

2017 VCE Health and Human Development examination report

General comments

The 2017 examination was the final examination for the *VCE Health and Human Development Study Design 2014–2017*. Most students demonstrated their understanding of the key knowledge but many had difficulty applying their knowledge to a range of different contexts involving stimulus material.

Questions that assessed the skills of reading and analysing data were in most cases answered well. However, students are advised to read graphs carefully and ensure that they are using the information according to the question being asked. There were several questions that relied on the incorporation of the data in the answer to achieve full marks.

Areas of strength were largely focused on questions that required the recall of information such as definitions, the dimensions of health, nutrients and their functions, the Sustainable Development Goals (SDGs) and Australia's aid priorities. Where students could recognise a developed country, they were able to use the data to compare the health status to Australia.

The areas of greatest challenge related to the application of the concepts of the Ottawa Charter and the World Health Organization (WHO) priorities as well as an understanding of the relationship between the 'Australian Guide to Healthy Eating' and the *Australian Dietary Guidelines*. Many students also found it difficult to describe a strategy related to injury prevention and control, and safe water and sanitation. Common errors often related to a lack of close reading of the questions, such as selecting a developing country instead of a developed country in Question 1b. and considering the impact of global marketing and access to healthcare at a population or individual level rather than at a country level in Question 9b.

Students are reminded of the need 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

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
%	8	16	76	1.7

Most students could outline the difference between morbidity and mortality, with mortality referring to the number of deaths in a population and morbidity referring to the level of ill health.

Question 1b.

Marks	0	1	2	Average
%	32	33	34	1

Where students identified a developed country, most used the data to draw accurate comparisons of health status with Australia. Students needed to cite accurate data in their answer. A common error was the selection of a developing country, which did not answer the question being asked.

The following is an example of a possible response:

Developed country: Denmark

Australia has a higher health status than Denmark. Australia's life expectancy at birth for both sexes is 82.8, compared to Denmark's, which is 80.6. Australia's rate of tuberculosis incidence (per 100 000 population) is much lower at 6.4, compared to Denmark's at 7.1.

Question 1c.

Marks	0	1	Average
%	46	54	0.6

Students were generally able to explain that Vietnam was classified as being in mortality strata D because it has high child mortality and high adult mortality.

Question 1d.

Marks	0	1	2	3	Average
%	21	15	29	35	1.8

This question required students to apply their knowledge of the reasons for the differences in the burdens of disease in developed and developing countries to tuberculosis, which is a feature of Sustainable Development Goal (SDG) 3. Where students were familiar with the disease, they were generally able to account for the difference in incidence between Australia and Vietnam. Other examples included: Australia has a higher income or GDP than Vietnam, access to healthcare is higher in Australia than in Vietnam, education enrolment rates and levels of education are higher in Australia than in Vietnam, and physical environment (especially housing) where Vietnam has poorer quality and overcrowded housing compared to Australia.

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

Access to health care: Australia has much more accessible healthcare services (eg GP clinics) compared to Vietnam, who would have groups not in close proximity to healthcare services, or not able to pay for the services. Therefore, Australian's with tuberculosis are able to be diagnosed and treated quickly, compared to those in Vietnam, who may not be aware for long periods of time that they are affected (or unable to do anything about it due to lack of money if they are diagnosed).

Question 2a.

Marks	0	1	2	Average
%	12	18	69	1.6

This question was answered well, with most students being able to describe the mental dimension of health. Students could receive full marks for providing a definition or a description.

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

State of wellbeing in which an individual realised his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and can make a contribution to his/her community.

Question 2b.

Marks	0	1	2	Average
%	30	35	35	1.1

Possible responses included:

- The individual: payment or co-payment for diagnosis and treatment such as visits to a GP or psychologist and medication for mental health conditions
- The community
 - costs associated with the operation of public and private hospitals when people need to be admitted for mental health conditions
 - the cost of healthcare services such as Medicare when people need to access a GP or specialist for mental health conditions
 - the cost of the Pharmaceutical Benefits Scheme (PBS) when people need to access medication to treat or manage a mental health condition
 - the cost of prevention strategies such as those provided by *beyondblue*.

