

Health and Human Development

Unit 3: Australia's health in a globalised world

Area of Study 1- Understanding Health and Wellbeing

- concepts of health and wellbeing (including physical, social, emotional, mental and spiritual dimensions) and illness, and the dynamic and subjective nature of these concepts

Health: A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.' (WHO, 1946)

Wellbeing: How a person feels about themselves and their life.

Health and Wellbeing

Relates to the state of a person's physical, mental, social, emotional and spiritual existence and is characterised by an equilibrium in which an individual feels happy, healthy, capable and engaged.

- **Dynamic:** Health is dynamic and therefore **constantly changing**.
- **Subjective:** Health is subjective and is therefore influenced by or based on personal beliefs, feelings or opinions.

Disease: A physical or mental disturbance involving symptoms, dysfunction or tissue damage.

Illness: A subjective concept related to personal experience of disease.

Physical health and wellbeing

Relates to the functioning of the body and its systems, it includes the physical capacity to perform daily activities or tasks. It can be characterised by;

- Healthy body weight
- Freedom from illness, disease and injury
- Adequate energy levels
- Ability to complete physical tasks adequately
- Appropriate levels of fitness
- Strong immune system
- Well-functioning body, systems and organs

Mental health and wellbeing

Refers to a person's cognitive and thinking processes such as their capacity to think coherently, express thoughts and feelings and respond constructively to situations.

- Low levels of stress and anxiety
- Positive self esteem
- High levels of confidence
- Positive thought patterns (optimism)

Social health and wellbeing

Relates to the ability to form meaningful and satisfying relationships with others and the ability to manage or adapt appropriately to different social situations.

- Supportive network of friends
- Supportive and well-functioning family
- Ability to manage or adapt appropriately to different social situations
- Effective communication with others
- Productive relationships with other people

Emotional health and wellbeing

Relates to the ability to recognise, understand and effectively manage emotions and use this knowledge when thinking, feeling and acting.

- Recognise and understand a range of emotions
- Have a high level of resilience
- Effectively respond to and manage emotions

Spiritual health and wellbeing

Refers to a positive sense of belonging, meaning and purpose in life. It includes values and beliefs that influence the way people live, and can be influenced by an individual's connection to themselves, others, nature and beyond.

- A sense of belonging
- Positive meaning and purpose in life
- Peace and harmony
- Acting according to values and beliefs

Interrelationships between the 5 dimensions

All 5 dimensions work together to achieve optimal health and wellbeing. High levels of health in one dimension the other four dimensions. Similarly, if one dimension suffers, the others will likely be diminished also.

- benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally

Health is seen as a **resource** for everyday life not the objective of living

Optimal health and wellbeing

An individual or group being able to identify and realise aspirations to satisfy needs and to change or cope with the environment.

Individual benefits

Being healthy can assist in creating a cycle of wellbeing. It allows individuals to work more effectively and improve their lives, which in turn promotes health and wellbeing. Optimal health and wellbeing increases the capacity of individuals to;

- Work productively
- Gain an education
- Earn an income
- Exercise
- Do the things they enjoy

National benefits

The importance of optimal health as a resource nationally;

- Longer healthier lives
- Health system savings
- Fewer people relying on social security
- Increased productivity
- Higher average incomes
- Reduced stress and anxiety in the community
- Increased social participation

Global benefits

The importance of optimal health as a resource globally;

- Reduces risk of disease transmission between countries
- Assists in promoting peace and stability
- Promotes economic development
- Promotes social development
- Promotes sustainability

Communicable diseases

Diseases that are passed from one person to another from either direct or indirect contact. These diseases can spread quickly from person to person and can result in a result in a pandemic.

- prerequisites for health as determined by the WHO including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity

Essential factors need to first be in place in order to achieve optimal benefits of health as a resource at all levels;

Peace

The absence of conflict. Reduces the risk of premature death and injury of and increases the ability of people to work, attend school and spend time with their loved ones.

Shelter

Adequate shelter provides protection and a safe place for people to spend their time and pursue activities such as study that promote health and wellbeing.

Education

Increase the ability of people to earn an income and improve their socioeconomic status, thereby promoting health and wellbeing.

Food

Access to a reliable food supply strengthens the functioning of the body systems and allows people to have enough energy to lead productive lives free from illness.

Income

Allows people to purchase resources such as food, healthcare and shelter that promote health and wellbeing.

Stable ecosystem

Ensures that the basic resources needed for survival (e.g. food and water) can be regenerated at the same rate that they are used.

Sustainable resources

Refers to whether current resources required for good health and wellbeing are available for future generations also.

Social justice.

Refers to equal rights and opportunities for all regardless of sex, class, income, ethnicity, religion, age, sexual orientation etc.

Equity

Relates to fairness and impartiality within the population

- indicators used to measure and understand health status: incidence, prevalence, morbidity, burden of disease, disability-adjusted life year (DALY), life expectancy, health-adjusted life expectancy (HALE), mortality (including maternal, infant and under 5) and self-assessed health status

Health status

Refers to an individual's or population's overall health, taking into account various aspects such as life expectancy, amount of disability and levels of disease risk factors.

- **Indicators of health:** Used to measure and understand health status

Self-assessed health status

A measure based on a person's own opinion about how they feel about their health and wellbeing, their state of mind and their life in general. It is commonly sourced from population surveys.

Life expectancy

An indication of how long a person can expect to live; it is the number of years of life remaining to a person at a particular age if death rates do not change.

Health adjusted life expectancy (HALE)

A measure of burden of disease based on life expectancy at birth, but including an adjustment for time spent in poor health. It is the number of years in full health that a person can expect to live, based on current rates of ill health and mortality.

Mortality

The number of deaths caused by a particular disease, illness or other environmental factor. (usually per 10,000 or 100,000 people in a 12-month period).

Infant mortality rate

The number of deaths of children under **1 year of age** per **1000** live births.

Under 5 mortality rate

The number of deaths of children under **5 years of age** per **1000** live births.

Maternal mortality rate

Deaths of mothers occurring during **pregnancy, childbirth** or up to **6 weeks after childbirth**, per **100,000** live births.

Morbidity

Refers to ill health in an individual and the levels of ill health in a population or group (usually measured in a 12-month period).

