

# 2015 VCE Health and Human Development examination report

## General comments

The 2015 Health and Human Development examination was quite well handled by many students, who were able to answer most questions. There were, however, a few questions that many students had difficulty answering in the level of detail required; for example, Questions 4b., 4c., 5d., 6, 7 and 13a.

Students generally showed a good understanding of the required health definitions and key subject content, but many were challenged when they were required to apply the concepts to situations that they may not have been familiar with.

Where data was provided, most students demonstrated skills in being able to read and interpret the information and to incorporate the data into their answers. This was particularly important in questions that required students to use data in their answers. Other areas of strength included an understanding of the similarities and differences between private health insurance and Medicare, understanding of the characteristics of a developed country, the use of nutrition surveys, the Human Development Index, the elements of sustainability, the reasons Australia provides aid to developing countries, the different types of aid and the priorities of Australia's aid program.

Concepts that provided the greatest challenge to students included VicHealth's mission; recognition of how the principles of the social model are reflected in a VicHealth program; programs that address the National Health Priority Areas, particularly in relation to reducing sodium consumption; the Australian Dietary Guidelines, especially the relationship to sodium consumption; and the role of sodium in relation to health. These concepts are included as major dot points in the study design. Students also struggled to apply their understanding of how multilateral aid could help promote global health and the relationship between girls' education and any of the stimulus material provided. Many students also found it difficult to describe a program they had studied, particularly in relation to dementia and food security.

One of the new concepts assessed this year related to the new priorities that had been developed by the World Health Organization. Many students were able to name and explain the priority but had difficulty showing how it promoted sustainable human development. Many students also struggled to show an understanding of the interrelationships between health and human development and health and sustainability using the case study provided.

It is important that students read the questions carefully and ensure that they understand what is being asked before answering. Where questions require students to use data and they do not use data in their answer, they have not answered the question being asked. Where students continue their response on the back page of the answer book, they need to indicate this clearly and label the additional response with the relevant question number.

## Specific information

**Note: 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
%	26	35	39	1.1

Life expectancy is the number of years an individual is expected to live if existing death rates continue, whereas health-adjusted life expectancy refers to the number of years lived without reduced functioning due to ill health, an indicator of quality of life.

This question was generally answered well, although a number of students did not include the full definition of life expectancy.

### Question 1b.

Marks	0	1	2	Average
%	19	15	66	1.5

This question was generally well answered, although some students failed to use data as required in the question.

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

*Male Indigenous Australian have a lower life expectancy at birth at 69 years compared to non-Indigenous males who have a life expectancy of about 79 years. Indigenous Australian females have a life expectancy of about 74, which is lower than Non-Indigenous Australian females whose life expectancy is about 82 years.*

### Question 1c.

Marks	0	1	2	Average
%	43	30	27	0.9

Overall, this question was not answered well by students. Students needed to explain why mental health differs between Indigenous Australians and non-Indigenous Australians. Many students simply stated that there was a difference, without explaining the reasons for the difference.

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

*Indigenous Australians are less likely to engage in physical activity than non-Indigenous Australians. Physical activity enhances mental health, due to the release of endorphins. Thus, a lack of physical activity may increase feelings of anxiety/depression among Indigenous Australian, thus accounting for differences in mental health.*

**Question 1d.**

Marks	0	1	2	3	Average
%	24	31	27	19	1.4

Most students were able to identify a relevant social determinant and explain the role it played in contributing to differences in life expectancy at birth between Indigenous Australians and non-Indigenous Australians. Relevant examples included:

- access to culturally appropriate healthcare
- higher rates of food insecurity, with reference to income and social factors
- higher levels of stress
- social exclusion, isolation or discrimination
- higher levels of unemployment
- low socio-economic status.