While most students could provide an example of a direct cost to the community, many students found it difficult to provide an example of a direct cost of mental health to the individual. A common error was not relating the cost provided specifically to mental health.

Question 3a.

Marks	0	1	2	3	Average
%	27	26	26	21	1.4

Examples of appropriate strategies included:

- National Binge Drinking Strategy
- National Slips and Falls Prevention Project
- National Road Safety Strategy
- Kidsafe strategies
- Towards Zero

This question was not well answered. Many students struggled to provide sufficient detail to be awarded full marks. Students were not required to name the strategy, although students who did generally provided higher-quality responses.

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

National Road Safety Strategy, developed by the Transport Council Australia, aims to reduce the road toll by 30% by 2020. The strategy installs more pedestrian crossings, speed bumps and school crossing sites to reduce injuries to pedestrians. It also focuses on installing bicycle

lanes to prevent injuries to cyclists on roads, and installs physical barriers on highways to prevent head on collisions and injuries in road traffic accidents.

Question 3b.

Marks	0	1	2	Average
%	27	31	43	1.2

The following are examples of possible responses:

Advantages

- The biomedical model could be used to diagnose and treat injuries to reduce the level of mortality.
- Surgery can help repair broken limbs and damaged tissues and organs that occur as a result of an injury. This can help improve health and reduce mortality.
- Medication can be used to prevent infection that can occur as a result of an injury. This helps improve the health of those who have suffered an injury.

Disadvantages

- As a quick-fix approach it only diagnoses and treats injuries rather than focuses on changing factors that contributed to the injury in the first instance (such as driver behaviour, road infrastructure and vehicle safety).
- It is very costly to individuals and the healthcare system in terms of treating injuries once they occur.
- Not all injuries can be successfully treated and can lead to long-term disability.

This question was not well answered. Most students provided one advantage and one disadvantage of the biomedical model of health but to achieve full marks students needed to outline how the example addressed injury prevention and control.

Question 4a.

Marks	0	1	2	Average
%	51	10	39	0.9

Possible responses were:

- In partnership with others, promote good health

VicHealth, SuperFriend and WorkSafe Victoria are collaborating on this project to improve health.

- Recognise that the social and economic conditions for all people influence their health

This program aims to provide a positive sense of community, a sense of connection with others and a positive and supportive culture. This recognises the importance of social conditions, which can lead to improved health.

- Promote fairness and opportunity for better health

The program seeks to improve health by developing a positive leadership style, designing jobs for mental wellbeing, communicating effectively, recruitment and selection of employees, work-life demands and supporting and developing employees, all of which promote fairness and the opportunity to experience better health.

- Support initiatives that assist individuals, communities, workplaces and broader society to improve wellbeing

This program works in workplaces to improve wellbeing of workers. Developing a positive leadership style, communicating effectively, supporting and developing employees helps individuals to improve their wellbeing.

- Seek to prevent chronic conditions for all Victorians

This program aims to improve mental wellbeing and therefore helps prevent chronic conditions such as depression and anxiety, which can arise as a result of workplace environments.

This question was not well answered, with a number of students not being able to identify one of the commitments in VicHealth's mission. However, when students provided an example, they could usually show how it was supported in the project.

Question 4b.

Marks	0	1	Average
%	38	62	0.6

This question was well answered, with most students being able to outline a potential social health outcome of the project.

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

By developing approaches such as communicating effectively, and supporting and developing employees, the project increases social interactions between employees and creates team networks, enhancing social health.

Question 4c.

Marks	0	1	2	3	Average
%	35	14	23	28	1.5

Students needed to identify one principle of the social model of health that was evident in the project and explain how it was reflected. Many students were unable to identify a principle. Students who did identify a principle tended to describe it rather than explain how it was reflected in the project. Students who chose 'acts to reduce social inequities' or 'acts to enable access to healthcare' had difficulty linking this to the project.