Incidence

The number of **new cases** of a disease or condition that have been reported during a specified time period. *E.g. Lung cancer in 2014: 4,000 new cases (12-month period).*

Prevalence

The **total** number of cases of a particular disease or condition present in a population at a given time. *E.g. Lung cancer in 2014: 12,500 Australians in total suffering from lung cancer.*

Burden of disease

A measure of the impact of diseases and injuries, specifically it measures the gap between current health status and an ideal situation where everyone lives to an old age free from disease and disability. It is measured in a unit called disability adjusted life years (DALY).

Disability adjusted life years (DALY)

A measure of burden of disease. One DALY equals one year of healthy life lost due to premature death and time lived with illness, disease and injury.

- $YLL + YLD = DALY$

Years of life lost (YLL)

The number of healthy years of life lost to premature death.

Years of life lost due to disability (YLD)

The number of healthy years of life lost to illness, disease, injury or disability.

- health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups; males and females, Indigenous and non-Indigenous, low and high socioeconomic status and those living within and outside Australia's major cities.

Biological factors

Relate to the body and the functioning of the body systems including:

- **Body weight:** The higher the body weight the greater risk of health conditions such as; high blood cholesterol, high blood pressure, impaired glucose regulation, cardiovascular disease and type two diabetes.
- **Blood pressure:** Blood pressure is measured using **systolic blood pressure** (highest point in pressure cycle when the heart contracts and pumps blood out) over **diastolic blood pressure** (when the heart relaxes). Normal blood pressure is measured as 120 over 80, high blood pressure can lead to hypertension.
 - **Hypertension:** Restricted blood flow, causes increased pressure on heart and kidneys. Can lead to kidney failure and cardiovascular disease (heart attack and stroke).

- **Blood cholesterol:** Cholesterol is an essential type of fat required by the body for a variety of processes. Cholesterol can also be consumed and when consumed in excess can lead to atherosclerosis.
 - **Atherosclerosis:** Low density lipoprotein (LDL) gets stuck on the walls of the blood vessels causing a smaller space for blood to travel through resulting in plaque build-up and hardening of arteries.
- **Glucose regulation:** Glucose is the preferred source for energy production in the cells.
 - Food is consumed
 - Carbohydrates are broken into glucose
 - Glucose in bloodstream triggers the release of insulin from the pancreas
 - Insulin is used to unlock the cell to allow glucose to be used for energy
 - In some people the cells become resistant to insulin which leads to impaired glucose regulation (leads to **type two diabetes**)
- **Birth weight:** Babies **under 2.5kg** are considered to have a low birth weight. This can lead to an underdeveloped immune system, premature death, speech and learning disabilities and in adulthood; high blood pressure, type two diabetes and cardiovascular disease.
- **Genetics:** Some conditions are carried in either male or female genes (such as prostate and cervical cancer). Genetics can cause cancer, depression, cardiovascular disease, diabetes, obesity and depression.

Sociocultural factors

The social and cultural conditions into which people are born, work, grow, live and age.

- **Access to healthcare:** Lack of access to healthcare may be caused by **cultural barriers** (language barriers and religious beliefs) or **financial barriers** which can cause premature death, treatable conditions going undiagnosed and higher mortality from treatable conditions.
- **Food security:** Refers to the state in which all people can obtain nutritionally adequate, culturally appropriate, safe food regularly through local, non-emergency sources. **Food insecurity** is caused by a low income and lack of health literacy. This may cause cardiovascular disease, type two diabetes and nutrient deficiencies (anaemic).
- **Socioeconomic status:** Correlation between higher (SES) and better health outcomes. Composed of:
 - **Income:** Increased access to nutritious food, healthcare education and recreation.
 - **Occupation:** Reduced exposure to manual labour.
 - **Education:** Higher education leads to increased health literacy as well as higher paying jobs.
- **Social exclusion:** Segregation that people experience if they are not adequately participating in the society which they live. People with mental health issues, disability, poverty and homelessness are more likely to suffer social exclusion.
- **Social isolation:** Refers to individuals who are not in regular contact with others. This is often a result of geographical barriers which limit people's ability to interact with other people. May lead to substance abuse, mental health conditions, stress and suicide and self-harm.
- **Unemployment:** Has a clear link to decreased health outcomes. It may be short or long term and impacts on health can be varied. Can lead to increased stress and anxiety, mental health conditions, cardiovascular disease and suicide or self-harm.
- **Early life experiences:** Refers to the behaviours of pregnant mothers such as drug use and poor nutrition. Can lead to low birth weight, poor immune system, greater

likelihood of death in childhood, and greater risk of developing cardiovascular disease later in life.

- **Cultural factors**
 - **Gender stereotypes:** Males tend to have the cultural pressure to uphold the 'macho' stereotype. This often results in them being less likely to access healthcare or acknowledge health issues.
 - **Aussie stereotypes:** The 'bronzed Aussie' leads to skin cancer. 'Alcohol' leads to kidney disease and obesity related conditions.
 - **Cultural barriers:** Such as language or understanding of Western medicine may cause some individuals to be less likely to access healthcare.

Environmental factors

The physical surrounding in which we live, work and play.

- **Air and water quality:**
 - **Air:** Tobacco smoke, industrial pollution, pollen and motor vehicle emissions can impact negatively on respiratory health. This can cause asthma, lung cancer and respiratory conditions.
 - **Water:** Poor water quality can be caused by natural disasters such as floods and bushfires and it can also be impacted by human influences such as industrial pollution. This may cause increased water borne diseases, decreased immune function and poor nutrition.
- **Work environment:** The environment in which people work such as;
 - **Outdoor jobs:** Higher exposure to UV radiation and higher rates of melanoma skin cancer.
 - **Labour based jobs:** Increased likelihood of workers suffering injuries and accidents while at work.
 - **Transport drivers:** Increased likelihood of being involved in a transport accident.
 - **People working with hazardous substances:** More likely to suffer from health conditions such as respiratory diseases and some cancers.
- **Climate and climate change:** Australian climate is considered to be warm and dry. This causes high rates of UV exposure and melanoma skin cancer. Changes in climate have caused an increase in average temperatures which has led to high levels of drought and the impact of bushfires.
- **Housing**
 - **Safety and design:** Correct and safe maintenance of houses can impact risk of injury; including maintenance of stairs and balconies. Houses with pools, spas and open water such as dams can increase risk of drowning death.
 - **Sleeping conditions:** Houses should promote good and restful sleep to improve mental health.
 - **Overcrowded conditions:** Greater risk of mental health conditions due to increased stress. It can also increase the risk of infectious diseases from lack of ventilation.
 - **Ventilation:** Required to reduce the risk of asthma and respiratory conditions.
- **Urban design and infrastructure**
 - **Geographical access to resources:** Having access to resources such as supermarkets and healthcare can decrease the risk of poor health.
 - **Infrastructure:** Well maintained and safe roads decrease the risk of road injury and death. Public transport systems and information and communication technology all work to increase people's ability to maintain social connections and promote positive social and mental health.

