services
  - dental
  - physiotherapy
  - access to private mental health facility
  - access to a dietitian.

Question 2b.

Marks	0	1	2	3	4	Average
%	5	17	30	30	18	2.4

This question required students to identify two advantages and two disadvantages of private health insurance.

Students needed to ensure their answers were specific and avoid making statements such as 'quicker treatment' or 'choice of doctor', as Medicare provides quick treatment in emergencies and people can choose their own GP under Medicare, so these answers are not specific to private health insurance. Other incorrect responses included stating that private health insurance provides a better quality of care than Medicare services, private health insurance costs money, it doesn't cover everything and it is only available to Australian citizens.

Examples of correct answers include:

- Advantages
  - Enables access to private hospital care.
  - Choice of doctor while in a public hospital as a private patient / private hospital.
  - Shorter waiting times for some medical procedures such as elective surgery.
  - Depending on the level of cover purchased, services such as dental, chiropractic, physiotherapy, optometry and dietetics could be paid for.
  - Helps to keep the costs of operating Medicare under control.
  - High-income earners with private health insurance do not have to pay the additional tax (Medicare levy surcharge).
  - Government rebate for eligible policy holders.
  - 'Lifetime Health Cover' incentive.
  - Enables access to services not covered by Medicare.
- Disadvantages
  - Costly in terms of the premiums that have to be paid.
  - Sometimes have a 'gap', which means the insurance doesn't cover the whole fee and the individual must pay the difference.
  - Qualifying periods apply for some conditions (such as pregnancy).
  - Policies can be complex to understand, can create confusion for many.
  - Decreases access and equity in the health system for those who cannot afford private health care.

Question 2c.

Marks	0	1	2	Average
%	19	42	39	1.2

Students were required to meaningfully link the stimulus material to an aspect of emotional health and wellbeing for two marks.

Most students could identify an aspect of emotional health and wellbeing but many neglected to state how information in the stimulus material could contribute to it. For example, stating that 'Stewart's depression may decrease his ability to display resilience' does not establish a meaningful link and, therefore, this response was not able to receive full marks. Another common mistake was linking to mental health and wellbeing (e.g. negative thought patterns or increased levels of stress and anxiety) without including a specific link to emotional health and wellbeing.

The following is an example of a high-scoring response.

Stewart's current situation involves him experiencing depression and having to take time off work. The negative thought patterns in his head as well as being away from peers and coworkers can cause him to bottle up his emotions and feelings and not be able to communicate them effectively, which can negatively impact his emotional H+W [health and wellbeing].

Question 2d.

Marks	0	1	2	3	4	Average
%	26	33	30	7	3	1.3

This question was not answered well. While most students could identify aspects of social and spiritual health and wellbeing, many struggled to make meaningful links from emotional health and wellbeing to both dimensions. Marks could not be awarded for defining these dimensions or making links from social to spiritual health and wellbeing. Students needed to link from an aspect of emotional health and wellbeing and not just from depression, as this is a part of mental health and wellbeing.

Students should ensure that they use different aspects of emotional health and wellbeing for each link or, if they use the same example of emotional health and wellbeing for each response, that they include more detail to ensure they have enough information for four marks.

The following is an example of a possible response.

- A serious illness like depression may lead to unpredictable emotions, which Stewart might find difficult to control. This could be a cause of conflict with his loved ones, which could negatively affect his relationships with his family, impacting his social health and wellbeing. If Stewart can identify and process negative emotions, he is more likely to return to his normal activities, such as working, which can provide him with a sense of purpose in life (spiritual health and wellbeing).

Question 3a.

Marks	0	1	Average
%	5	95	1.0

This question was answered very well, with most students able to identify an example of a biological factor. Correct answers included:

- (high) blood pressure
- (high) fasting plasma glucose
- (high) body mass index.

Question 3b.

Marks	0	1	2	3	4	Average
%	45	14	20	9	12	1.3

This was a comparison question that required students to make reference to males and females in their answer. Once differences in health status were identified, students were required to use information from the graph to explain reasons for each.

Common errors included stating that males have higher rates of morbidity than females and that females have higher rates of cardiovascular disease than males. Another common mistake was to explain why differences in the graph exist, which did not answer the question.