The following are possible examples.

- Empowers individuals and communities

The project is empowering individuals and communities by helping develop the knowledge and skills necessary to provide a positive and supportive workplace. This includes developing positive leadership style, designing jobs, work-life demands, communication skills and developing employees.

- Addresses the broader determinants of health

This project seeks to address the social environment in which people work to improve their health. This includes creating a positive and supportive culture and environment by providing recognition and reward for individual workers and teams, which helps build a positive sense of community and connection with others and builds self-esteem.

- Involves inter-sectoral collaboration

The project is a collaborative one that involves VicHealth, SuperFriend and WorkSafe Victoria to help workplaces create positive and supportive cultures and environments that enable workers to be more engaged, positive and effective at work.

Question 5a.

Marks	0	1	2	Average
%	28	39	33	1.1

Most students provided a relevant description of cardiovascular disease, although many were unable to provide sufficient detail to be awarded full marks. Given that the question required a description of the disease, students were not awarded marks for describing the causes of the disease.

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

Cardiovascular disease refers to conditions of the heart and blood vessels. Often it is characterised by a build up of a waxy substance called plaque in the arteries which prevents blood flow. Some conditions include a stroke and coronary heart disease.

Question 5b.

Marks	0	1	2	3	Average
%	12	26	29	33	1.8

The following is an example of a possible response.

Biological determinant: high blood cholesterol

Explanation: Oliver was diagnosed with high cholesterol, which contributes to atherosclerosis. Cholesterol can build up on blood vessel walls and increase the risk of other fatty deposits and calcium deposits developing on blood vessel walls, which leads to narrowing of the blood vessels, restricting blood flow and an increasing risk of clots, stroke and cardiovascular disease.

Other examples of biological determinants included:

- body weight
- sex/genetics
- blood pressure
- age

Most students identified a relevant biological determinant evident in the information, although many were unable to provide the necessary detail to explain how the selected determinant increases the risk of cardiovascular disease. Students are reminded that body weight is a biological determinant and obesity is a condition. Similarly, blood pressure is a determinant and hypertension is a condition.

Question 5c.

Marks	0	1	2	Average
%	17	54	30	1.2

Major food sources of sodium that were most commonly selected included:

- table salt
- olives
- fish
- meat (especially pork)

- cheese
- bread
- processed foods such as tomato sauce, packet soups and sauces, canned vegetables, pizza, pies, potato crisps and ready-to-eat meals.

The majority of students were able to identify a major food source of sodium; however, many students were unable to explain the role that sodium plays in increasing the risk of cardiovascular disease. Students are reminded that processed food is a group of foods and an example of a relevant processed food needed to be provided.

The following is a high-scoring response for the role that sodium plays in increasing the risk of cardiovascular disease.

An excess consumption of sodium draws water out of the body cells and into the blood stream. Consequently, blood pressure is increased due to the higher volume of fluid in the blood vessels and there is an increased risk of cardiovascular disease.

Question 6ai.

Marks	0	1	2	Average
%	31	24	46	1.2

Question 6aii.

Marks	0	1	2	Average
%	17	29	55	1.4

Students needed to use the information provided in the survey results to identify a nutrient that could be deficient and a nutrient that could be in excess in the diet of Australians. This question was generally well answered, although students were better able to identify a nutrient that could be in excess than one that could be deficient.

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

Deficient nutrient: Fibre

Fibre is found in fruits and vegetables, and assists in the removal of waste from the digestive tract by adding bulk to faeces. Deficiency can lead to constipation in the short term, and colorectal cancer in the long term, reducing physical health.

Other examples included water and calcium.

Excess nutrient: Saturated fat

If eaten in excess, and without adequate energy expenditure, any types of fats can lead to weight gain and overweight and obesity, reducing fitness and physical health.

Other examples included trans fats, fats and carbohydrates.

Question 6b.