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

*Lack of access to culturally appropriate health care*

*Access to health care, indigenous may find it difficult to find culturally sensitive health care that could lead to avoiding doctors and nurses where diseases or ill health could go untreated for a period of time leading to a lower life expectancy for indigenous than non-indigenous people who are more likely to access doctors and health care professionals.*

**Question 2a.**

Marks	0	1	2	Average
%	27	37	36	1.1

This question was answered well by some students.

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

*Private health insurance is optional cover that some families and individuals choose to purchase to cover health services ('extras') that are not covered by Medicare. Eg. Dental, physio.*

**Question 2b.**

Marks	0	1	2	3	Average
%	28	47	16	10	1.1

A possible response could have been:

Selected value: effective

Description: Private health insurance is effective as it allows people to access procedures such as elective surgery when required rather than having to be placed on a waiting list. People are able to have a choice of doctor while in hospital.

This question was challenging for many students. Students were generally able to select a relevant value but had difficulty describing how private health insurance reflected the value. Students who chose the values of sustainable, efficient, effective, responsive or accessible were better able to apply these to private health insurance than students who selected safe or continuous.

**Question 2c.**

Marks	0	1	2	Average
%	22	34	44	1.2

Some students were able to provide one similarity and one difference between Medicare and the PBS.

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

*Similarity: Both are ran by the federal government and the federal government subsidises the cost of each.*

*Difference: Medicare is Australia's universal health scheme that allows all Australians access to a wide range of health such as G.P consultations and X-rays as a public patient in a public hospital whereas the PBS is more specific - giving Australians access to essential medicines only.*

**Question 3a.**

Marks	0	1	2	Average
%	8	22	71	1.7

The majority of students answered this question well, with many characteristics listed, including:

- high gross national income
- low levels of poverty
- wide range of industries
- high human development index
- good infrastructure, such as roads, water supplies and healthcare systems
- greater gender equality
- high levels of employment
- adequate housing
- high life expectancy
- low under-five mortality rate
- greater access to healthcare.

**Question 3b.**

Marks	0	1	2	Average
%	11	16	72	1.6

The majority of students were able to interpret the information in the graph and compare the progress made by Oceania and northern Africa in relation to achieving Millennium Development Goal 4: Reduce child mortality.

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

*Oceania has reduced its under-five mortality rate from 74 to 55 deaths per 1,000 live births between 1990 and 2012 and is unlikely to meet the goal by 2015. Northern Africa has reduced its under-five mortality rate from 73 to 22 deaths per 1,000 live births and has met the goal between 1990 and 2012.*

**Question 4a.**

Marks	0	1	Average
%	39	61	0.6

This question was answered well. Students showed a sound understanding of physical health.

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

*Reduced alcohol consumption allows people to have more ability to maintain a recommended body weight as alcohol is energy dense. This therefore improves physical health outcomes.*

#### Question 4b.

Marks	0	1	2	Average
%	58	11	32	0.8

This question drew on understanding of VicHealth’s mission. Students needed to ensure that one aspect of VicHealth’s mission was evident in their answer. Many students found this question difficult.

Possible responses included:

- Promote good health in partnership with others – the No Excuse Needed Campaign is a joint project by VicHealth and the Victorian Government.
- Recognise that the social and economic conditions for all people influence their health – addresses social conditions through societal and cultural norms that influence alcohol consumption, which are related to a number of conditions that can decrease health.
- Support initiatives that assist individuals, communities, workplaces and broader society to improve wellbeing – assists individuals to improve their own wellbeing through providing the motivation to regulate their alcohol intake to a level that is healthy, rather than being socially pressured to drink more.
- Seek to prevent chronic conditions for all Victorians – decreasing alcohol consumption will decrease the range of associated chronic conditions such as obesity and type 2 diabetes.