Males and females

In general, males have a poorer health status than females.

	Males
Biological	<p>Genetics: Males generally accumulate excess fats in their abdomen (compared to females: more in the hips). As the abdomen is closer to the heart, males have increased rates of heart diseases compared to females. Males have higher levels of testosterone compared to males, meaning that they are more prone to risk taking behaviour, resulting in higher rates of injury for males.</p> <p>Meanwhile, females undergo menopause at a certain age, where oestrogen levels decline. This results in higher rates of osteoporosis.</p>
Sociocultural	<p>Gender roles and expectations: Due to the 'macho' attitude, males are less likely to express themselves emotionally (perception of poor mental health as a weakness etc.) which can increase levels of depression and anxiety. For the same reason, males are less likely to access health care, increasing rates of undiagnosed chronic illnesses.</p>
Environmental	<p>Work environment: Males are more likely to be employed in labour intensive jobs that expose them to building sites, heavy machinery, hazardous substances, which increases risk of injury, disability and potential mortality.</p>

Indigenous Australians

Indigenous Australians have poorer health status than the rest of the Australian population on nearly all health indicators, including a lower life expectancy by 10.6 years for males and 9.5 years for females.

	Indigenous Australians
Biological	<p>Higher rates of high blood pressure, high blood cholesterol and impaired glucose regulation: Increases risk of developing chronic conditions such as CVD, kidney failure, etc.</p> <p>Higher rates of low birth weight: Higher risk of chronic diseases in adulthood.</p>
Sociocultural	<p>Low levels of education: Unaware of risk factors of many diseases (lack of health literacy). They might be more likely to consume alcohol excessively, smoke, misuse drugs, increasing their risk of CVD, cancer, respiratory problems etc.</p> <p>Food insecurity: leads to individuals not having sufficient nutritional intake.</p> <p>Low rates of employment/lack of job security: Financial strain increases rates of stress, anxiety and depression.</p> <p>Access to healthcare (cultural barriers): Cultural factors may prevent healthcare access so chronic conditions go undiagnosed and untreated.</p>
Environmental	<p>Poor quality, overcrowded housing: Can cause poor mental health, infectious disease and injury.</p> <p>Access to healthcare (lack of facilities in close proximity): As Indigenous Australians usually live in more remote areas, they may have limited access to healthcare facilities, meaning many chronic conditions might go undiagnosed and untreated.</p>

Low socio-economic status

Those with a lower socio-economic status experience lower health status, compared to higher socio-economic status populations.

	Low SES
Biological	<p>Higher rates of high blood pressure, high blood cholesterol and impaired glucose regulation: Increases risk of developing chronic conditions such as CVD, kidney failure, etc.</p> <p>Higher rates of low birth weight: Higher risk of chronic diseases in adulthood.</p>
Sociocultural	<p>Low levels of education: Unaware of the risk factors of many diseases (lack of health literacy). They might be more likely to consume alcohol excessively, smoke, misuse drugs, increasing risk of CVD, cancers, respiratory problems, etc.</p> <p>Food insecurity: Lead them to not having sufficient nutritional intake.</p> <p>Unemployment and financial stress: Increased rates of anxiety and depression.</p> <p>Less likely to access health services</p>
Environmental	<p>Greater exposure to fast food outlets in close proximity and lack of access to fresh food: Increases rates of high blood cholesterol, obesity, diabetes, deficiency conditions.</p> <p>Poor quality housing and dangerous neighbourhoods: Increase risk of injury.</p> <p>Higher rates of exposure to environmental tobacco smoke: Increase risk of cancers and respiratory conditions.</p>

Geographic location

Health status is generally higher for those living within Australia's major cities. Rural and remote areas are generally inhabited by farmers, Indigenous communities and civilians who choose country lifestyles.

	Those living outside Australia's major cities (rural and remote regions)
Biological	<p>Higher rates of high blood pressure, high blood cholesterol and impaired glucose regulation: Increases risk of developing chronic conditions such as CVD, kidney failure, etc.</p> <p>Higher rates of low birth weight: Higher risk of chronic diseases in adulthood.</p>
Sociocultural	<p>Low levels of education: Unaware of the risk factors of many diseases (lack of health literacy). They might be more likely to consume alcohol excessively, smoke, misuse drugs, increasing risk of CVD, cancers, respiratory problems, etc.</p> <p>Unemployment and financial stress: Increased rates of anxiety and depression.</p> <p>Less likely to access health services</p>
Environmental	<p>Harsh climate and UV exposure: Increase risk of skin cancer.</p> <p>Lack of access to fresh food (i.e. supermarkets) in close proximity: Not consuming the sufficient amount of nutritious foods can lead to deficiency conditions (e.g. anaemia, iron deficiency) and malnutrition.</p> <p>Poor road quality: Increase risk of injury and transport accidents.</p> <p>Lack of footpaths, lack of access to recreational facilities: Reduced opportunity to be physically active.</p>

- the contribution to Australia's health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron).

Factors influencing health status and burden of disease

- **Smoking:** Smoking is a practice in which a substance is burned and the resulting smoke is inhaled to be tasted and absorbed into the bloodstream.
 - **Caused by:** Lack of education about the risks associated with smoking, lack of access to healthcare, stress, anxiety and depression.
 - **Risk factors:** Cardiovascular disease, lung, nose, mouth, throat and kidney cancers, respiratory conditions and atherosclerosis.
- **Alcohol:** Binge drinking is when a male drinks 7 or more drinks in one sitting and 5 for a female. Alcoholism is when a person can't stop drinking once they have started or has a constant desire to drink alcohol.
 - **Caused by:** Lack of education regarding risks associated with excessive alcohol consumption, lack of access to healthcare, stress, anxiety and depression.
 - **Risk factors:** Type 2 diabetes, cardiovascular disease, dementia and some cancers. It also increases the risk of injuries, drowning and violence while under the influence.