Marks	0	1	2	Average
%	21	56	22	1

Most students were able to provide one reason why the *Australian Dietary Guidelines* were introduced, although fewer students were able to provide the required two reasons.

Possible responses included:

- help Australians to develop healthy lifestyles that will promote health and wellbeing in the community
- help Australians to understand what constitutes a healthy diet
- reduce the risk of Australians developing a range of diet-related conditions such as hypertension and impaired glucose regulation, type 2 diabetes, cardiovascular disease and some cancers
- encourage higher rates of breastfeeding, which improves children's immunity to diseases and promotes good health

Question 6c.

Marks	0	1	2	Average
%	54	26	19	0.7

Many students found this question difficult. Many were unable to identify any specific dietary guidelines, while others struggled to show an understanding of how the two frameworks are connected. Some students described the Healthy Eating Pyramid rather than the 'Australian Guide to Healthy Eating'. Students are reminded that using the number of the guideline is not sufficient and they must show their understanding by naming the guideline.

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

The guide reflects guideline 2, to enjoy a wide variety of nutritious foods from the five food groups and to drink plenty of water, by depicting the five food groups on a 'plate' with five wedges, each wedge indicating the proportion each food group should be consumed in. It also displays a tap and glass in the top right corner, and advises to 'drink plenty of water. It also reflects Guideline 3.

Question 6d.

Marks	0	1	2	Average
%	44	26	30	0.9

Many students found this question difficult and were unable to explain how Nutrition Australia promotes the consumption of fruit and vegetables. Possible responses were:

- the Healthy Eating Advisory Service offers menu assessment, information and support on food and nutrition, including at workplaces across Australia. A healthy diet would include fruit and vegetables, and this service could help employed adults to increase their fruit and vegetable intake
- publication of healthy recipes on the Nutrition Australia website for free means that adults can access tasty recipes that contain fruit and vegetables, therefore making them more likely to consume food with more fruit and vegetables
- workplace health and wellbeing services provide workshops in workplaces, which can provide demonstrations of how to include more fruit and vegetables in the diet, for example, smoothies, salads and healthy recipes
- development of the Healthy Eating Pyramid, which can help adults to understand the proportion of fruit and vegetables that should be included in the diet. Fruit and vegetables are represented in the foundation level (at the bottom) of the pyramid to indicate that they should be eaten in large amounts
- publication of resources including booklets, posters and leaflets can help to educate adults on the importance of eating fruit and vegetables, and therefore motivate them to increase their intake

Question 7a.

Marks	0	1	Average
%	13	87	0.9

The majority of students could identify the relationship between socio-economic status and health status in the graph.

Possible answers were:

- The higher the socio-economic status, the higher the health status.
- The lower the socio-economic status, the higher the rate of chronic diseases such as arthritis.
- The higher the socio-economic status, the lower the level of diabetes (or oral health, asthma, arthritis).

Question 7b.

Marks	0	1	2	3	Average
%	19	35	24	22	1.5

Responses included:

- Exposure to fast food outlets
 - There are more fast food outlets in areas where there is lower socio-economic status. This increases the likelihood that people will consume fast foods that tend to be energy dense. This can contribute to higher rates of obesity, which increases the risk of diabetes (particularly type 2 diabetes), asthma and arthritis.
 - The number of fast food outlets is often greater in areas where there is lower socio-economic status. This increases the likelihood that people will consume fast foods that are high in carbohydrates such as sugar. This can contribute to poor oral health, which is greater for those in the lowest socio-economic status. A high intake of sugar can also lead to obesity, which is a risk factor for diabetes (particularly type 2 diabetes), asthma and arthritis.
- Working environments: Those from the lowest socio-economic status are more likely to work in dangerous working environments, which increases the risk of physical injuries, especially to joints. This can increase the risk of developing arthritis.
- Housing: Those from the lowest socio-economic status are more likely to live in poor-quality housing, which can increase exposure to allergens and this can increase the risk of developing asthma.
- Access to healthcare: Those from a low socio-economic status are more likely to live in rural or remote areas that provide less access to healthcare services. Risk factors associated with chronic diseases such as type 2 diabetes go undetected, which can contribute to increased incidence.