#### Question 4c.

Marks	0	1	2	3	Average
%	38	11	35	17	1.3

This question assessed students’ understanding of the social model of health and how it is reflected in a VicHealth project. Many students struggled with this question. Some were able to identify one principle but had difficulty applying it to the project. Students who chose the principles of ‘empowers individuals and communities’, ‘addresses the broader determinants of health’ or ‘involves inter-sectoral collaboration’ were better able to answer the question than those who selected ‘acts to reduce social inequities’ or ‘acts to enable access to health care’.

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

*Empower individuals and communities*

*The ‘No Excuse Needed’ Campaign aims to empower individuals and communities by encouraging society to accept those who don’t want to drink. The program aims to promote individuals to say no to alcoholic drinks and to not be peer pressured through television commercials that challenge the social norm of drinking this encourages individuals to take greater control over their health and make healthier decisions.*

#### Question 5a.

Marks	0	1	Average
%	40	60	0.6

This question was answered well and responses indicated that most students had a good understanding of the meaning of prevalence.

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

*The number of cases of a particular disease or condition present in the population at a given time.*

#### Question 5b.

Marks	0	1	2	Average
%	15	38	48	1.4

Students were required to identify two trends in the graph provided. In the context of this question, a trend can be a pattern or a relationship in the data. Possible trends included:

- Females have a higher prevalence of osteoporosis than males.
- Osteoporosis is more prevalent in major cities than in other areas.
- The prevalence of osteoporosis is similar in major cities and inner regional areas.

This question was generally well answered by students who were able to identify trends that were evident in the graph provided. Some students, however, restated the facts that were shown in the graph rather than focusing on the trends that were evident (for example, 1 per cent of males in both major cities and inner regional areas had osteoporosis).

#### Question 5c.

Marks	0	1	2	Average
%	29	38	33	1.1

While this question was generally answered well, many students were unable to provide sufficient detail about osteoporosis.

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

*Osteoporosis is a condition whereby bone density thins and weakens, resulting in porous bones. This then enables fractures and breaks to occur easily.*

#### Question 5d.

Marks	0	1	2	3	Average
%	38	24	23	15	1.2

The ability to describe a program relevant to each of the National Health Priority Areas (NHPAs) is key knowledge in Unit 3. This question was not very well answered and marks were awarded related to the level of detail provided. Key points to describe the program may have included the aims, target, location, content or outcomes of the program.

Many students chose Bone Health for Life but other good examples included Healthy Bones Australia, 'Waves' warm water exercise program, How Dense Are You?, Living Well with Arthritis, Better Arthritis and Osteoporosis Care (BAOC), and Healthy Bones Action Week.

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

*'Bone Health for Life' by Jean Hailes a non-government program designed to create greater awareness about osteoporosis and encourage individuals to increase control over their health to decrease their risk. The 'Bone Health for Life' program includes fact sheets that provide individuals with information of how to decrease their risk of osteoporosis through protective measures such as Vitamin D intake. The program features a website that includes a quiz for individuals to assess their risk of osteoporosis as well as information on what osteoporosis is and how to identify it. Bone health for life also provides medical professionals with information on osteoporosis so they can be further equipped on the symptoms and how to treat it.*

**Question 6a.**

Marks	0	1	2	Average
%	19	47	34	1.2

Most students were able to provide reasons why the Australian Government conducts nutrition surveys.

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

*The Australian Government conducts nutrition surveys to assess dietary trends and in order to use the information gathered for the development of food selection models such as the 'Australian Guide to Healthy Eating'. Nutrition Surveys are also used to create food laws and regulations such as mandatory fortification.*

**Question 6b.**

Marks	0	1	Average
%	63	37	0.4

This question was not answered well, as students were unable to accurately state the relevant Australian Dietary Guideline that related to sodium consumption: Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.

**Question 6c.**

Marks	0	1	2	Average
%	41	28	31	0.9

This question was not answered well. Sodium consumption is a risk factor for cardiovascular disease and is part of the key knowledge associated with Unit 3. Students are reminded that sodium is not related to energy and does not contribute to obesity.