High Body Mass Index: $BMI = \text{weight (kg)}/\text{height (m}^2\text{)}$. A healthy BMI is between 18.5 and 25.

- **Caused by:** Lack of physical activity, poor diet.
- **Risk factors:** Cardiovascular disease, colorectal cancer, type 2 diabetes and arthritis.

Under consumption of:

- **Fruit:** A great source of vitamins and water which is vital for good health as it is the medium for all chemical reactions in the body.
- **Vegetable:** Nutrient dense and are a rich source of phosphorous which is required for maintaining hard tissue and protein, which is essential for the growth, maintenance and repair of body cells.
- **Dairy:** Such as milk, yoghurt and cheese provide a rich source of calcium, a nutrient required for ossifying hard tissue.

High intake of:

- **Fat:** Saturated and trans fats can raise LDL cholesterol levels and impair glucose regulation, increasing burden of disease from cardiovascular disease, type 2 diabetes and colorectal cancer.
- **Sodium:** Required to regulate fluids in the body. Excess consumption of salt can draw excess fluid outside the cell, increasing blood volume, which can lead to hypertension, heart attack, stroke and other cardiovascular diseases.
- **Sugar:** Provides the quick release of energy. If energy is not used up, sugars are stored as excess adipose tissue contributing to obesity, colorectal cancer and cardiovascular disease.

Low intake of:

- **Fibre:** Regulates the functioning of the digestive system and cleanses the digestive tract. Low intake of fibre increases the risk of colorectal cancer.
- **Iron:** Required for the production of haemoglobin in the red blood cells which is responsible for transporting oxygen around the body for energy. A diet low in iron can increase morbidity from diet-related deficiency diseases such as anaemia which is associated with fatigue, paleness, dizziness and breathlessness.

Area of Study 2- Promoting Health and Wellbeing

- improvements in Australia's health status since 1900 and reasons for these improvements, focusing on policy and practice relating to:
 - 'old' public health
 - the biomedical approach to health and improvements in medical technology
 - development of 'new' public health including the social model of health and Ottawa Charter for Health Promotion
 - the relationship between biomedical and social models of health

Old Public Health

Concerned primarily with **diagnosing and treating illness once symptoms arose** and was very short term focused. Old public health had a focus on improving hygiene, sanitation and environmental health as a result of the range of different infectious disease causing ill health and mortality at the time.

Biomedical Model of Health

Focuses on the physical or biological aspects of disease or illness, placing emphasis on **diagnosis** and **treatment** of disease practiced by doctors and health professionals.

- **Advantages**
 - Life expectancy extended and quality of life improved
 - Leads to significant advances in medical technology and research
 - Most people can be treated and 'cured'
- **Disadvantages**
 - Doesn't promote good health
 - Relies on costly medical technology and practitioners
 - Not all conditions can be treated or cured

New Public Health

Identifies that there are a number of physical, environmental and sociocultural factors that can impact on health. The aim of New Public Health is to prevent illness, disease and injury by modifying the risk factors. It is about health promotion and is focused on the population level opposed to individuals.

Health Promotion

The process of enabling people to increase control over and improve their health.

Social Model of Health

Recognises the improvement in health and wellbeing can only be achieved by directing effort towards addressing the **physical, sociocultural and environmental factors of health** that have an impact on individuals and population groups.

- **Advantages**
 - Aimed at a population level; therefore, more cost effective
 - Encourages good health through disease prevention
 - Can be targeted to vulnerable population groups
- **Disadvantages**
 - Health messages may be ignored
 - Not all conditions can be prevented (genetic)
 - Doesn't assist those who are already sick

Social Model of Health Principles (**IDEAS**)

- Involves **intersectorial** collaboration

Government and non-government groups working together to address the barriers and improve health outcomes for all.

- **Addresses the broader determinants of health**

When developing health initiatives to promote health gains, the focus should be on targeting the broader influences on health (income, access to healthcare, ethnicity, SES, physical environment).

- **Empower individuals and communities**

Give people the knowledge and skills needed to allow them to participate in the decisions that positively impact on their health.

- **Acts to enable access to healthcare**

Addresses the social and environmental barriers that may restrict someone's ability to access healthcare such as location or income.

- **Acts to reduce social inequities**

Reduce the barriers that may prevent people from experiencing good health such as income, race or gender

Biomedical VS Social Model

Biomedical Model	Social Model
Focuses on biological and physical aspects of disease and illness	Addresses the broader influences of health that focuses on the social, environmental and economic aspects of disease and illness
Involves diagnosing and treating illnesses and conditions once symptoms are present	Principles of the social model (IDEAS)
Focuses on the individual and attempts to return them to pre-illness state and is concerned with the condition itself rather than the cause	Focuses on the community and preventing illness in the community and is concerned with the influences and causes of ill health rather than the condition itself
Centres around doctors, healthcare professionals and hospitals who administer treatment	Centres around the community: policies, education, health promotion
Examples include; stitches, surgery, chemotherapy, medication, antibiotics, X-rays	Examples include health promotion programs Closing the Gap, SunSmart, BreastScreen, or the Quit Campaign

The Ottawa Charter for Health Promotion

Developed from the social model of health by the World Health Organisation (WHO) that attempts to reduce inequalities in health.

Strategies for Health Promotion

- **Enable**

Ensuring equal resources (education, employment) and opportunities are available to all people to achieve equal health. For example; **dietary guidelines** can assist people in choosing a nutritious diet and accessible health care in rural and remote communities can also create increased opportunities for population groups to increase their health

- **Mediate**

Resolve conflict to produce outcomes that promote health through coordinated action from the government, non-government, health sectors, food, sport industries, media and community organisations. For example; a **community organisation** may form a walking group initiative and **doctors** may promote this by informing their patients of the benefits of regular physical activity.

- **Advocate**

Demonstrating active support and initiative for health promotion to make changes to improve health determinants for everyone. For example; Advocating that all population groups should receive **vaccinations**.

