



Trial Examination 2023

VCE Health and Human Development Units 3&4

Written Examination

Suggested Solutions

Question 1 (3 marks)

a. *For example, any one of:*

- The social dimension relates to the ability to form meaningful relationships with others.
- The social dimension relates to the ability to manage and adapt appropriately to different social situations.
- The social dimension includes the level of support provided by family and within a community to ensure that every person has equal opportunity to function as a contributing member.

1 mark

One mark for describing the meaning of the social dimension of health and wellbeing.

b. *For example:*

The 'subjective' nature of health and wellbeing refers to the different ways people view their health and wellbeing. For example, one person may view their social health and wellbeing as being optimal if they are able to socialise at weekends with their group of friends, whereas another may only view their social health and wellbeing as being optimal if they are able to meet up with their friends each day of the week.

2 marks

One mark for explaining the subjective nature of health and wellbeing.

One mark for at least one example of the concept in relation to social health and wellbeing.

Question 2 (2 marks)

For example, any two of:

- The Human Development Index (HDI) uses more than purely economic indicators to evaluate the level of development of a country. It includes indicators that relate to levels of health and education and therefore provides a more complete guide to the level of development experienced in a country.
- The HDI uses indicators related to education, which gives an indication of the opportunities that exist in a country for individuals to enhance their choices and capabilities.
- The HDI arrives at a single statistic based on a number of indicators, which is helpful when comparing countries and assessing the relative level of development between countries.
- The HDI uses a single statistic based on a number of indicators, which provides a means of measuring and monitoring progress over time.

2 marks

For each advantage:

One mark for correctly outlining one advantage of the HDI.

Question 3 (6 marks)

a. *For example, any two of:*

- oats
- fruit
- vegetables
- lentils
- nuts
- seeds
- wheat bran
- wholegrain bread

2 marks

One mark for each major food source of fibre listed (two required).

b. *For example, any two of:*

- Soluble fibre absorbs water and thus adds bulk to faeces, which assists in the transport of food through the digestive system.
- Soluble fibre attaches to LDL cholesterol in the digestive system, therefore reducing the absorption of cholesterol into the blood stream.
- By absorbing water, soluble fibre slows down digestion, thereby reducing the absorption of glucose by the body.

2 marks

For each function:

One mark for correctly describing a function of soluble fibre.

c. *For example, any two of:*

- Fibre helps to slow the emptying process in the stomach, which causes a person to feel fuller for longer after eating. With low intake of fibre, food will pass through the digestive system more rapidly, leaving the person feeling hungry sooner; therefore, they will be more likely to eat beyond the energy needs of their body. Over time, this could lead to weight gain and obesity.
- Soluble fibre acts to remove LDL cholesterol from the digestive system. Over-consumption of LDL cholesterol and low intake of fibre could cause a build-up of fatty tissue (atherosclerosis) in the arteries, which can lead to heart attack or stroke.
- Fibre adds bulk to faeces, which assists in regular bowel movements and therefore helps maintain a healthy digestive system. Low intake of fibre increases the risk of developing bowel cancer.

2 marks

For each explanation:

One mark for one example of the impact of low dietary intake of fibre on health and wellbeing.

Note: For full marks to be awarded, a health condition must be included.

Question 4 (6 marks)

a. *For example:*

Low-income country: Malawi

Justification: The populations of low-income countries typically experience low access to safe water and sanitation. Only 26.55% of Malawi's population uses at least basic sanitation services. In comparison, 99.9% of the population of Australia (high-income country) uses adequate sanitation.

2 marks

One mark for identifying Malawi as a low-income country.

One mark for justifying this choice by comparing data on 'Population using at least basic sanitation services'.

Note: For full marks to be awarded, data must be included and quoted correctly.

b. *For example:*

Only 26.55% of Malawi's population uses at least basic sanitation, which relates to one feature of SDG 6: 'achieve access to adequate and equitable sanitation and hygiene for all'. Adequate sanitation includes the safe disposal of human waste, preventing the contamination of water sources with harmful bacteria. Poor sanitation can result in water-borne infectious diseases such as cholera. Children under the age of five have an underdeveloped immunity to infectious diseases such as cholera, therefore causing a high U5MR in Malawi (38.58 per 1000 live births). Improvements in access to adequate sanitation in Malawi could therefore support the achievement of one feature of SDG 3: 'end preventable deaths of newborns and children under five'.

