**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 4 Outcome 2, Task 2b – Data Analysis

**Teacher Advice**

This task has been developed within the scope of the **2020** **Study Design.**

The relevant dot points from the Study Design for this task are:

***Key knowledge***

* rationale and objectives of the UN’s SDGs
* key features of SDG 3 ‘Ensure healthy lives and promote wellbeing for all at all ages’
* relationships between SDG 3 and SDGs 1, 2, 4, 5, 6 and 13 that illustrate collaboration between the health sector and other sectors in working towards health-related goals
* priorities and work of the WHO

***Key skills***

* describe the objectives of the UN’s SDGs and justify their importance
* describe key features of SDG 3 and analyse its relationships with other SDGs in collaborative approaches to improving health and wellbeing, and human development globally
* explain the priorities and the work of the WHO and discuss how the WHO priorities are reflected in different scenarios

**Student preparation**

Students should be adequately prepared with regards to all relevant key knowledge and key skills dot points before sitting the task. Teachers should read through SAC tasks prior to students completing the task to ensure all relevant content has been addressed.

As well as having an understanding of key knowledge points and the ability to carry out the key skills, students should be able to explain or define all words within the dot points.

When presented with data, the data should be used at some stage in the related answers. This shows a greater level of understanding of data as opposed to making generalised comments.

If a question asks for similarities or differences between countries, students should make reference to both groups in their answer.

Students should be aware of the difference between health status and factors affecting health status. If a question is about health status, students should link their answer back to a health status indicator or a particular condition. For example, lack of access to safe water is a factor, not an aspect of health status.

When students are asked to link to health and wellbeing, the dimensions (physical, social, emotional, mental and / or spiritual) should form the basis of the response.

If students are asked to link to health and wellbeing and human development, they must link to both concepts.

**Time**

This SAC has been developed to be completed in a 30 minute timeframe. Teachers may want to add reading time to simulate the end-of-year examination.

**Materials**

Students only require a pen to complete this task.

**Conditions**

This task should be completed under test conditions. It has been written to reflect the end-of-year examination and provides valuable practice for the skills required to succeed in the examination.

Students should not have access to any notes, mobile phones, calculators or any other electronic device.

**HEALTH AND HUMAN DEVELOPMENT**

Unit 4 Outcome 2, Task 2b

Data Analysis

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



• Students are permitted to bring into the assessment room: pens, pencils, highlighters, erasers, sharpeners and rulers.

• Students are NOT permitted to bring into the assessment room: blank sheets of paper and/or white out liquid/tape.

• No calculator is allowed in this assessment.

**Materials supplied**

• Question and answer booklet.

• Additional space is available at the end of the booklet if you need extra paper to complete an answer. Ensure any extra space used is labelled clearly with the question number.

**Instructions**

• Write your **name** and **student number** in the space provided above on this page.

• All written responses must be in English.

**Students are NOT permitted to bring mobile phones and/or any other unauthorised electronic**

**devices into the assessment room.**

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**Question 1** (14 marks)

The following graph shows the proportion of the population (%) who were living under the poverty line set by the government of each country over time.

Source: Adapted from World Bank data, 2020.

1. Briefly explain what is meant by poverty. 1 mark

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1. Using data, outline the difference in the change in the proportion of those living in poverty between Afghanistan and Bolivia over time. 2 marks

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1. Besides national poverty lines, outline one way that poverty can be measured. 1 mark

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1. Explain two ways that making progress towards SDG 3 can assist in reducing poverty. 4 marks

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1. Identify the objective of the SDG that focusses specifically on poverty. 1 mark

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1. Identify another objective of the SDGs and explain why it is important for achieving optimal health and wellbeing and human development. 5 marks

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**Question 2** (5 marks)

1. Identify the SDG that includes a focus on ensuring males and females have equal access to

opportunities and resources. 1 mark

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1. Discuss how making progress towards the SDG identified in part a. may assist in achieving SDG 3. 4 marks

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**Question 3** (6 marks)

The following table shows the average score (%) for different United Nations regions of the world in terms of their capacity to respond to the International Health Regulations (IHR). The IHR provide a legal obligation that define countries’ rights and obligations in handling public health risks and emergencies that have the potential to cross borders.

|  |  |  |
| --- | --- | --- |
| **Region** | **2018** | **2019** |
| Africa | 42 | 44 |
| Americas | 65 | 71 |
| South-East Asia | 56 | 61 |
| Europe | 72 | 75 |
| Eastern Mediterranean | 65 | 66 |
| Western Pacific | 64 | 71 |

Source: https://www.who.int

1. Identify the region that made the least progress between 2018 and 2019 in relation to their capacity to

respond to the IHR. 1 mark

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1. Using their work as the basis of your response, explain how the WHO may assist Africa in terms of

increasing their ability to respond to health risks and / or emergencies. 2 marks

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1. Identify the WHO priority that is reflected in the IHR. 1 mark

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1. Identify and briefly explain another WHO priority. 2 marks

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**END OF QUESTION AND ANSWER BOOKLET**

**Extra space for responses**

**Clearly number all responses in this space.**

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**Answer Guide**

Please note that these answers are a guide only and do not represent every possible correct answer.