While many students could identify a physical environment determinant, their choice often made it difficult to explain how the example may contribute to the relationship they had provided in part a. Students are advised to select their examples carefully to ensure their choice enables them to best answer the question being asked.

Common errors occurred when students chose access to healthcare but focused their discussion on the economic reasons why people cannot access healthcare as opposed to the physical environment reasons. Many students identified environmental tobacco smoke as the determinant but discussed the behavioural factors of smoking and did not link this to the environmental implications. While many students used data in their answer, it was not needed to gain full marks.

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

Environmental tobacco smoke: Individuals in low socioeconomic groups are more likely to smoke than those in high socioeconomic groups. This leads to greater rates of environmental tobacco smoke in the home, which can enter the lungs of children and other family members, and lead to a higher incidence of asthma (12.5%) in lowest SES groups, compared to highest SES groups (10%).

Question 7c.

Marks	0	1	2	3	4	Average
%	29	6	25	26	15	1.9

Many students could accurately state two action areas of the Ottawa Charter but had difficulty applying them to the chronic disease they had selected. A common error was to describe the action areas that had been chosen without explaining how they would address the chronic disease. Some students were unable to accurately name the action areas.

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

Governments could develop laws and regulations on sugary and processed foods (Build healthy public policy) to reduce consumption of foods high in fat, salt and sugar which could reduce weight gain and obesity, as well as impaired glucose regulation, reducing incidence of diabetes (type 2).

Reorient health services-doctors and health professionals could take on an educating role rather than just treating diabetes, advising overweight or obese patients to lose weight to prevent development of diabetes. Nurses could also go to schools and educate primary and secondary children about maintaining a healthy weight to prevent diabetes.

Question 8a.

Marks	0	1	2	Average
%	37	38	26	0.9

Many students found this question challenging and often restated the name of the goal that was provided in the question rather than explaining what the goal means. Many students did not provide sufficient detail to be awarded full marks.

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

SDG 8 aims to achieve full and productive employment, and decent work for all women and men. It aims to increase economic productivity, increase vocational skills for employment, especially in youth, as well as ending forced labour, slave labour and human trafficking, as well as child labour eg: soldiers.

Question 8b.

Marks	0	1	2	Average
%	8	39	52	1.5

Possible responses included:

- In many developing countries, women and girls are denied access to basic education.
- In many developing countries women are responsible for the unpaid work relating to domestic duties and food production.
- In some developing countries, the law discriminates against women, which can reduce their ability to undertake paid work.

This question assessed students' understanding of gender equality as a factor that accounts for variations in health status between developed and developing countries. Most students provided one reason but often struggled to explain a second, or restated their first example in a different way.

Question 8c.

Marks	0	1	2	3	Average
%	21	27	30	22	1.6

Many students linked the achievement of Sustainable Development Goal (SDG) 8 to sustainable human development, although a common error was not linking the SDG to each of the three components of sustainable human development, namely health, human development and sustainability. Some students used the elements of sustainability in their explanation rather than the concept of sustainable human development.

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

If decent work and full employment was achieved for all women and men, individuals could afford to purchase essential resources such as nutritious food, healthcare and shelter, which would increase energy levels and reduce illness, promoting physical health. With adequate energy and in good health, individuals could go to work and could lead productive, creative lives and access knowledge for their children, health and a decent standard of living. If individuals were fully employed, they could afford to send children to school increasing social sustainability and could contribute to economic growth in the country over time through taxation (economic sustainability).

Question 9a.

Marks	0	1	Average
%	3	97	1

This question was well answered, with most students identifying from the graph that lower middle-income countries had the highest percentage of high blood glucose deaths for males.

Question 9b.