4 marks

One mark for including the meaning of one feature of SDG 6.

One mark for linking the feature of SDG 6 to the prevalence of communicable disease and U5MR.

One mark for linking to the achievement of at least one feature of SDG 3.

One mark for using accurately quoted data for Malawi to support the response.

Note: Data for infant mortality could also be used.

Question 5 (11 marks)

a. *For example, any three of:*

- The campaign resulted in 100 GP appointments being made in the first five weeks and over 300 Quit Kits being distributed in six months. This represents a significant level of engagement by the local Indigenous community. Quitting smoking would significantly reduce the risk of Indigenous people developing lung cancer.
- The campaign strengthens community action as it involves the collaboration of several stakeholders in its implementation. For example, the Awabakal community health service worked with Headjam, a local creative agency, to develop the social media campaign; GPs distributed Quit Kits at consultations; and in its updates, the social media pages presented testimonials by local people who have quit.
- The campaign was culturally appropriate in the way it was delivered. Culture is a strong influence on the ongoing success of Indigenous programs as connection to culture promotes higher levels of participation. For example, regular social media updates posted testimonials of local people who had quit as well as information on participating Elders quitting to provide an example.
- The campaign assisted in the development of personal skills. Quit Kits were distributed by GPs, and the social media platform generated targeted messages about quitting depending on the recipient and created individual challenges by identifying reasons people quit and sending related information and messages. These would increase participants' knowledge and provide skills to help them quit.
- Smoking causes significant health issues in the Indigenous population group, including higher rates of cancer, cardiovascular and respiratory disease than non-Indigenous Australians. The program targets smoking specifically and therefore could act to reduce the prevalence of these conditions and improve the health status of this population group.

6 marks

For each reason:

One mark for discussing one criterion for evaluating initiatives in relation to improving Indigenous health and wellbeing.

One mark for linking the discussion to at least one example from the case study.

Note: At least one link to a dimension of health and wellbeing must be included for full marks to be awarded. Other criteria for evaluating a program include: other action areas of the Ottawa Charter that are evident in the initiative, and funding provided to implement the initiative.

b. *For example:*

Intersectoral collaboration: This relates to the collaboration of various organisations: government, non-government and other stakeholders that have the ability to influence the sociocultural and environmental factors that impact on a population's health status. In this case study, *Tackling Indigenous Smoking* is an Australian Government program that has been implemented by Awabakal medical service working with Headjam, local GPs and Quit, which would have provided the Quit Kits.

3 marks

One mark for correctly identifying one principle of the social model of health.

One mark for including the meaning of the principle.

One mark for identifying an example from the case study that reflects the selected principle.

Note: Other relevant principles include acts to enable access to health care; acts to reduce social inequities; addresses the broader determinants of health; and empowers individuals and communities.

c. *For example:*

Optimal health and wellbeing of a population group such as Indigenous Australians has important social and economic benefits nationally. A healthy Indigenous adult population means a more productive workforce with less absenteeism, less reliance on social welfare and less burden on the healthcare system. Optimal health and wellbeing can improve life expectancy, which is significantly lower in the Indigenous Australian population compared to the non-Indigenous Australian population.

2 marks

One mark for a general description of the importance of health and wellbeing as a resource nationally.

One mark for relating this description to Indigenous Australians.

Question 6 (5 marks)

a. *For example:*

The PBS is a federal government scheme designed to subsidise the cost of essential medicines.

1 mark

One mark for correctly describing the PBS.

Note: The word 'subsidise', or similar, must be included for a mark to be awarded.

b. *For example:*

Access: In relation to a healthcare system, access means that all people are provided with timely treatment based on their needs, not their ability to pay or where they live. The out-of-pocket costs for patients with uncommon cancers can be thousands of dollars per treatment more than those with more common types such as melanoma. Treatment is determined by a patient's ability to pay; therefore, the healthcare system fails to promote health in relation to access.

Equity: To be equitable and fair, a healthcare system considers the different healthcare needs of all patients. Considerations such as cost, culture or the nature of the condition would be taken into account. The information explains that patients diagnosed with cancer are charged widely varying fees according to the type of cancer: common or uncommon.

4 marks

For each response:

One mark for a description of the area of focus of the healthcare system (access or equity).