1. a. Students receive one mark for explaining what poverty relates to. Note that this question is not asking what ‘extreme poverty’ relates to. If students simply provide a way of measuring poverty, they have not answered the question and should not receive a mark. Examples worth one mark include:
* Poverty relates to deprivation of resources that are required for a decent life, such as adequate food, shelter and health care.
* Poverty exists when people cannot access the resources they need for a decent standard of living.

b. Students receive two marks for outlining the difference in the change of the proportion of those living in poverty in Afghanistan and Bolivia. Note that data must be used to be eligible for full marks. Answers worth two marks include:

* Afghanistan had a poverty rate of just over 30% in 2007 and this increased gradually before reaching around 55% in 2016. In Bolivia, the rate decreased from around 60% in 2017 to around 40% in 2016.
* The proportion of those living in poverty increased in Afghanistan and decreased in Bolivia. It increased by around 25 percentage points in Afghanistan and decreased by around 20 percentage points in Bolivia.

c. Students receive one mark for outlining another way that poverty can be measured (besides poverty lines set by governments). Answers worth one mark include:

* It can be measured by the proportion of those living on less than US$1.90 per day (extreme poverty).
* It can be measured by those living on less than 50% of the country’s average income (relative poverty).

d. Students receive two marks for linking each aspect of SDG 3 to reduced poverty for a total of four marks. Answers worth two marks include:

* Universal health coverage means that more people can access the health services they need, regardless of their ability to pay. If a person is chronically ill, they often have to pay for their own services which drives them further into poverty. Having universal health coverage prevents this from happening and can reduce the levels of poverty experienced.
* Addressing communicable diseases such as malaria can mean that more children are able to attend school as they are less likely to be sick. This can assist in producing a more productive workforce in the future and increases average incomes, reducing the risk of extreme poverty.
* Reducing maternal mortality means that more children will have a mother to care for them. This reduces the risk of them having to enter employment at a young age, so they can stay in school and get a higher paying job in the future, reducing their risk of poverty.
* Increasing access to sexual and reproductive health care can assist couples in planning their families and reducing the number of children they have. This gives them a greater ability to care for the children they do have and provide them with the resources they need, which reduces poverty.
* The implementation of the WHO Framework Convention on Tobacco Control can assist governments in reducing tobacco use among their citizens. If people are not spending money on tobacco, they have more money to spend on resources that reduce the risk of poverty, such as education and health care.

e. Students receive one mark for identifying ‘end extreme poverty’.

f. Students receive one mark for correctly identifying another objective of the SDGs, two marks for linking it to health and wellbeing and another two marks for linking it to human development for a total of five marks. If students get the name of the objective wrong, marks can still be awarded if they link the general concept of the objective to health and wellbeing and human development. Note that the wording of the objective does not have to be exact, but must convey the same meaning. For example ‘Climate change’ should not receive a mark, but ‘Tackle (or ‘fight’) climate change’ is acceptable. Answers worth five marks include:

* Address climate change - climate change can contribute to more extreme weather events such as heat waves. Addressing climate change can therefore reduce the risk of death from these events for people with chronic health conditions such as cardiovascular disease (physical health and wellbeing). Climate change can also displace people which can mean that they cannot attend their place of employment. By addressing climate change, they are more likely to retain their employment, earn an income and therefore be able to access the resources required for a decent standard of living such as food, water and adequate shelter.
* Address climate change - reversing the impacts of climate change can improve food security as more crops can be grown due to more stable weather patterns. This can provide people with more energy so they can work towards their purpose in life which promotes spiritual health and wellbeing. Being able to grow crops provides an income for many people. With this income, they are more able to participate in activities that they enjoy such as socialising with loved ones. This increases the ability of people to lead lives they value.
* Fight inequality and injustice – this is important for promoting health and wellbeing as hundreds of millions of people around the world do not have the same opportunities as others, meaning that they are unable to achieve optimal health and wellbeing. If these groups can access resources such as safe water and adequate sanitation, they are less likely to get sick from preventable diseases (physical health and wellbeing). Addressing injustice also means that people are treated fairly and are able to participate in the decisions affecting their lives, such as when they enter the workforce, or if and when they get married or have children.
* Fight inequality and injustice – fighting inequality means that all people will have the opportunity for education. This can increase their incomes in the future so they can access resources such as food and water, which assist the body’s systems in functioning adequately, promoting physical health and wellbeing. It also means that disadvantaged groups will receive extra assistance which can assist them in accessing the resources required for a decent standard of living such as adequate shelter and basic health care.
1. a. Students receive one mark for identifying ‘gender equality’.