Action Areas of the Ottawa Charter (**Bad Cats Smell Dead Rats**)

Action Area	Description	Examples
Build healthy public policy	Decisions made by the government and organisations in relation to laws and policies relating to or affecting health. Aim: to put health on the agenda of policy makers, directing them to be aware of the health consequences of their decisions.	<ul style="list-style-type: none"> - Removing GST on unprocessed, healthier foods - Increasing GST on alcohol and cigarettes - Ban smoking in public places
Create supportive environments	Revolves around promoting health and wellbeing by being safe, stimulating, satisfying and enjoyable. Aim: to take care and 'support' each other by encouraging people to make healthy lifestyle choices.	<ul style="list-style-type: none"> - Quitline support service; free phone services to assist people who want to quit smoking - SunSmart: shaded areas in school to reduce the rate of UV exposure
Strengthen community action	Focuses on building links between individuals and the community and centres around the community working together to achieve a common goal. Aim: to build links between individuals, communities, key stakeholders, community centre to develop a shared healthy strategy in order to achieve a common health-related goal.	<ul style="list-style-type: none"> - Community walking groups - Community immunisation services - Mothers' support groups - Whole school engaging in health education
Develop personal skills	Education is the key aspect of this action area. Education refers to gaining health related knowledge and gaining life skills that allow people to make informed decisions that may indirectly affect their health and wellbeing. Aim: Educate and equip people with new skills for managing and making informed decisions about their health.	<ul style="list-style-type: none"> - Detailed medical brochures in medical centres - Healthy cooking lessons and recipes for improved nutrition
Reorient health services	Refers to reorienting the health system so that it promotes health and wellbeing as opposed to focusing only on diagnosing and treating illness. Aim: To switch the focus from the biomedical approaches to preventative approaches to health.	<ul style="list-style-type: none"> - Rather than just treating illness doctors should educate patients about underlying root causes of disease and provide advice on how they should modify their lifestyle habits - Police can visit schools to discuss the dangers of alcohol, promote road safety etc.

- Australia's health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity

Access

Ability of people to be able to obtain healthcare at the right place and right time, irrespective of income, culture or location.

Sustainability

Meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Equity

The quality of being fair and impartial.

Medicare

Medicare is Australia's Universal health insurance scheme that provides all Australian citizens, permanent residents and people from other countries with a reciprocal agreement (New Zealand, United Kingdom, Sweden, Belgium etc.) access to healthcare at no out-of-pocket cost regardless of their age, income, ethnic background etc.

- Advantages

- Available to all Australian citizens
- Basic health tests and treatments are provided at little or no cost
- Reciprocal arrangements with other countries allows Australian citizens to access subsidised/free health care in other countries
- Allows patients to choose their own doctor for out-of-hospital services

- Disadvantages

- Waiting lists for many non-emergency treatments
- Doesn't cover many common alternative treatments
- May not cover all costs of doctors and specialist fees if charged more than the scheduled fee
- Does not allow patients to choose their doctor for in-hospital treatments

Covered by Medicare	Not Covered by Medicare
General practitioner consultation fees	Most dental examinations and treatments
Treatment and accommodation as a public patient in a public hospital	Accommodation costs in a private hospital
Eye tests performed by an optometrist	Alternative therapies including chiropractic services, physiotherapy, naturopathy and remedial massage
X-rays	Health aids including hearing aids, glasses and contact lenses
Pathology tests	Ambulance services

Schedule Fee

The amount the government via Medicare contributes towards the costs of treatments and services.

Out-of-pocket expenses or patient co-payment

When the service provider chooses to charge more than the schedule fee for their service the patient will have to make up the difference.

Service cost – scheduled fee = patient co-payment

Medicare Safety Net

Aims to protect those who have a heavy reliance on medical services from high 'out-of-pocket' expenses. Once an individual or family's out-of-pocket expenses have reached the threshold amount, the Medicare services for that individual or family are charged at a cheaper rate for the rest of the year.

Funding

- **Medicare Levy**

Most tax payers in Australia pay an additional 2% of their taxable income towards the costs of Medicare.

- **Medicare Levy Surcharge**

High income earners without private health insurance pay an additional 1-1.5% tax on top of the Medicare Levy.

- **General Taxation**

When costs for Medicare are not met by the Medicare levy and Medicare levy surcharge the additional costs are covered by general income tax revenue.

Accessibility	Medicare ensures all Australians are able to access essential healthcare at an affordable price. <ul style="list-style-type: none">- Subsidises cost of healthcare treatments thus removing key barrier of income- Patients treated with the most life threatening diseases are treated first (triage system)- Allows patients to choose their doctor for out-of-hospital treatments
Sustainability	Medicare aims to continue to effectively fund the systems to allow Australians to experience good health sustainably. <ul style="list-style-type: none">- To keep expenditure on track, on January 1st each year, the co-payment amounts and safety net thresholds are increased in line with the Consumer Price Index.- Not every health service and treatment is subsidised under Medicare.- Many treatments conducted under Medicare can be seen to be preventing further health conditions, therefore reducing the need for further costly hospital treatments and stays.
Equity	Medicare aims to make the healthcare system fair and 'level the playing field'. <ul style="list-style-type: none">- The Medicare Safety net and concession pricing schedules are examples of how the government is trying to ensure the financial costs are as equitable as possible, particularly for those with a heavy reliance on medical services.- Medicare provides access to healthcare at no cost in public hospitals and at bulk billing services.- Low income earners are exempt from paying the Medicare Levy.

Pharmaceutical Benefits Scheme

The PBS subsidises the cost of many medications listed on the PBS and is available to all Australians. However, unlike Medicare instead of being completely free of charge, medicine and now subsidies and consumers must make a patient co-payment.

- **Standard PBS:** Everyone qualifies for
- **Healthcare card:** medication for healthcare card holders is further subsidised (those of a low socioeconomic status qualify for a healthcare card)
- **PBS safety net:** for individuals suffering from long-term chronic conditions who greatly depend on medication throughout the year

Funding

General taxation.