One mark for identifying information from the stimulus material that reflects the area of focus.

Question 7 (4 marks)

a. *For example, any two of:*

- High-income countries experience higher rates of education and employment than middle-income countries.
- People living in high-income countries have greater access to adequate housing than those in middle-income countries.
- High-income countries have more highly developed health systems than middle-income countries.
- High-income countries generally experience higher levels of gender equality than middle-income countries.

2 marks

One mark for correctly outlining each difference in the characteristics of high- and middle-income countries (two required).

Note: Examples can be taken from any of the three categories of characteristics: social, economic or environmental. Responses may use examples from one category only.

b. For example, any one of:

- Higher rates of education in high-income countries mean that more people have access to higher paying jobs than those living in middle-income countries. Increased income allows for greater access to nutritious foods, which improves immunity to disease. This would lead to lower incidence of infectious diseases in high-income countries compared to middle-income countries.
- Greater access to adequate housing in high-income countries means that less people are exposed to poor ventilation and lack of heating and cooling in their homes than those living in middle-income countries. Poor ventilation and lack of heating in homes can cause respiratory diseases, therefore decreasing life expectancy in middle-income countries compared to high-income countries.
- More highly developed health systems in high-income countries mean that more people have greater access to advanced medical technology and more highly trained medical practitioners than in middle-income countries. This could lead to earlier diagnoses of medical conditions such as cancer and therefore a reduction in the rate of premature death, leading to less YLL in high-income countries compared to middle-income countries.
- Higher levels of gender equality in high-income countries mean that more women have control over decisions related to their fertility than women living in middle-income countries. Higher birth rates in middle-income countries may reduce the ability of parents to afford a regular supply of nutritious food. Undernourished children are more likely to succumb to communicable diseases, which increases the under-five mortality rate in middle-income countries compared to high-income countries.

2 marks

*One mark for linking one difference in the characteristics of high- and middle-income countries from **part a.** to a relevant health condition.*

One mark for comparing the potential impact on health status in high- and middle-income countries.

Note: At least one indicator of health status must be included for full marks to be awarded.

Question 8 (9 marks)

a. For example, any two of:

- infrastructure, trade and international competitiveness
- gender equality and empowering women and girls
- education and health
- agriculture, fisheries and water

2 marks

One mark for identifying each priority (two required).

Note: The names of the priorities must be correctly worded.

b. *For example, any two of:*

- A feature of Australia's aid program is to promote national interests by contributing to sustainable economic growth and poverty reduction. The work of volunteers will contribute to sustainable economic growth and assist in reducing poverty in Timor-Leste.
- A feature of Australia's aid program is to work in partnership with other government departments, non-government organisations as well as local businesses and community groups to deliver aid programs. The program in Timor-Leste involves a range of partners, all of whom contribute to achieving its aims. Partners include: TradeInvest Timor-Leste (TITL), the Timorese Government's Ministry of Tourism and Ministry of Agriculture and Fisheries, and the Market Development Facility (MDF).
- The main geographical focus of Australia's aid program is the Indo-Pacific region, of which Timor-Leste is a part. Because of the close proximity of this region to Australia, strengthening business and administrative systems supports regional security. It also addresses humanitarian needs such as reducing poverty and improving health and wellbeing in the region.

4 marks

For each feature of Australia's aid program:

One mark for describing the feature.

One mark for identifying information from the case study that reflects the selected feature.

c. *For example:*

Social justice as a prerequisite of health relates to the fair treatment of and equal opportunity for all people, regardless of their age, income, sex, ethnicity and religion, to participate in personal development, community life and decision making. In the case study, Cooperativa Cafe Timor (CCT) coordinated the activities of small coffee and other agricultural growers to form a cooperative to sell their produce locally and overseas. This acts to increase the income of all growers regardless of their scale of production. Additionally, Mahanaim supported gender equality by creating job opportunities for women and supporting them with health and welfare issues, including family planning and maternal health.

3 marks

One mark for describing the meaning of social justice as a prerequisite for health.

Two marks for at least two examples of social justice from the case study.