The following is an example of a high-scoring response.

1. *Females have a higher life-expectancy than males. This can be due to males consuming more tobacco than females as tobacco can cause respiratory and cardiovascular diseases which reduce individual's life expectancy.*
2. *Males have higher mortality rates than females. This can be due to the higher dietary risks males experience than females. An unbalanced diet, containing saturated fats can cause cardiovascular disease which can be seen in males and increase their mortality rates.*

Question 3c.

Marks	0	1	2	3	4	Average
%	37	18	22	13	9	1.4

Many students were able to show an accurate understanding of one or more Australian Dietary Guidelines, but few were able to link each to a decrease in death rates. Referring to a specific disease was required, but without a specific link to a decrease in death rates, the question was not correctly answered and full marks could not be awarded.

Common mistakes included referring to decreasing intake of fats (as opposed to saturated fats), stating that salt is energy dense and focusing on the impact of physical activity (relating to guideline 1), which is not related to dietary change and therefore does not correctly answer the question.

The following are examples of possible responses.

- One of the Australian Dietary Guideline states 'in order to maintain a healthy weight, be physically active and choose amounts of nutritious foods and drinks to meet energy needs'. By consuming nutritious foods that are high in fibre, consuming drinks that are low in sugar such as water and eating according to energy needs, premature deaths from diseases such as cardiovascular diseases, some cancers and type 2 diabetes may decrease.

- It is important to limit the intake of foods containing saturated fat, added salt, added sugars and alcohol. Excess intake of saturated fat can lead to a high levels of LDL cholesterol, which is a risk factor for heart disease. By replacing foods containing high levels of saturated fats with mono and polyunsaturated fats, deaths from heart disease may decrease.

Question 4a.

Marks	0	1	2	Average
%	37	33	30	.9

This question required students to use the stimulus material to explain the long-term impacts on health status in Australia.

A common mistake was stating that discretionary foods or high intake of sugar / saturated fat / trans fat could contribute to cardiovascular disease without stating how this might occur.

The following is an example of a high-scoring response.

1. *Increased prevalence of obesity may be an impact on the long-term health of Australians as they get 41% of their energy from discretionary foods that are full of trans fats and sugar which can lead to weight gain, therefore potentially increasing obesity rates.*

2. *Increased mortality rates due to the effects of cardiovascular disease such as heart attacks as Australian children are consuming above the adequate level of intake of sodium, which increases hypertension.*

Question 4b.

Marks	0	1	2	3	4	Average
%	6	10	38	26	20	2.5

Most students were able to identify challenges to an individual's ability to make dietary change, but many did not explain their selected challenges in enough detail to receive four marks.

The following is an example of a high-scoring response.

1. *Personal preference means people are more likely to choose foods high in salt, sugar and fat as the body releases dopamine, which causes a vicious cycle of cravings, hence making it difficult to select healthier foods and make dietary changes.*

2. *Time constraints and convenience means people are more likely to purchase ready made processed foods, often high in hidden salt, sugar and fat, as they do not have the time to cook adequate and nutritious meals, making it difficult to make dietary changes.*

Other challenges include:

- willpower
- food marketing and media
- income/food security
- geographic location / food security
- family / early life experiences
- education, knowledge and skills
- stress
- attitudes and beliefs
- culture
- health factors / conditions (e.g. intolerance of certain foods/substances).

Question 5a.

Marks	0	1	2	Average
%	8	46	46	1.4

This question required students to identify two trends evident in the graph.

Trends relate to patterns within the data. Stating, for example, the difference in life expectancy between males and females at one point in time did not answer the question. Increasing life expectancy for males and females over time relates to one trend and using, for example, the increase experienced by males and females as two separate answers did not show enough understanding for two marks. Using data was not required to be eligible for full marks.

The following is an example of a high-scoring response.

1. *Both male and female life expectancy at birth increases over time.*
2. *Female life expectancy is always higher than males throughout time.*

Question 5b.

Marks	0	1	2	Average
%	27	43	30	1.0

Students received one mark for each reason they provided for one of their trends (from part 5a.) for a total of two marks.

The most common error was not linking specifically to life expectancy (or differences in mortality rates between males and females).

The following is an example of a high-scoring response.