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

*Excessive sodium can impact fluid retention. This can cause blood retention in the body (increasing blood volume), leading to increased rate of high blood pressure which can cause a stroke. Excess sodium can cause calcium to be excreted which can cause bone strength to deteriorate increasing the risk of osteoporosis.*

**Question 6d.**

Marks	0	1	2	3	Average
%	66	13	13	8	0.7

The majority of students struggled to describe a program developed by a non-government organisation that may address sodium consumption. The most popular program selected was the Heart Foundation Tick program but most students struggled to link the program to sodium consumption. Other programs selected included programs implemented by Nutrition Australia. Students should note that the Healthy Eating Pyramid is not a program; it is a food selection tool.

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

*The Healthy Eating Advisory Service is a program developed by Nutrition Australia, which provides nutritional advice, menu assessments and nutritious recipes which are low in saturated fat, sugar and sodium, thus encouraging Australians to replace foods high in sodium such as fried/fast foods, with nutrient dense foods such as fruits and vegetables. Nutritious foods are also distributed in workplaces, schools and hospitals, thus further encouraging Australians to adopt a similar nutrient dense diet, as a substitute for sodium-dense foods.*

**Question 7a.**

Marks	0	1	2	3	Average
%	41	12	25	22	1.3

Possible answers included:

- Universal health coverage: Providing access to healthcare at an affordable cost for everyone regardless of their ability to pay. Families should not have to experience poverty to pay for healthcare.
- International health regulations: the WHO has a leadership role in ensuring that all member states monitor and respond appropriately to outbreaks of communicable diseases such as Ebola and avian flu.
- Increasing access to medical products: Providing access to essential, high-quality and affordable medical technologies.
- Social, economic and environmental determinants: To improve people's health outcomes and increase healthy life expectancy, action is needed across the range of determinants that affect health, such as safe water and sanitation, poverty and education.
- Non-communicable diseases: The rise of non-communicable diseases across developed and developing countries threatens the ability of health systems to meet the needs of the population. The focus is mainly on cancer, respiratory disease, cardiovascular disease, diabetes and mental health.
- Health-related Millennium Development Goals: Sustaining the gains that have been made towards the 2015 Millennium Development Goals such as reduce child mortality, improve maternal health and combat HIV/AIDS, malaria and other diseases.

This question related to the new priorities released by the WHO and was not answered well. While some students were able to identify and explain one of the new priorities, many could not. This is specific knowledge outlined in Unit 4, Area of Study 2.

**Question 7b.**

Marks	0	1	2	3	4	5	6	Average
%	25	12	15	16	13	11	7	2.4

This question was not answered well. Students could be awarded only partial marks if the priority selected in part a. was incorrect but they were able to describe in detail a relationship to sustainable human development. In their response, students could have included a description of how the selected priority promoted health, how it promoted human development and the relationship to any type of sustainability. Alternatively, students could have provided a response by interrelating the three concepts of health, human development and sustainability together.

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

*Universal health coverage*

*By allowing more people access to health care, more people are being treated for their diseases and illnesses, improving their physical health. With improved physical health, they can attend school where they receive access to knowledge, promoting human development. Those who are educated, are more likely to pass on their knowledge and educate their children and future generations, promoting social sustainability. With more people being educated, more people are aware of the consequences of diseases and will seek health care. They will be treated and cured for their illness, leading to an increased life expectancy. With higher life expectancy come more ability to lead productive and creative lives in accord with their needs and interests. People can work and earn an income, improving their standard of living and overall human development. With higher average incomes, future generations have more ability to earn income too and improve the economy, thus improving economic sustainability.*



**Question 8a.**

Marks	0	1	Average
%	18	82	<b>0.8</b>

The majority of students were able to identify Millennium Development Goal 1: Eradicate extreme poverty and hunger, as being represented in the image.