b. Students receive up to four marks for linking progress in SDG 5 to the achievement of SDG 3. Students can make more brief links or fewer detailed links for four marks. Answers worth two marks include:

* SDG 5 includes ending forms of discrimination against women and girls. This means that girls would not be excluded from education which reduces their likelihood of entering into sex work which reduces their risk of HIV.
* Eliminating harmful practices such as child marriage would mean that fewer girls are pregnant in their teens. This can reduce the risk of maternal mortality as their bodies are more prepared for childbirth by the time they get pregnant.
* Adopting policies that support gender equality would mean that fewer women are forced to stay home and perform domestic duties. This can reduce exposure to smoke from cooking (using sold fuels) which can reduce the risk of respiratory diseases.
* Ending discrimination among women would mean that women have the same access to resources as men, such as food. By being better nourished, pregnant women are more likely to give birth to healthy babies which reduces the neonatal and under 5 mortality rates.

An answer worth four marks could be:

SDG 5 includes having more women participate in decision making at all levels of government. Having more women in government could mean that more laws and policies to protect women are introduced, such as the banning of forced marriages. This would mean that females would be more likely to enter into a sexual relationship at a later age. As a result, they are less likely to get pregnant before their bodies are developed enough to deal with pregnancy and childbirth. This increases the chances of survival for both mother and baby, assisting in reducing both maternal and infant mortality rates.

1. a. One mark is awarded for identifying ‘Eastern Mediterranean’. Although Africa has the lowest score, it made more progress than the Eastern Mediterranean region between 2018 and 2019.

b. Students receive one mark for identifying an example of the work of the WHO and another mark for explaining how it could help Africa’s ability to respond to health risks and / or emergencies for a total of two marks. Note that there is no set wording for the work of the WHO, so as long as it reflects one of their main areas of work, marks can be awarded. Examples worth two marks are:

* The WHO can provide training for health workers in Africa. This can increase their ability to treat those who present with infectious diseases and to assist in reducing its spread.
* The WHO conducts research into effective diagnostic and treatment options. This can help regions such as Africa to treat health risks such as low birthweight which in turn, can reduce under 5 mortality rates.
* When outbreaks of disease occur, the WHO often send experts to assist the government and health system in coordinating a response, which increases their ability to respond to health risks.
* The WHO facilitates research into the development of vaccines. These vaccines can be used to reduce the spread of conditions such as influenza.

c. Students receive one mark for identifying ‘Addressing health emergencies’ or words to that effect.

d. Students receive one mark for identifying another priority and another mark for briefly explaining it for a total of two marks. Answers worth two marks include:

* Achieving universal health coverage —1 billion more people benefitting from universal health coverage.
* Achieving universal health coverage – this relates to more people being able to access the health services they need regardless of their location or ability to pay.
* Promoting healthier populations – this relates to addressing the targets identified in SDG 3 such as ending epidemics of infectious diseases such as HIV.
* Promoting healthier populations – this relates to promoting health and wellbeing at all ages in order to promote human capital across the lifespan.

**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 4 Outcome 2, Task 2b – Data Analysis

**Marking sheet**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 1.a. | 1 |  |  |
| 1.b. | 2 |  |  |
| 1.c. | 1 |  |  |
| 1.d. | 4 |  |  |
| 1.e. | 1 |  |  |
| 1.f. | 5 |  |  |
| 2.a. | 1 |  |  |
| 2.b. | 4 |  |  |
| 3.a. | 1 |  |  |
| 3.b. | 2 |  |  |
| 3.c. | 1 |  |  |
| 3.d. | 2 |  |  |
| TOTAL | 25 |  |  |

Overall comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: This assessment is a school-based assessment. It is therefore a preliminary result only. The total result for all School Assessed Coursework in the study will be statistically moderated against the GAT and the end-of-year examination results.**