Marks	0	1	2	3	4	Average
%	30	22	24	13	11	1.5

Any of the following responses could have been provided:

Global marketing

- In developing countries, there has been an increase in the promotion by multinational companies of processed foods, such as soft drink and fried foods, that are energy dense. This has led to increased consumption of these foods and has contributed to increased levels of obesity. Obesity is a risk factor for diabetes and therefore increases the risk of death from high blood glucose.
- In low and lower middle-income (developing) countries there has been an increase in the marketing of foods containing trans fats, such as cakes and pastries. These trans fats can interfere with cell membranes, contributing to increased levels of blood glucose and related deaths.

Access to healthcare

- Access to healthcare is much more available in developed countries such as Australia. This means that people can access regular checks of their blood glucose levels and make lifestyle changes if necessary. This will help reduce deaths from this cause.
- In developing countries, many people do not have access to medical care for the diagnosis and treatment of high blood sugar. They therefore do not know if they have high blood glucose levels until they become very ill, increasing the risk of death. A lack of hospitals and trained health workers means access to information about and management of the condition is not possible.

Many students found this question challenging, particularly where they had to apply global marketing and access to healthcare to differences in the percentage of deaths attributed to high blood glucose across the country groups. Many students discussed the impact of global marketing but were unable to link their discussion to high blood glucose deaths. Many students focused their discussion on males at an individual level or socio-economic status at an individual level rather than on the differences between countries, and therefore did not answer the question being asked.

Question 10ai.

Marks	0	1	Average
%	41	59	0.6

Most students identified Sustainable Development Goal 3: Good health and well-being as the Sustainable Development Goal represented in the information provided.

Question 10aii.

Marks	0	1	2	Average
%	67	22	11	0.5

Any of the following responses could have been used:

- Despite improvements in child health, thousands of children under five still die every day from preventable causes such as pneumonia, diarrhoea and malaria.
- Improving maternal and child health and wellbeing will lead to a reduction in illness and preventable deaths, which means that children can attend school, gain an education and achieve decent work. This will help reduce the level of poverty.
- Many infants die in their first week of life and many more die in their first 28 days of life.
- Many children have not been vaccinated, which puts them at risk of dying from preventable diseases.
- In developing countries only half of all pregnant women receive sufficient antenatal care or have births attended by skilled birth attendants, resulting in women dying from complications due to pregnancy and childbirth.
- Millions of people become newly infected with HIV each year, with many of them being children.
- Many people suffer from infectious diseases such as malaria, tuberculosis and vaccine-preventable diseases.
- Non-communicable diseases, such cardiovascular disease, cancer, respiratory disease and diabetes, account for a large proportion of deaths each year, with many occurring in developing countries.

Many students struggled to explain why Sustainable Development Goal 3 is important and tended to repeat the information that was included in the stimulus material.

Question 10b.

Marks	0	1	2	3	4	Average
%	23	23	29	14	11	1.7

This question assessed students' ability to apply the concept of global poverty to a reduction in maternal deaths. Many students struggled to discuss two ways that a decline in global poverty could contribute to a decline in maternal mortality. A common error was to present a discussion that was focused around pregnancy without linking the discussion to maternal mortality. Where students identified improved nutrition, many were unable to link it to reduced maternal mortality.

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

-If people are being brought out of the poverty cycle, they will be able to afford education/schooling. This will promote health-related knowledge, and therefore women will be more aware of the importance of family planning for example. This will mean mothers can space out when they have children, reducing the risk of maternal mortality between 1990 and 2015.

-Reduction in poverty will mean pregnant women will have the money to access health care when pregnant. This will ensure the pregnancy is going well and, when it's time to give birth, the woman will have trained midwives etc present to ensure a safe delivery, thus reducing rates of maternal death/mortality.

Question 11a.

Marks	0	1	2	Average
%	65	22	13	0.5

Students could have chosen any of:

- Medicare ensures that treatment is client-oriented and patients can receive immediate treatment in case of emergencies.
- Medicare records are kept confidential between the patient and the treating doctor, and details of the treatment are not required to obtain a rebate. The system is responsive to patients by maintaining their right to privacy.
- Through subsidised GP visits patients are treated with respect and can discuss treatment options.