**Question 8b.**

Marks	0	1	2	Average
%	51	35	13	<b>0.6</b>

Question 8b. posed a greater challenge for students than 8a. Many were unable to give two reasons why Millennium Development Goal 1 was important.

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

- *By reducing hunger children are able to go to school and then get a job that is well payed which can promote economic development in developing countries and reduce poverty.*
- *By reducing poverty less people will die due to diseases that could be prevented (due to paying for health care) which means more people can live to their full potential and less children will be orphaned due to death of parents.*

**Question 8c.**

Marks	0	1	2	3	Average
%	33	28	26	14	<b>1.2</b>

Many students struggled to describe in sufficient detail a program developed to address the level of stunting in children. Students should have been able to use a food security program they had studied and link it to addressing the level of stunting. To gain full marks, students needed to describe a program, such as the aims, target, location, content and outcomes of the program. While students were not awarded marks for naming the program, it is highly recommended that this is included.

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

*World Vision could implement a food for all program. They could provide a nutritious breakfast for children attending school. This meal would provide them with the necessary nutrients for development, thereby reducing the level of stunting in children. Remaining portions of food could be given to children to take home to feed their siblings, which could reduce stunting among them. Children could be taught and involved in projects like growing fruit and vegetable in the school garden, which allows them access to food in the future. They could be given seeds that produce high yield and quality vegetables to take home and grow in their home gardens. Having adequate nutritious food will enable children to grow, thereby reducing the level of stunting.*

**Question 8d.**

Marks	0	1	2	3	Average
%	40	22	22	15	<b>1.1</b>

Where students were able to describe an appropriate program in part c., they were generally able to relate the program to the promotion of human development. To gain full marks students needed to explain how the program impacts on a range of the following:

- standard of living
- level of knowledge

- health
- enhancing capabilities
- community participation
- individual choices or decisions

Using the example outlined in the high-scoring response to Question 8c., the same student provided the following high-scoring response.

*Since children are provided with breakfast at school they would be encouraged to come to school and participate in lessons that allow them to gain knowledge and develop to their full potential in the future. If they are educated they would also be able to seek high-paid employment in future which enables them to purchase resources according to their needs and interests in future. Providing them with nutritious food builds and strengthens their immune system, thereby reducing their vulnerability to diseases and allowing them to lead a long, productive and creative life in the future.*

#### Question 9a.

Marks	0	1	2	Average
%	15	42	43	1.3

Most students were able to read and interpret the data in the table to compare the health status of Australia to Chad. When answering this question students needed to include the specific data provided in the table for both Chad and Australia. Students were not required to provide reasons for the differences.

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

*Australia has a higher life expectancy at birth, of 82.5 years when compared to Chad which has a life expectancy of 51.2 years in 2013. Australia has a lower under-five mortality rate, of 5 per 1000 live births when compare with Chad, which has a higher under-five mortality rate of 15.0 per 1000 live births in 2013.*

#### Question 9b.

Marks	0	1	2	3	Average
%	44	19	24	13	1.1

Possible responses included:

- Australia has a higher life expectancy than Chad: 82.5 compared to 51.2. This is in part due to greater access to healthcare. Australia has 99.1% of births attended by skilled personnel, compared to Chad, which has only 16.6%. Many complications can occur during birth that can place the mother and baby at an increased risk.
- With only 16.6% of births being attended by skilled personnel in Chad, there is a greater chance of the mother and/or baby dying as medical intervention is not possible. In Australia the under-five mortality rate is 5 deaths per 1000 live births, compared to Chad with 150 deaths per 1000 live births. In Australia, with 99.1% of births attended by skilled personnel, if difficulties arise during the birth process, medical intervention and support is available.
- With 99.1% of births attended by skilled personnel in Australia compared to Chad, which only has 16.6%, Chad's maternal mortality ratio is much higher than in Australia with 980 deaths per 100 000 live births compared to 6 deaths per 100 000 live births in Australia. Many complications can occur during birth that can place the mother and baby at an increased risk.