Life expectancy has overall increased for both males and females from 1890 to 2018. This may be due to vaccines which have prevented the spread and therefore death of diseases such as polio. Another reason maybe advancements in technology such as x rays which allow people to be scanned for their health problems and for them to be treated early. Therefore increasing life expectancy at birth.

Question 6a.

Marks	0	1	2	3	4	Average
%	43	10	17	15	14	1.5

This question was not answered well.

A common error was to state the names of SDGs instead of the objectives of the SDGs. Although the wording of the objectives did not have to be precise, it had to convey the same meaning.

The following is an example of a high-scoring response.

1. *'Fight inequality and injustice' is important as the inequalities around the world cause conflict, lack of rights in certain communities, such as LGBTQ and lack of power in women due to inequalities, they must be addressed.*

2. *'Tackle climate change' is important as rising sea levels are causing environmental issues, changing weather patterns can result in lack of crops, and must be addressed to save the environment for the future.*

Question 6b.

Marks	0	1	2	Average
%	56	30	14	0.6

Although many students showed some understanding of social sustainability, few included enough detail for two marks. Another common mistake was providing an answer that related to sustainability in general, and not social sustainability specifically.

The following is an example of a high-scoring response.

Social sustainability relates to creating equitable societies that meet the needs of all citizens and can be maintained indefinitely. Some factors include levels of employment and education etc.

Question 6c.

Marks	0	1	2	Average
%	62	19	19	0.6

Students were required to make a link between a specific aspect of social sustainability and ending extreme poverty.

This question was not answered well. Many responses were too general or discussed how ending extreme poverty could assist in achieving social sustainability. For example, stating that social sustainability means that all people can 'access the resources they need' relates to all dimensions of sustainability and not social sustainability specifically.

The following is an example of a high-scoring response.

Social sustainability means that gender equality can be achieved and maintained. Hence, girls are more likely to be able to gain an education and women can go to work and earn an adequate amount of income. This can end extreme poverty.

Question 7a.

Marks	0	1	2	Average
%	46	39	16	0.7

This question asked for a relationship between socioeconomic status (SES) and hospital use. Responses had to refer to both public and private hospitals to be eligible for full marks.

A common response was to provide a comparison between the highest and lowest SES groups.

The following is an example of a high-scoring response.

As the level of socio-economic status increases so does the number of people admitted into private hospitals, whilst the number in public hospitals decreases.

Question 7b.

Marks	0	1	2	3	4	Average
%	46	25	19	7	3	1.0

Many students could identify an aspect of sustainability and/or access in relation to the use of private hospitals. Few made links to benefits to the health system and instead linked to benefits for the individual accessing private hospitals. Another common issue was using the same example in relation to sustainability and access, such as freeing up space in the public system, which did not provide enough depth to be eligible for full marks.

The following is an example of a high-scoring response.

Sustainability: By having a private hospital, it allows those who are able to pay for private health insurance to not be sent to public hospitals, therefore the amount of money being paid by the Government to hospitalise people is decreased, therefore allowing it to be sustainable as the Government can pay for more people as the years go on.

Access: Having the two different hospitals allows for more people to seek access to hospitals as there are more spaces in public hospitals as those with private health insurance are sent to private hospitals therefore allowing access to public hospitals to those who need it most.

Question 7c.

Marks	0	1	2	Average
%	36	17	47	1.1

This question required students to refer to both high and low SES groups in their answer. There were many options students could choose, including:

- High SES groups are more likely to report their health status as excellent compared to low SES groups, who are more likely to report their health as poor.
- Low SES groups have a lower life expectancy than high SES groups.
- Low SES groups have higher infant mortality rates than high SES groups.
- High SES groups have lower mortality rates than low SES groups.

- High SES groups have lower incidence of coronary heart disease than low SES groups.
- Low SES groups have higher rates of infectious (or communicable) diseases than high SES groups.
- High SES have lower rates of (compared to low SES)
    - stroke
    - diabetes
    - kidney disease
    - lung cancer
    - asthma
    - arthritis
    - oral health issues
    - injury
    - mental and behavioural problems.

Question 7d.