Most students found this question difficult as they did not appear to understand what the value of 'responsive' meant. Many students linked their discussion of Medicare to other values and some students defined the value without applying it to Medicare.

Question 11bi.

Marks	0	1	Average
%	47	53	0.6

Most students identified that universal health coverage refers to all people and communities having access to the quality health services they need without causing financial hardship.

Question 11bii.

Marks	0	1	2	Average
%	48	33	20	0.7

Any of the following responses could have been provided:

- Universal health coverage is a global goal to enable all people worldwide to access quality health services for an affordable fee. This reduces inequity in healthcare, which is a key element of global health.
- Universal health coverage means that all children can receive healthcare when required, which will assist in reducing global deaths from measles and other communicable diseases. This brings about a reduction in the under-5 mortality rate and greater equity in health.

Many students found this question challenging and were unable to explain how universal health coverage can promote global health. A common error was failing to consider that global health extends beyond individuals and focuses on achieving equity in health for all people worldwide. Students who understood the concept of global health were able to answer this question.

Question 11c.

Marks	0	1	2	Average
%	37	37	26	0.9

This question relied upon the student's understanding of the concept of universal health coverage. Students who could outline the meaning of universal health coverage were generally able to apply this to Medicare.

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

Medicare provides all Australian citizens with access to health care services at a subsidised cost, regardless of the socio-economic status, religion, race and so on. This promotes health coverage nationwide in Australia, and enables universal health coverage to be reached also.

Question 12

Marks	0	1	2	3	4	5	6	Average
%	42	9	11	11	12	8	7	2

Possible responses included:

- The international health regulations: The World Health Organization (WHO) provides leadership and regulations for countries in ways to reduce the spread of diseases, such as Zika virus disease, that may cross borders. This can include airport controls and quarantine.
- Increasing access to medical products: The WHO improves access to expensive medical technology, medicine and diagnostic tools that areas affected by Zika virus disease may not otherwise be able to afford. The WHO works to standardise health terminology so that information, resources and data can be shared to try to reduce the worldwide impact of Zika virus disease.
- Social, economic and environmental determinants: People in affected areas may have safe water and sanitation issues, increasing the number of mosquitoes carrying the Zika virus. The WHO works to reduce inequities in resources and improve access to safe water sources, which should lead to fewer mosquitoes carrying the Zika virus.
- Health-related Sustainable Development Goals: Health is the focus of Goal 3, 'Ensure healthy lives and promote well-being for all at all ages', but is relevant to the other 16 goals. Addressing communicable diseases such as Zika virus disease is a focus of this priority. The

Goals integrate many aspects of the WHO's work, particularly building resilient health systems and effective health institutions for sustainable and equitable health outcomes, to deal with diseases such as Zika virus disease.

This question relied on students being able to identify two of the WHO priorities and understand their application to an unfamiliar scenario. Many students struggled with this question and many did not provide a response. Students who chose non-communicable diseases were unable to apply this to the Zika virus disease scenario.

Question 13a.

Marks	0	1	Average
%	57	43	0.5

Students could have chosen any of:

- education and health
- gender equality and empowering women and girls
- infrastructure, trade facilitation and international competitiveness

While many students showed that they had a general understanding of Australia's aid priorities in the program, they often struggled to provide the accurate wording. This question was often not attempted.

Question 13b.

Marks	0	1	2	Average
%	67	19	14	0.5

This question enabled students to show their understanding of the benefits of aid programs provided by non-government organisations (NGOs). Many students did not answer this question well.

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

NGOs focus on community projects such as safe water and sanitation projects that involve local communities and address the concerns of the most vulnerable communities, making their efforts more sustainable. They are also more likely to reach rural and remote, and vulnerable populations that Australian aid programs are unable to reach.

Question 13c.

Marks	0	1	Average
%	23	77	0.8

Most students described bilateral aid as aid provided by the government of one country directly to the government of another country.