Accessibility	Enables access to all Australians essential prescription medication at an affordable price. <ul style="list-style-type: none">- Aims to remove the key barrier of income by significantly subsidising the cost of medicine.- Available to all Australians regardless of their income, culture or location.
Sustainability	There are systems in place to ensure the PBS is sustainable for future generations. <ul style="list-style-type: none">- To keep expenditure on track, each year on January 1st, the patient co-payment and safety net thresholds are increased in line with the consumer price index.- Not every medication is listed on the PBS, only those that have a benefit to wide range of the community.- Represent both biomedical and social models of health as the medications work to treat and prevent conditions.
Equity	PBS aims to be equitable to those regardless of income, culture and location. <ul style="list-style-type: none">- PBS safety net- Concession rates for low income earners, pensioners and seniors- Reducing costs of medicine

Private Health Insurance

A type of insurance where members pay a small fee monthly to cover the costs of health related services not covered by Medicare. Private health insurance requires consumers to pay a fee also known as an insurance premium

- **Advantages**
 - o Allows patients to choose their doctor in hospital (public or private)
 - o Allows choice of hospital
 - o Can reduce waiting times for non-emergency treatments
 - o May allow access to private rooms in hospital
 - o May provide financial cover for a wider range of services than Medicare
 - o Reduces the pressure on the public system
- **Disadvantages**
 - o Premiums can be costly
 - o Depending on type of cover, service claimed and treating doctor, there may still be out-of-pocket costs
 - o Waiting periods may apply for some services
 - o May be paying for services not being claimed

Influences on the cost of insurance premiums

- Types of insurance (hospital only, extras, only, hospital plus extras)
- Types of health services included in coverage (maternity, ambulance)
- Personal circumstances of the patient insured (age, gender, occupation, current health conditions, behavioural factors including smoking).

GAP

The amount outstanding between what a hospital or specialist charges and what the combination of Medicare and private health insurance covers. For **specialists**; Medicare pays 85% and the individual must pay the remaining 15% out-of-pocket expenses (GAP).

Private Health Insurance Incentive Schemes

- Medicare Levy Surcharge

An additional 1-1.5% of taxable income for high income earners who do not have private health insurance.

- Private Health Insurance Rebate

A rebate on part of the cost of the insurance premiums paid by the Federal government. The more you earn, the lower the rebate.

- Lifetime Health Cover Loading

An additional 2% tax on the cost of the premium each year after the age of 30 an individual takes out private health insurance. Maximum 70% loading.

Accessibility	<ul style="list-style-type: none">- Enables people to have greater access to services not covered by Medicare- Shorter waiting times
Sustainability	<ul style="list-style-type: none">- Ensures sustainability of public health system by alleviating some of the economic strain from the public system- Incentive schemes try to ensure that the demand on the public healthcare system is reduced.
Equity	Equity is promoted through the incentives schemes: <ul style="list-style-type: none">- Private health insurance rebate: people who earn a lower income will be entitled to a greater rebate on the cost of their premium.- Medicare Levy Surcharge: additional charge only for high income earners who do not take out private health insurance.- Lifetime health cover loading: waived for those people aged over 65 and who take out private health insurance, therefore are not burdened with extra loading due to their age.

The National Disability Insurance Scheme

The NDIS provides support and funds to Australians with disability, their families and carers. The NDIS provides funds to support people with disability to build skills and capability so they can participate in the community and employment. It is jointly governed and funded by the Australian and participating states and territories governments.

- The main component of the NDIS is individualised packages of support to eligible people with disability.
- When the NDIS is fully implemented in 2019 it is expected that around 460,000 Australians will receive individualised support.

Role in helping people with disability

- Enables Australians with disability access to essential services (e.g. doctors and teachers)
- Enable Australians with disability access to community services and support (e.g. sports and clubs, community groups, libraries)
- Maintain informal support arrangements (ensure that they may have help from their families and friends, hence the informal help that is always there and does not need to be paid for)
- Provide funding for reasonable and necessary support (assistance that is directly related to a person's disability and is essential for them to be able to lead an ordinary life)

Funding

Funds for the NDIS are taken from the increase to the Medicare levy from 1.5% to 2% of taxable income, as well as from the federal health budget.

Accessibility	The previous scheme was seen as 'underfunded, unfair and inefficient', which gave people with a disability little choice and no certainty of access to appropriate supports. <ul style="list-style-type: none"> - NDIS will increase access to mainstream services, such as health, housing and education and access community services, such as health, housing and education and access community services, such as sports clubs and libraries.
Sustainability	<ul style="list-style-type: none"> - The Medicare levy surcharge was increased from July 1st 2014 by 0.5% to help fund the NDIS. This raised approximately \$3.5 billion dollars, although the annual cost of the cost is expected to be \$22 billion. - The Medicare Levy will be increased from 2% to 2.5% to ensure the NDIS is fully funded
Equity	<ul style="list-style-type: none"> - Ensures those people in the community with a disability, and their carers, who need support are able to access the support they need. - Is not income tested and provides fair access to all people who are eligible (excluding those over 65 years and ensuring people meet the disability or early intervention requirements)

- the role of health promotion in improving population health, focusing on smoking, including:
 - why it was/is targeted
 - effectiveness of the health promotion in improving population health
 - how the health promotion reflects the action areas of the Ottawa Charter for Health Promotion

Why smoking was targeted

Smoking kills around 15,000 Australians per year and has significant social and economic costs (around \$31.5 billion dollars annually).

Those most at risk

- **People living outside Australia's major cities**

14.7% of those living in major cities compared to 22.8% in outer, regional and remote areas.

- **Indigenous Australians**

41% of Indigenous Australians which was 2.6 times the rate of non-Indigenous Australians

- **Low socioeconomic status**

Those in the lowest socioeconomic group smoked at a rate more than two times higher than the highest socioeconomic group (23.8% compared to 10.2%)

Long term effects

- Cancer of the lungs, mouth, nose, throat and oesophagus
- Lung diseases such as chronic obstructive pulmonary disease (COPD)
- Coronary heart disease (heart attack)
- Cardiovascular disease (stroke)

Health promotion program: Quit campaigns

Quit Victoria aims to decrease the prevalence of smoking by assisting smokers to quit and preventing the uptake of smoking in non-smokers. They are run through the Cancer Council and are funded by the Victorian government and VicHealth.

How Quit reflects the action areas of the Ottawa Charter for health promotion

Build Healthy Public Policy	Quit undertakes research and provides research to the state government to implement healthy public policies <ul style="list-style-type: none"> - Laws relating to banning smoking in public places - Laws relating to tobacco advertising - Laws relating to tobacco packaging - Laws relating to tobacco taxes
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Create Supportive Environments	<ul style="list-style-type: none"> - Quit program providing personalised counselling services through the Quitline services through the Quitline - Quit support through the Quit website
Strengthen Community Action	<ul style="list-style-type: none"> - Quit programs developing specific anti-smoking campaigns working with particular population group health; such as Aboriginal Quitline Enhancement project
Develop Personal Skills	<ul style="list-style-type: none"> - Provides advice and strategies regarding quitting - Health warnings on cigarette packages and mass advertising campaigns - Quit fact sheets on their website
Reorient Health Services	<ul style="list-style-type: none"> - Government and non-government investment in antismoking policies to prevent smoking - Quit provides a free online learning and training program for health professionals which assists in reorienting health services

- initiatives introduced to bring about improvements in Indigenous health and wellbeing in Australia and how they reflect the action areas of the Ottawa Charter for Health Promotion

Close the Gap Campaign

This campaign is operated by Indigenous and non-Indigenous Australian health professional bodies and human rights organisations and aims to raise the health and life expectancy of Aboriginal and Torres Strait Islander people to that of the non-Indigenous population within a population (to close the gap by 2030)

- Current life expectancy gap is 10-17 years.