Marks	0	1	2	3	Average
%	25	40	15	19	1.3

Many students could identify an environmental factor, but few were able to use it to effectively explain a difference identified in part 7c. A common error was stating that, for example, 'low SES groups are more likely to live in rural and remote areas' as there are also high SES groups living in these areas who face the same challenges in relation to accessing resources that low SES groups do, yet still experience higher health status. Another common mistake was stating, for example, 'access to health services' as the factor and then discussing sociocultural barriers to health care, such as health literacy, which did not correctly answer the question.

The following is an example of a possible response.

Environmental factor: Proximity to fast food outlets

Explanation: Low SES suburbs often have a higher density of fast food outlets when compared to high SES suburbs. This makes energy-dense foods more accessible in low SES suburbs and contributes to this group consuming more of these foods. As a result, rates of obesity and related conditions such as type 2 diabetes are likely to be higher among this group, contributing to the higher mortality rates experienced.

Other appropriate environmental factors include:

- housing/shelter
- environmental tobacco smoke
- work environment / exposure to hazards.

Question 8a.

Marks	0	1	2	3	Average
%	33	22	27	18	1.3

This question required students to make meaningful links between the case study and health and wellbeing. Although many students could identify aspects of health and wellbeing, fewer were able to explain how the program could promote each aspect; rather, they simply stated that the program would promote it.

Students could make fewer links with more discussion or more links with less discussion for three marks.

The following is an example of a high-scoring response.

The ASH program improves health and wellbeing outcomes for Aboriginal and Torres Strait Islander people as healthcare services are culturally appropriate, meaning they would have lower stress and anxiety when accessing healthcare, promoting mental health and wellbeing. Further, this cultural appropriateness means more Aboriginals would access health services allowing illness / diseases to get treated, promoting physical health and wellbeing.

Question 8b.

Marks	0	1	2	3	Average
%	43	7	24	25	1.3

To be eligible for any marks for this question, students had to correctly identify a principle of the social model of health.

Many responses did not follow this with two points of discussion linking it to the program.

The following is an example of a possible response.

Principle: Empowers individuals and communities

Explanation: The program provides HIV/AIDS education and prevention knowledge, thus empowering Aboriginal and Torres Strait Islander people to make informed decisions to improve their health and wellbeing. Aboriginal and Torres Strait Islander people are also involved in the planning of health care which empowers the community.

Question 9a.

Marks	0	1	2	Average
%	11	19	70	1.6

This question was answered well, with most students able to provide two characteristics of low-income countries. Students should be careful not to make statements that are not true, such as 'no access to safe water and sanitation' as although access is generally lower than in middle- and high-income countries – a proportion of people in low-income countries do have access. 'Low levels of access to safe water and sanitation' is a more accurate response.

Examples of other correct answers include:

- high levels of poverty or low average income / low gross domestic product (or gross national income) per capita
- few opportunities for global trade
- high population growth
- low rate of gender equality
- high under-five mortality rate
- low levels of education/literacy
- poor food security / high levels of food insecurity
- poor quality housing
- lower levels of carbon dioxide emissions.

Question 9b.

Marks	0	1	2	Average
%	41	29	30	0.9

This question was challenging for many students.

A common error was stating that health promotion activities have contributed to a decrease in smoking rates in low-income countries (which is more relevant to high-income countries), instead of focusing on the impact of global distribution and marketing of tobacco. Another common mistake was using the decreased ranking of lower respiratory infections, which is more likely to occur if smoking rates decrease.

The following is an example of a high-scoring response.

There has been more global distribution and marketing of tobacco in low-income countries due to the lack of education on the dangers of tobacco use in low-income countries. This may have caused the increase in the number of deaths due to strokes in low-income countries caused by the clotting of blood from smoking tobacco.

Question 9c.

Marks	0	1	2	3	4	Average
%	19	22	32	17	9	1.7

Students needed to demonstrate a specific understanding of both the biomedical and social models in relation to reducing the percentage of deaths from either tuberculosis or malaria.

Stating that the social model of health provides 'information' relating to the disease was too general and not a sufficient response. Answers needed to link to a reduction in deaths in each response to be eligible for full marks.

The following is an example of a high-scoring response.

Biomedical: model helped reduce deaths of malaria as they have been able to create medications and treatments that have been able to cure malaria, and to reduce its impacts making it much easier to survive.