The majority of students found this question challenging. Students needed to use the data on births attended by skilled personnel to account for differences in health status between Australia and Chad, and explain the relationship between the attendance of skilled personnel at birth and the health status indicators selected.

**Question 9c.**

Marks	0	1	2	3	Average
%	33	8	21	39	1.7

Most students were able to identify mean of years of schooling, expected years of schooling and GNI (gross national income) per capita as the three indicators of the Human Development Index (HDI) that may have also increased.

**Question 10a.**

Marks	0	1	2	3	4	Average
%	26	4	12	24	34	2.4

This question was generally well answered. Students who knew the elements of sustainability and stated them clearly were able to provide a high-quality response. For full marks, students were expected to clearly identify two of the elements of sustainability and evaluate the aid program provided using at least one example.

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

*Appropriate: A program which is appropriate should meet the specific needs of the targeted group. Oxfams aid program is appropriate as it provides people in remote villages with access to goats which they can breed and sell meaning they no longer rely on the crops which were destroyed in flash floods.*

*Affordable: A program which is affordable should recognise that people living in poverty may not have access to programs in a user pays system. Oxfams aid program is affordable as it provides remote villages with goats which are provided through partnership organisations such as Malhalhe and are free of cost to those receiving them.*

**Questions 10bi. and 10bii.****Question 10bi.**

Marks	0	1	2	Average
%	37	33	30	0.9

**Question 10bii.**

Marks	0	1	2	Average
%	48	32	20	0.7

Students were better able to describe the interrelationship between health and human development (10bi.) than the interrelationship between health and sustainability (10bii.). Students needed to show how the two concepts were related.

The following is an example of a high-scoring response to Question 10bi.

*Oxfam providing goats has enabled Recilia to buy vegetables from the money she receives by selling goats so she is able to feed her children with nutritious food, which improves their immune function and reduces vulnerability to deseas (physical health). Healthy children are able to go to school and gain knowledge which allows them to develop to their full potential (human development).*

The following is an example of a high-scoring response to Question 10bii.

*In having access to the goats, Recilia is able to feed her family rice + vegetables preventing malnutrition, enabling the body to function efectively (physical health). In being physically healthy, her children are able*

*to attend school to receive an education which will help them to break the poverty cycle, being socially sustainable.*

**Question 11a.**

Marks	0	1	2	Average
%	37	39	24	<b>0.9</b>

Many students were able to state that cancer is the uncontrolled mutation and growth of cells that damages other parts of the body and leads to a body function or body part no longer functioning properly.

**Question 11b.**

Marks	0	1	2	Average
%	47	34	19	<b>0.7</b>

Possible examples included:

Direct cost to the individual

- costs associated with meeting co-payments associated with medical treatment and the Medicare rebate
- cost of the medication that is required when a person suffers from colorectal cancer

Intangible cost to the community

- Family and friends often experience significant grief and anxiety when their loved ones are diagnosed with colorectal cancer.

This question required students to have an understanding of the different types of costs to the individual and the community associated with cancer. It was important that the costs outlined included a clear link to cancer; however, many students did not make this link. Some students provided examples that represented indirect costs to the individual rather than direct costs, and indirect costs to the community rather than intangible costs.

**Question 11c.**

Marks	0	1	2	Average
%	11	31	58	<b>1.5</b>

Students identified a range of services covered by Medicare, including GP consultations, specialist consultations, pathology tests, X-rays, surgery and treatment in hospital.

**Question 11d.**

Marks	0	1	2	3	4	Average
%	14	20	27	20	19	<b>2.1</b>

Most students were able to provide one dietary recommendation taking into consideration the role of nutrition in relation to colorectal cancer, although many found it difficult to provide a second. Students needed to explain how their recommendations were linked to colorectal cancer to be awarded full marks.