Question 9 (5 marks)

a. For example, any one of:

- The *Australian Dietary Guidelines* were developed to address the causes behind an increase in diet-related conditions in Australia, which include obesity. They are intended for use by health professionals, educators and food industry bodies responsible for promoting healthy eating. Guideline 1 states: 'To achieve and maintain a healthy body weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs'. Promoting dietary changes and exercise habits that help to achieve energy balance can contribute to reducing the prevalence of obesity in Australia.
- The *Australian Dietary Guidelines* were developed to address the causes behind an increase in diet-related conditions in Australia, which include obesity. They are intended for use by health professionals, educators and food industry bodies responsible for promoting healthy eating. Guideline 2 states: 'Enjoy a wide variety of nutritious foods from the five food groups every day and drink plenty of water'. This promotes the consumption of plenty of vegetables, fruit, dairy products and lean meats, which are nutrient-dense and low in energy. Increasing the intake of these foods can reduce the prevalence of obesity in Australia.
- The *Australian Dietary Guidelines* were developed to address the causes behind an increase in diet-related conditions in Australia, which include obesity. They are intended for use by health professionals, educators and food industry bodies responsible for promoting healthy eating. Guideline 3 states: 'Limit intake of foods containing saturated fat, added salt, added sugars and alcohol'. Foods high in fat and sugars are energy-dense and therefore can lead to increased adipose tissue if eaten regularly. Promoting dietary changes to reduce the intake of these foods can reduce the prevalence of obesity in Australia.
- The 'Australian Guide to Healthy Eating', which is incorporated into the *Australian Dietary Guidelines*, is a food selection model that shows the proportions of foods from the five food groups that should be consumed daily. Foods high in fats and sugars are shown outside the main chart as foods that should be eaten only sometimes and in small amounts. This is a poster-type visual tool intended to be used by consumers to assist in their food selection. Its accessibility can contribute to reducing the prevalence of obesity in Australia.

3 marks

One mark for identifying one feature of the Australian Dietary Guidelines related to reducing rates of obesity through dietary changes.

One mark for outlining the relationship between the feature and obesity.

One mark for outlining how the feature addresses the prevalence of obesity in Australia.

Note: The Guidelines do not have to be written with exact wording, but it is necessary that the full meaning is conveyed.

b. *For example, any two of:*

- An individual may not have the knowledge or cooking skills to prepare healthy foods that are high in nutrients and low in energy.
- An individual may have taste preferences that include foods high in fats and sugars. This would make it difficult to switch to nutrient-dense foods that are considered to be less tasty.
- An individual may be strongly influenced by advertising and marketing of energy-dense foods such as those from fast food outlets. This would reduce their desire to consume nutritious foods low in fats and sugars.
- It is often difficult to have the willpower to change eating habits and resist the temptation to eat energy-dense foods that are often served at social gatherings and in cafes and school canteens.
- An individual may believe they would not like more nutritious foods that are low in fats and sugars despite not having tried them or believe that the negative effects of eating energy-dense foods will not happen to them.
- Some people's lives become very busy, which limits the time they have to prepare healthier nutrient-dense meals. Instead, they resort to convenience foods that are often high in fats and sugars.

2 marks

For each challenge:

One mark for describing a challenge to bringing about dietary change in relation to obesity.

Question 10 (12 marks)

a. *For example:*

The type of aid provided by non-government organisations is typically small-scale, community-based projects often in regions where government aid may not have access. Projects focus on basic health and wellbeing needs and involve the local community in their implementation. The food security program focuses on rural remote households, ensuring food supplies reach the most vulnerable and marginalised communities throughout Fiji.

2 marks

*One mark for describing the type of aid provided by non-government organisations.
One mark for identifying at least one feature of the program that reflects the description of non-government organisation aid.*

b. *For example, any two of:*

- **Ownership:** The community receiving aid must be involved in the planning and implementation of a project for it to be effective. This ensures the continuation of the program once aid workers leave. In the case study, the non-government organisation provided opportunities for women to coordinate the supply of fresh food to their communities. Giving women a sense of ownership would ensure ongoing food security for the community.
- **Focus on results:** Aid programs should focus on empowering women as they are responsible for most agricultural and domestic work. This means the program is more likely to succeed and continue once aid workers leave. The program empowers women to coordinate the food supply during the pandemic lockdowns, leading to improved food security.
- **Partnerships:** An effective program involves collaboration between the various stakeholders, which includes members of the recipient community. The project was run by Rise Beyond the Reef with the support of FIJI Water Foundation and other partners. Local women were given the opportunity to coordinate the fresh food supply.

4 marks

For each feature:

One mark for describing the feature.