Targets

- Close the gap in life expectancy within a generation
- Halve the gap in mortality rates for Indigenous children under 5 within a decade
- Ensure all Indigenous 4 year olds in remote communities have access to early childhood education within 5 years
- Halve the gap for Indigenous students in reading, writing and numeracy within a decade
- Halve the gap for Indigenous students in year 12 attainment or equivalent attainment rates by 2020
- Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade

The Live Longer! Campaign

National program to support Indigenous Australian communities to get active, eat nutritious food and live healthier lives. The Australian government provides funding to these communities to run/develop:

- Local health promotion programs and campaigns and projects
- Healthy community days
- A written guide to running a local health promotion project

The Live Longer! Campaign promotes:

- Get active- Live Longer!
- Drink water- Live Longer!
- Stop smoking- Live Longer!
- Get health checks- Live Longer!
- Eat good tucker- Live Longer!

Ottawa Charter- Healthy community days run through Live Longer! Campaign

Create Supportive Environments	<ul style="list-style-type: none"> - Allow people within the community to support one another to make the healthier option the easy option - Everyone is involved - Environment is safe and enjoyable for community members as it is held within familiar territory.
Strengthen Community Action	<ul style="list-style-type: none"> - Get people together to assist each other in reaching their common goals which is to improve the overall health status of the community. - Designed by the community for the community and therefore meets their specific needs
Develop Personal Skills	<ul style="list-style-type: none"> - BBQ setup as a demonstration to how to make quick, easy and healthy meals - Learn about the effects of alcohol, using alcohol simulation goggles - Educated elders in the community spread health promotion messages

The Purple Truck

The Purple Truck provides haemodialysis (kidney dialysis) treatment for Indigenous people that live in remote communities. Haemodialysis is required 3 times weekly for 5 hours at a time. By providing this treatment in a truck it enables people to get back to country and family which is of extreme importance to the livelihoods and health and wellbeing of Indigenous people.

Ottawa Charter- The Purple Truck

Create Supportive Environments	<ul style="list-style-type: none"> - Enables people to access regular treatments without moving away from the community
Strengthen Community Action	<ul style="list-style-type: none"> - Provides necessary treatment for remote Indigenous people who would otherwise face barriers in seeking treatment
Develop Personal Skills	<ul style="list-style-type: none"> - Provides health information regarding kidney disease and the importance of reducing risk factors such as excessive alcohol consumption

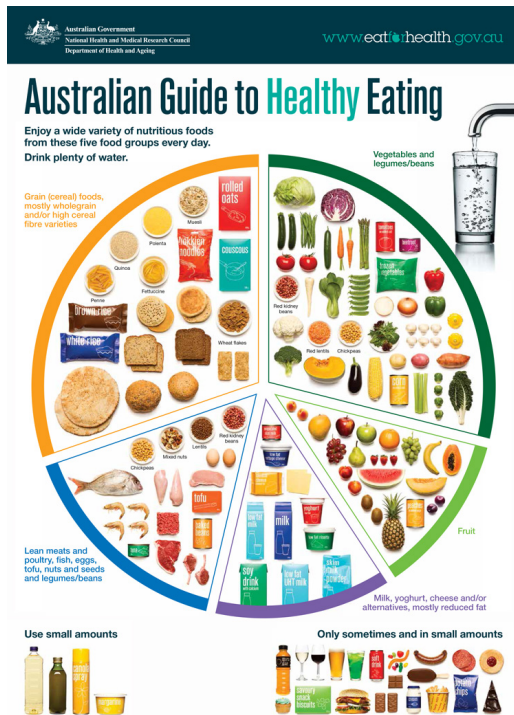
- initiatives to promote healthy eating in Australia including Australian Dietary Guidelines and the work of Nutrition Australia, and the challenges in bringing about dietary change.

Australian Dietary Guidelines

Developed by the National Health and Medical Research Council and funded by the Federal government. Their aim is to ensure that all Australians can make healthy food choices.

1. To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.
2. Enjoy a variety of nutritious foods from the five food groups everyday including:
 - Vegetables and legumes/beans
 - Fruit
 - Grain foods
 - Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans
 - Milk, yoghurt, cheese and alternatives
 - Drink plenty of water
3. Limit intake of food containing saturated fat, added salt added sugars and alcohol
4. Encourage, support and promote breastfeeding
5. Care for your food; prepare and store it safely

Australian Guideline to Healthy Eating



- Developed by Australian Dietary Guidelines and is a visual representation of guidelines 2 and 3
- Food selection tool which visually represents the proportion of food groups recommended in the daily diet
- Aimed to be used by consumers to assist with planning and consuming the correct proportions of each of the 5 food groups daily

Nutrition Australia

A non-government organisation that provides nutrition advice and programs aimed at all population groups in Australia.

Healthy Eating Pyramid



- Developed by Nutrition Australia and is a simple visual guide to the types and proportion of foods that we should eat every day for good health.

Healthy Eating Advisory Service

Work with childhood services, outside school care, schools, workplaces and hospitals to support these organisations to provide healthier food and drinks in their menu.

National Nutrition Week

Raises awareness around the role of food on our health and supports the community to enjoy healthy eating.

Workplace Health and Wellbeing Program

Offers a range of services to improve worker's performance through healthy eating.