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

- *Increasing Insoluble fibre intake; insoluble fibre absorbs water in the digestive tract and adds bulk to the faeces, assisting in its efficient passing and removing strain from the colon, to address colorectal cancer.*
- *Decreasing saturated fat intake; Saturated fat is energy dense and increases the risk of gaining excess weight and becoming obese. Obesity is a risk factor for colorectal cancer, thus by Mavis reducing her intake of the risk nutrient, she will not contribute to added severity and progression of her condition.*

**Question 12a.**

Marks	0	1	2	Average
%	36	46	18	<b>0.8</b>

This question was reasonably well answered by students. There were a range of possible answers, including:

- to assist in achieving the Millennium Development Goals
- to help people who have been affected by disasters or in times of emergency to be able to survive
- as a developed country, Australia has a moral responsibility to help other countries and communities to escape poverty and achieve sustainable human development
- by helping countries eliminate poverty it may open trade opportunities for Australia, which is beneficial
- helping other countries eliminate poverty can help reduce the threat of global diseases that are more common in developing countries and can easily spread to Australia and other countries
- eliminating poverty can also assist in reducing the level of global conflict, which can affect all countries including Australia
- to promote regional security.

**Question 12b.**

Marks	0	1	2	Average
%	19	39	42	<b>1.3</b>

Bilateral aid is aid given by the government of one country directly to the government of another country. Multilateral aid is aid provided through an international organisation such as the United Nations, World Bank or World Health Organization.

Students showed a good understanding of both bilateral and multilateral aid.

**Question 12c.**

Marks	0	1	2	3	Average
%	66	15	12	7	<b>0.6</b>

A possible response could have been:

Aid provided to the United Nations UNAIDS program

The UN work at a global level to help countries achieve their targets for universal access to HIV prevention, treatment, care and support and to halt and reverse the spread of HIV. This improves global health by enabling all people to achieve improved health and lead socially and economically productive lives. The UNAIDS program works to ensure access for all people to essential healthcare and to achieve equity in health for all people worldwide. HIV/AIDS is a global issue that contributes to widespread poverty and requires global collaboration to reduce its incidence.

Despite most students being able to explain multilateral aid in Question 12b., many struggled to provide an example of multilateral aid and explain how it could be used to promote global health. Many students had difficulty understanding the concept of global health, which is more concerned with the health of populations in a worldwide context rather than the health of individual countries. Many students focused their discussion on improvements in health within an individual country rather than on collaboration at an international level with the intention of achieving health for all people worldwide.

**Question 13a.**

Marks	0	1	2	3	4	Average
%	39	20	20	10	11	1.4

This question required students to explain the link between girls' education and any one of the three indicators provided in the stimulus material. Many students found this challenging. Some students did not use the stimulus material, which meant they had not answered the question and could not be awarded marks.

The following are examples of high-scoring responses.

- *A mother that can read and is educated can understand health promotion messages better such as the need for safe water and sanitation, which can then decrease water-born diseases in children, making them more likely to live past 5.*
- *If girls are educated, then they would be aware of family planning strategies, so would space their births, which allows their body to recover from giving birth and reduces complications like maternal haemorrhaging during the next birth, thereby reducing the risk of maternal death.*

**Question 13b.**

Marks	0	1	Average
%	49	51	0.5

Most students were able to identify 'Empower women and girls' as being the priority of the Australian Government's aid program reflected in the statement provided.

**Question 13c.**

Marks	0	1	2	Average
%	31	38	32	1

This question related to Unit 4, Area of Study 1 and required students to demonstrate their understanding of how gender equality may influence human development. While many students were able to answer this question, some discussed the impact of gender inequality on human development, but this was not the question being asked. Students are reminded to read the questions carefully and ensure that they answer the question being asked.

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

*Gender equality means women are more likely to be able to access the same educational opportunities as men, thus increasing their employment prospects and ability to afford resources required to achieve a decent standard of living such as shelter and healthcare, thus expanding their choices.*