One mark for identifying an example of how the feature is represented in the case study.

Note: A mark is not awarded for the name of a feature; a description must be given.

c. i. *For example:*

SDG 5, 'Gender equality'.

The program empowers women living in remote rural communities to become leaders in the COVID-19 pandemic response by giving them the opportunity to coordinate their community's supply of fresh crops.

2 marks

One mark for identifying SDG 5, 'Gender equality'.

One mark for selecting relevant information from the case study to justify choosing this SDG.

ii. *For example:*

The Basa Exchange Program recognises the critical role of women as the main caregivers of families in the remote rural communities. By providing women with the opportunity for leadership through coordinating the supply of fresh crops, the program has ensured food security for these communities. Improved nourishment allows the communities to combat water-borne and other communicable diseases, such as hepatitis, which is a feature of SDG 3.

2 marks

One mark for a meaningful link from a feature of SDG 5 to the achievement of SDG 3.

One mark for describing a relevant feature of SDG 3.

*Note: Consequential on answer to **Question 10c.i**.*

d. *For example, any two of:*

- The program provides women with the opportunity to coordinate and lead the supply of fresh food to their communities. This gives women control of decisions that affect their lives, ensuring food security for themselves and their families.
- Coordinating the supply of fresh food would involve communicating across the supply chain as well as with community members to ensure all families receive adequate supplies. This means the women are actively participating in the life of their community.
- Providing access to fresh food supplies means community members will be well-nourished, and therefore children will have energy to remain attentive at school, thereby increasing their access to knowledge and their capacity to pursue a career of their choice in the future.

2 marks

For each explanation:

One mark for providing a meaningful link from the program to one aspect of human development.

Note: Other aspects of human development that could be linked to the case study include having access to resources needed for a decent standard of living and having the ability to lead long and healthy lives.

Question 11 (7 marks)

a. *For example:*

Life expectancy has increased for both males and females from approximately 50 and 55 years, respectively, in 1900 to approximately 81 and 84 years, respectively, in 2020.

1 mark

One mark for correctly identifying the increased trend.

b. *For example:*

Old public health policy during the first decades of the 1900s included the Public Health Act, which funded improvements in water and sanitation systems. The safe removal of human waste and garbage reduced the risk of the population contracting infectious diseases such as cholera and typhoid. This contributed to increased life expectancy during this time.

2 marks

One mark for outlining an example of policy related to old public health.

One mark for a meaningful link made to an increase in life expectancy.

Note: Responses must link to the increase in life expectancy for full marks to be awarded.

c. *For example:*

The biomedical and social models of health represent two different approaches to improving health and wellbeing, each having the ability to increase the life expectancy of a population. The biomedical model involves a focus on the biological nature of illness and disease, treating an individual patient's symptoms once they occur. It relies heavily on medical intervention in terms of health professionals, medication and medical technology. This differs from the social model, which focuses on preventing illness and disease through bringing about changes to individual behaviour to improve health status. Using heart disease as an example, developments in the biomedical model have increased life expectancy over time through procedures such as bypass surgery when coronary arteries have become blocked. The social model has encouraged changes to diet through healthy eating programs such as the 'Australian Guide to Healthy Eating'. This acts to increase life expectancy over time by reducing the number of people with atherosclerosis, which could lead to a heart attack.

4 marks

One mark for outlining the characteristics of the biomedical model of health.

One mark for outlining the characteristics of the social model of health.

One mark for linking the biomedical model to changes in life expectancy in Australia over time.

One mark for linking the social model to changes in life expectancy in Australia over time.

Question 12 (10 marks)

For example:

Source 1 shows a higher incidence of diabetes in males compared to females in all groups. However, the highest incidence for both males and females is in the 'Indigenous' group (approximately 390 and 380 per 100 000, respectively). When compared to 'persons' in the 'non-Indigenous' group (approximately 180 per 100 000), the 'Indigenous' group is significantly higher. In regard to socioeconomic status (SES), represented by socioeconomic area, the incidence rate decreases with the level of disadvantage; the incidence for the 'most disadvantaged' group (group 1) is approximately 260 per 100 000, which gradually drops to approximately 120 per 100 000 in the 'least disadvantaged' group (group 5).