Social: model helped by promoting and educating people in ways to prevent contracting malaria through, mosquito nets, and education of where you're most at risk (near water etc) which helped decrease deaths as less people were contracting it.

Question 10a.

Marks	0	1	2	Average
%	7	36	57	1.5

This question was answered well, with most students able to identify either Mexico or Fiji as a middle-income country and justify their choice using data from the table. Besides gross national income per capita (as this is the measure used to classify countries), some comparison should be made between the chosen country and either a high- or low-income country in the justification.

The following are examples of high-scoring responses:

- *Country: Fiji*
  Justification: This is shown as the life expectancy is 67 years and the access to water services is 94%, both values being larger than Afghanistan but lower than Australia.

- *Country: Mexico*
  Justification: Mexico's GNI per capita at $9180 puts them in the middle-income country bracket.

Question 10b.

Marks	0	1	2	3	Average
%	14	25	35	25	1.7

This question required students to use data from the table to discuss how access to basic drinking water and basic sanitation services could affect health status. For three marks, students needed to include three points of discussion.

Stating that lack of access to basic drinking water and sanitation can contribute to premature death and lower life expectancy, although true, does not provide the amount detail required for this question.

The following is an example of a high-scoring response.

Not having access to basic drinking water and basic sanitation would increase the risk of contracting infectious diseases such as cholera and typhoid which can lead to premature death. Afghanistan who only has 67% of people able to access basic drinking water and only 43% have access to basic sanitation services would therefore have a lower life expectancy and higher premature death rate than a country such as Australia where the 100% access to both sanitation and basic drinking water services.

Question 10c.

Marks	0	1	2	3	4	5	6	Average
%	10	9	15	15	20	15	15	3.4

To achieve full marks, students had to provide a specific example of an outcome of poverty and inequality and discrimination based on sex, and link each to health and wellbeing and health status.

Common errors included providing vague examples relating to poverty and/or inequality and discrimination based on sex, and linking to a dimension or health status indicator instead of linking to both. For example, 'reducing access to education' could relate to inequality and discrimination based on a range of factors and not necessarily sex, whereas 'reducing access to education among girls' relates specifically to the focus of the question.

The following is an example of a high-scoring response.

Poverty: individuals in poverty are unable to afford essential resources such as food. This causes them to become malnourished which weakens immune system, causing them to be more susceptible to disease, negatively impacting their physical health and wellbeing. By being susceptible to diseases such as cholera, individuals are more likely to contract this, contributing to increased mortality rates.

Inequality and discrimination based on sex: discrimination and inequality based upon sex may cause women to be excluded or isolated from society. This makes it difficult to maintain relationships with others and have positive communication, therefore negatively impacting social health and wellbeing. The lack of relationships reduces and individuals support they are receiving which can contribute to the development of mental health conditions such as depression therefore increasing morbidity rates from this.

Question 11

Marks	0	1	2	3	4	5	6	7	8	Average
%	30	19	18	14	11	5	3	1	1	1.9

Student responses were scored on the interplay between how well:

- the response had been structured
- the stimulus material had been understood, connected and synthesised
- the student's own understanding had been used to formulate the response
- global trends and other factors were discussed in terms of the impact on achieving SDG 2 'Zero hunger'
- the relationship between SDG 2 and two features of SDG 3 were discussed.

Most students who attempted this question gained some marks, with many showing a good understanding of the key features of SDG 3.

Common errors included neglecting to include global trends or not making links between global trends and SDG 2, not referring to all pieces of stimulus material or failing to show how the stimulus material was connected, and making vague links between SDG 2 and SDG 3.

The following is an example of a high-scoring response.