Question 13d.

Marks	0	1	2	3	4	5	6	Average
%	17	11	22	17	15	10	9	2.7

Students needed to refer to the program provided to explain how health, human development and sustainability interrelate. Most students could link examples of the program to each of the three concepts but of greater challenge was the need to show how these concepts connect or interrelate. Some students gave a description of how the three concepts interrelate but did not make any reference to the program provided. Those who achieved a high score used examples from the

program to create clear and logical connections that showed the relationships and interrelationships between the concepts.

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

By providing Masoma with access to knowledge of embroidery skills through training, Masoma is able to lead a productive and creative life in accordance with her needs and interests. She can participate in the life of her community by using her embroidery skills to create items to sell (human development). By participating in the life of her community, and with her increased knowledge, Masoma can interact with others to sell her items, increasing social interactions and social health. The skills she has gained has also allowed her to cope in increasing financial hardship, reducing stress and improving mental health. By gaining knowledge of embroidery, Masoma can earn an income, allowing her brothers and sisters to go to school, promoting social sustainability. By providing literacy and vocational training to young people, World Vision increases their employability, allowing them to earn an income and contribute to economic growth in the country over time through taxation (economic sustainability). With the ability to earn an income, individuals can then afford to purchase resources for a decent standard of living and participate in the decisions affecting their lives (human development).

Question 14a.

Marks	0	1	2	Average
%	47	43	10	0.7

Possible responses could have included:

- helps to improve short-term health by keeping people alive after an emergency through the provision of food, water, shelter and medical assistance
- by providing food and water so that individuals will have the energy to begin rebuilding their environment after a crisis has occurred
- to ensure human rights are upheld such as providing access to water, food, clothing and shelter
- the United Nations (UN) is an international organisation that has the responsibility to promote global health and providing humanitarian assistance is an important part of this

This question assessed students' understanding of the benefits of providing humanitarian assistance and was not answered well. Many students provided one reason but struggled to provide a second. The provision of humanitarian assistance is part of the core work of the UN.

Question 14b.

Marks	0	1	2	Average
%	52	29	18	0.7

Many students struggled to explain how humanitarian assistance promotes human development. There were also quite a few students who did not attempt this question.

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

Providing provisions of emergency materials such as food and water, and temporary shelter could mean children do not suffer hunger and malnutrition, allowing them to develop to their full potential. By providing medical supplies, individuals could recover from injuries and illnesses following the crisis, and rejoin community activities, such as rebuilding schools, allowing them to lead productive lives and participate in the life of their community.

Question 15a.

Marks	0	1	2	Average
%	26	51	23	1

A possible response could have included: Safe water refers to having access to a locally available clean and reliable water source that is free from contamination. Sanitation refers to facilities such as toilets to enable human waste to be removed effectively and not left to contaminate water sources and spread disease. Sanitation also refers to handwashing knowledge and facilities to prevent the spread of illness and disease.

This question assessed students' understanding of the concepts of safe water and sanitation. Most students struggled to provide the level of detail required in their response.

Question 15b.

Marks	0	1	2	3	4	Average
%	37	5	17	17	24	1.9

This question was generally answered well by most students. Those who knew the elements of sustainability and stated them clearly were able to provide a high-quality response. Students who provided the highest-scoring responses identified the relevant element clearly and then described a program that could be implemented. However, a number of students did not attempt this question, and others were able to identify two elements of sustainability but struggled to use these to describe a program. A common error was the inclusion of 'accessible' as an element of sustainability.

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

Affordable: installing water pumps in local communities in a developing country such as Uganda will enable people to access clean water for free. This will enable people to then use the water for cooking, drinking etc regardless of their ability to pay reducing the risk of water-bourne diseases (eg malaria).

Appropriateness: the program could teach children about the importance of sanitation through song and dance appropriate to that culture, encouraging the use of soap after going to the toilet to wash your hands and so on. People can then pass these songs and dances on, spreading the importance of sanitation.