Biological factors have some influence on rates of diabetes, especially for the 'Indigenous' group from Source 1, which experiences a metabolic syndrome known as syndrome X. This is linked to obesity levels and causes a range of health issues, including high levels of abdominal fat, high LDL and low HDL cholesterol levels, high blood pressure and impaired glucose regulation. Impaired glucose regulation is implicated in the high rates of diabetes as well as gestational diabetes mellitus (GDM), as shown in Source 2. Obesity levels, as shown in Source 3, are 1.2 times higher in low SES areas compared to high SES areas. Indigenous Australians over the age of 15 are 1.5 times more likely to be obese than non-Indigenous Australians. High body mass index (BMI) is the greatest risk factor for type 2 diabetes as it has the effect of causing insulin resistance in the body. Higher rates of overweight in males compared to females may also contribute to the higher incidence of diabetes in males.

Sociocultural factors such as food insecurity can contribute to higher obesity levels and therefore increased incidence of diabetes in some population groups. Those in the 'Indigenous' group from Source 1 are more likely to choose foods high in fats and sugar due to Western influences on their diet. Those living in the most disadvantaged SES areas are more likely to choose less expensive fast foods that are high in fats and sugar.

Environmental factors can influence access to nutritious foods as well as access to healthcare services for both the 'Indigenous' group and the 'most disadvantaged' group from Source 1. For Indigenous Australians living in remote areas, there is often less access to nutrient-rich fresh fruit and vegetables because of the cost of refrigeration and transport. Those living in disadvantaged SES areas often have greater access to fast food outlets than fresh food sources meaning a higher dietary intake of energy-dense foods and lower intake of fruit and vegetables. Lack of access to healthcare services could delay a diagnosis of diabetes and therefore contribute to poorer health outcomes for both population groups.

The impact of these factors on increased rates of diabetes will contribute to both higher YLD (morbidity) and YLL (mortality rates) in Australia. Increased incidence in diabetes has resulted in increased medical research and the development of technologies and medications to treat diabetes. This results in less premature deaths and more people living with the condition. However, as Source 2 indicates, GDM can lead to complications for mother and child during pregnancy and therefore could potentially increase both maternal and infant mortality rates in Indigenous populations.

10 marks

Marks for this question are awarded holistically using the following points as a guide:

- Up to three marks for applying the influence of biological factors on rates of diabetes along with connecting to and synthesising the stimulus material.
- Up to three marks for applying the influence of sociocultural factors on rates of diabetes along with connecting to and synthesising the stimulus material.
- Up to three marks for applying the influence of environmental factors on rates of diabetes along with connecting to and synthesising the stimulus material.
- One mark for connecting the implications of a high incidence of diabetes to the burden of disease in Australia.

Note: For a response to be awarded full marks, consideration should be made of how clearly and coherently it is structured. Examples from all three sources should be included.

Question 13 (3 marks)

a. Gross National Income per capita

1 mark

One mark for identifying the full name of the indicator.

b. *For example, any one of the following advantages:*

- Placing countries within one of three categories means the shared characteristics of countries within a particular category, such as the level of education or healthcare needs, are recognised. This assists in the selection of appropriate programs and interventions.
- The indicator is updated once every year; therefore, any sudden change to a country's circumstances can be addressed in a timely manner.
- Categorising countries into three categories based on average income means low-income countries can be allocated a higher proportion of development aid in order to create greater equity globally.

For example, any one of the following disadvantages:

- The indicator does not account for the differences that exist between population groups or regions within countries. For example, some regions of China would be considered high-income, whereas others would be low-income.
- The types of economies of countries classified within the same category may vary widely, requiring different types of interventions. For example, the economies of middle-income countries may be based on different types of industries.
- The geographical location of countries classified within the same category may vary widely, requiring different types of interventions. For example, middle-income countries are located in varying geographical regions across the world.
- The cultural differences of countries classified within the same category may dictate the way in which interventions are managed. For example, low-income countries vary in the main religious beliefs of their populations.

2 marks

One mark for outlining one advantage of classifying countries as low-, middle- or high-income.

One mark for outlining one disadvantage of classifying countries as low-, middle- or high-income.