Global trends and other factors have a large impact on SDG 2 'Zero hunger'. Conflict (global trend) in Yemen has 'turned daily life into a living hell' for individuals as it has made food very scarce. This leads to malnutrition, in children such as Moteab, impacting SDG 2 and making it harder to achieve. SDG 2 also effects SDG 3: good health and wellbeing because when children suffer from SAM the 'neonatal and U5MR' increases. The sickness of children with SAM (vomiting. diarrhoea and weight loss) leads to hospitalisation and makes it difficult to 'ensure access to universal healthcare' because healthcare systems in low-income countries become overwhelmed. Despite this, malnutrition rates have decreased worldwide from 947.2 million in 2005 to a 785.4 million in 2015. Global trends emerging in recent years are unravelling this progress however as conflict and climate Change have caused malnutrition levels to increase to 811.7 million in 2017, hindering the progress of SDG 2 'zero hunger' which aims to provide food security worldwide and decrease malnutrition and hunger rates. Another issue that is emerging is the global marketing of processed foods. They are advertised to be 'healthy' in low-income countries and marketed at a cheaper price that fresh foods e.g. meat. 'Unhealthy food is easier to come by'. This availability is a double edged sword because although eating processed, energy dense food may reduce hunger rates, it leads to an increase in malnutrition still because processed foods don't contain the nutrients the body needs.

When people in low-income countries eat energy dense foods consistently it leads to what is known as a 'double burden of disease' where people suffer from communicable and non-communicable diseases. This makes SDG 3 harder to achieve because rates of non-communicable diseases are increasing world-wide. Overall, global trends are having a major impact on the achievement of SDG 2 and 3 and significant effort needs to be made to address these issues.

Question 12a.

Marks	0	1	2	3	4	Average
%	30	22	28	12	7	1.4

This question required students to make links between both peace and shelter and improved health outcomes for the Rohingya people.

Responses did not need to provide definitions of these concepts. A common mistake was discussing how lack of peace (i.e. conflict) and lack of shelter could contribute to negative effects on health and wellbeing, which did not answer the question. Students also needed to explain how peace and shelter can affect health and wellbeing instead of simply stating that they cause an impact.

The following is an example of a high-scoring response.

Peace: The absence of conflict and war is necessary as peace can relieve feelings of stress and anxiety around safety of themselves and family as a Rohingya person, so therefore is essential to improving / maintaining mental health and wellbeing.

Shelter: Shelter is essential to protect the Rohingya people from dangers within the external environment e.g. animal attacks. Attacks can result in injuries e.g. cuts that are vulnerable to infection, therefore decreasing the threat of dangers in the environment can enable them to be well enough to complete daily physical activities, therefore improving / maintaining their physical health and wellbeing.

Question 12b.

Marks	0	1	2	3	Average
%	41	26	23	10	1.0

Students who attempted this question were generally able to achieve some marks. For three marks, students could make briefer links to health and wellbeing, or fewer links with more discussion.

A common mistake was discussing conflict instead of mass migration. Although these concepts are often related, they are not the same.

The following is an example of a high-scoring response.

Mass migration causes displacement in many people as they are forced to leave their home and most of their belongings. This contributes to people losing their sense of belonging and connection to the world, contributing to poorer spiritual health and wellbeing. Additionally, mass migration means that many individuals and families must live without an income as they are moving or struggling to find a new job. This increases levels of stress and anxiety within people and therefore contributes to poorer mental health and wellbeing.

Question 13a.

Marks	0	1	2	3	Average
%	53	5	24	18	1.1

Students were able to accurately identify a WHO strategic priority but many neglected to describe it and simply linked it to the case study, which did not satisfy all requirements of the question. Another common mistake was simply restating part of the stimulus material without explaining how it reflected the priority.

The following is an example of a high-scoring response.

Addressing health emergencies is evident in the case. This WHO priority features helping individuals and communities recover from mass disease outbreaks by supplying medical resources. As there was a measles outbreak in 2018, causing 140 000 people to die, the WHO showed leadership alongside the CDC to supply vaccinations and immunisations to treat communities.

Question 13b.

Marks	0	1	2	3	Average
%	51	23	17	9	0.1

Students were required to explain how the Measles and Rubella Initiative could promote human development. Meaningful links between the program and aspects of human development were required for full marks. Responses could include fewer links with more discussion or more links with less discussion.

A common mistake was stating that the program could affect an aspect of human development without explaining how.

The following is an example of a high-scoring response.

This initiative means the 2.9 billion children that are vaccinated were able to attend school. This develops their knowledge and enhances their capability. This means these healthy children with a good education can get a good job that earns a good income to be able to achieve a decent standard of living. They may also be able to make better informed decisions that affect their lives, thus contributing to human development.