Question 14 (5 marks)

a. *For example, any one of:*

- Provide leadership and create partnerships to promote health and wellbeing: In the case study, the World Health Organization (WHO) is leading and partnering with European Civil Protection and Humanitarian Aid Operations (ECHO) to support the rapid response teams as part of the COVID-19 response in Sudan. This would greatly decrease the rate of infection in the community and within the healthcare workers.
- Provide technical support and build sustainable health systems: The rapid response teams are provided with training, testing kits and PPE, supportive supervision and 14 vehicles to help them respond to alerts quickly. This would greatly improve the confidence of healthcare workers because they know that they are protected from COVID-19 infection as they are providing the best possible care for patients.

2 marks

One mark for one example of the work of the WHO.

One mark for explaining how the example could promote health and wellbeing.

b. *For example, any one of:*

- **Achieve universal health coverage:** The WHO works with countries to provide access to essential medicines, vaccines and health products to help them overcome disease and illness within the population. This is reflected in the information as the WHO provided essential medications, intensive care equipment and consumables.
- **Addressing health emergencies:** The WHO ensures all people affected by a health emergency have quick access to essential life-saving health services and disease prevention. This is reflected in the information as, in response to the outbreak of COVID-19, the WHO provided essential medications, intensive care equipment and consumables, and capacity-building for more than 400 clinical staff at isolation centres in six of Sudan's states.
- **Promoting healthier populations:** This priority includes accelerating the elimination of high-impact communicable diseases. The COVID-19 pandemic has required the WHO to respond rapidly across the world, especially in low-income nations such as Sudan. In the information, ECHO is working with WHO to support COVID-19 rapid response teams. The teams are provided with training, testing kits and PPE, supportive supervision and 14 vehicles to help them respond to alerts quickly. These reflect an accelerated response to this health emergency.

3 marks

One mark for correctly identifying one strategic priority of the WHO.

One mark for describing the priority.

One mark for discussing one example from the information that reflects the priority.

Question 15 (9 marks)

a. *For example:*

The increased accessibility of digital technologies globally has allowed alcohol companies to transmit their marketing messages across national borders, regardless of sociocultural considerations. This represents the aggressive strategies used by these multinational companies to increase their markets globally and increase profits. It is a serious concern as the marketing is reaching low- and middle-income countries that may have a current low prevalence of alcohol consumption or high abstinence rates. Unlike high-income countries, these countries generally lack restrictive laws on the sale and consumption of alcohol. In countries with lower average incomes, the economy and health status will be negatively impacted by an increased consumption of alcohol.

3 marks

One mark for outlining at least one reason why alcohol companies use digital technologies to target more countries to market their products.

Two marks for outlining the implications for low- and middle-income countries of increased alcohol marketing.

b. *For example, any three of:*

- Digital technologies have a major influence on young people and adolescents, especially when linked to product placement in sporting and cultural events. At a young age, they are less likely to be aware of the harmful effects of alcohol misuse and may experience serious injuries while under the influence.
- Education levels are often lower in low- and middle-income countries, meaning young women in these countries who are exposed to digital marketing of alcohol may be unaware of the harmful effects of alcohol during pregnancy. This could lead to fetal alcohol spectrum disorder.
- The digital marketing of alcohol across borders would increase alcohol consumption, thereby increasing the global prevalence of non-communicable diseases associated with alcohol misuse, such as cardiovascular disease, liver disease and some cancers.
- The use of digital marketing of alcohol in low-and middle-income countries can lead to increased poverty and disease if already limited incomes are spent on alcohol rather than food. Lack of nutritious food can lead to malnutrition and reduced immunity to disease.
- The digital marketing of alcohol can lead to increased alcohol consumption and thus cause harm to people other than the consumer through road trauma, violent behaviour and domestic violence. Harm can be in the form of physical injuries, mental distress and the breakdown of relationships.

6 marks

For each implication:

One mark for explaining the effect of using digital technologies to market alcohol on the levels or scope of alcohol consumption.

One mark for explaining the implication of increased alcohol consumption for human health and wellbeing.

Question 16 (3 marks)

For example:

Social sustainability relates to an equitable society that meets the needs of all citizens and can be maintained indefinitely. This means that all people can participate freely within society and have equal access to the resources that allow them to experience a decent standard of living. For example, achieving gender equality within communities across the world would promote social health and wellbeing globally as women are empowered to have control over decisions that affect their lives, such as their ability to interact freely within the community and to choose their marriage partner.

3 marks

Two marks for describing the meaning of social sustainability.

One mark for explaining how social sustainability can promote health and wellbeing in a global context.