Challenges in bringing about dietary change

- **Personal preference**
 - Foods high in fat are flavour enhancers that stimulate the brains reward system by releasing dopamine. This cycle can create cravings for foods containing these substances, making dietary changes challenging for some
- **Attitudes and beliefs**
 - If an individual has not tried a variety of healthy food options they may believe they are bland or tasteless
 - Beliefs such as veganism or only consuming organic products or Australian made products can restrict certain foods in the diet and can make achieving a balanced food intake difficult.
- **Willpower**
 - The ability to resist short term temptations to meet long term goals
 - Changing food intake requires commitment which can be difficult with temptations at places such as parties and social gatherings, work functions, restaurants and school canteens
- **Food security**
 - When all people at all times have access to sufficient, safe and nutritious food to meet their dietary needs for an active and healthy life.
 - This includes having enough money and the means to access them including geographical location and transport
 - Those with a high socioeconomic status have more choice in relation to the foods they consume
 - Those living outside Australia's major cities also experience higher rates of food insecurity due to the cost of basic nutritious foods being 30% higher in rural and remote areas
- **Time constraints and convenience**
 - When more time is spent working and less time is spent preparing food, convenience foods are often consumed
 - Certain occupations such as truck drivers and those working in the trades, may rely on the foods that are offered from outlets near their place of employment, accessing fast food may be more convenient for these people
- **Education, nutrition, knowledge and cooking skills**
 - Lack of nutritional knowledge and cooking skills often predisposes people to consume unhealthy meals
 - Lack of education can lead to consumers believing that are consuming healthy foods as they do not have the skills to accurately assess their current food intake
- **Families, culture, society and religion**
 - The earliest food experiences most people have is shaped by family
 - The cultural and religious background of the family may include ties to traditional foods that have been consumed through generations
 - Childhood in particular is seen as a stage when many personal preferences in relation to food are established
 - The people with whom an individual consumes food can influence the foods they consume
- **Food marketing and media**
 - Advertisements, newspapers, magazines, television, radio, internet, supermarket, sponsorships, the use of celebrities.

Health and Human Development

Unit 4: Health and human development in a global context

Area of study 1- Health and wellbeing in a global context

- characteristics of high-, middle- and low-income countries

High Income:

- High GNI and GDP (\$12,236 or more)
- Australia, United States, United Kingdom, Sweden, Japan and New Zealand.

Middle-Income:

- Intermediate GNI and GDP
 - Upper middle- (\$3956-\$12,235)
 - Lower middle- (\$1006-\$3955)
- Mexico, Russian Federation, Ukraine, Indonesia, Turkey.

Low-Income:

- Low GNI and GDP (\$1005 or less)
- Ethiopia, Kenya, Chad, Pakistan, Peru, Afghanistan.

Characteristics of high income countries:

Economic: Influence the opportunities and resources that are available for citizens. Those in low income countries often have higher levels of poverty with a lack of access to resources due to their low economic status.

- High income countries often have a wide range of industries including mining, processing, manufacturing, education and healthcare, leading to greater global trade opportunities and a high income.

- Low income countries often have a limited range of industries, typically centred around farming and primary production, decreasing their opportunity for global trade and a high income.

Environmental: Contribute to the overall health and wellbeing experienced by a country. Those in low income countries often have lesser access to resources such as housing and food, increasing their risk of communicable diseases.

- Due to having a range of industries, high income countries typically have high levels of carbon dioxide emissions. These emissions have been linked to climate change, which particularly affects low income countries as they lack the economic resources to effectively deal with the associated impacts.

- High income countries generally have adequate roads, piped water, sewerage systems, electricity grids and telecommunication systems. People in low income countries often lack these facilities.

Gross National Income (GNI): The total value of goods and services a country's citizens produce, including the value of income earned by citizens who may be working in an overseas country.

Gross Domestic Product (GDP): A measure that reflects the economic state of a country. GDP is the value of all goods and services produced in a country in a 12-month period.



Social: Anything to do with human rights and social resources such as access to education, a healthcare system, and political stability.

- In many low income countries, females do not have the same opportunities as males in society. They may have limited opportunities for education and often work in fields tending crops, collecting water and preparing meals.

- High income countries often have access to contraception, choice in family planning, career choices and education contributing to low birth rates and slow rates of population.



- similarities and differences in health status and burden of disease in low- middle- and high-income countries, including Australia

Indicators including **life expectancy, mortality, morbidity and burden of disease** provide an accurate indication of the levels of health status experienced in high, middle or low income countries.

Similarities:

- Between 1960 and 2014 **life expectancy** has increased for all income levels.
- Low and high income countries experience **double burden of disease** with cardiovascular disease and infectious diseases being the main cause.
- On average, **women live longer than men** in every country in the world.
- Since 1990 the global rate and **number of child deaths** have been reduced by more than half.

Differences:

- Low income countries experienced a significantly greater increase in **life expectancy** between 2000 and 2014 in comparison to other income levels.
- **YLD is higher in high income countries** as it increases with life expectancy- people in high income countries are most likely to experience non-communicable diseases.
- Low income countries have higher rates of **maternal mortality** rate due to lack of access to hospitals and high prevalence of young pregnancy and sexual assault.
- Low income countries experience significant burden of disease from **communicable and infectious diseases**, whereas high income countries have greatest burden of disease from **non-communicable diseases**.
- Upper-middle income countries experienced a significantly greater increase in **life expectancy** between 1960 and 1970 compared to Australia.

- factors that contribute to similarities and differences in health status and burden of disease, including access to safe water; sanitation; poverty; inequality and discrimination (race, religion, sex, sexual orientation and gender identity); and global distribution and marketing of tobacco, alcohol and processed foods



Access to safe water: Safe water refers to water that is not contaminated with disease-causing pathogens such as bacteria and viruses, or chemicals such as lead and mercury. Safe water is required for a number of purposes including; consumption, food preparation and cooking, washing and hygiene, agriculture and production. The average person requires around 50 litres of safe water per day to survive.

- Water is essential for growing crops and maintaining the natural environment; lack of safe water can diminish the country's natural environment and make it difficult to grow crops. This can significantly affect food security for the population, increasing rates of duet and deficiency-related conditions in low and middle income countries.
- Water-borne diseases (cholera, malaria, typhoid) are easily transmitted through contaminated water.
- In low income countries women often have to trek long distances to collect water and bring it back. These long journeys carrying a heavy weight can result in them developing musculoskeletal; conditions in the long term.

Sanitation: Sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and faeces, but can also refer to the maintenance of hygienic conditions through services such as garbage collection and wastewater disposal.

- Communities may not have a functioning waste disposal or sewage system in low income countries, leading to poor air and water quality and increasing the risk of developing air and water-borne diseases.
- 892 million people practice open defecation-puts them at greater risk of violence and infectious diseases.

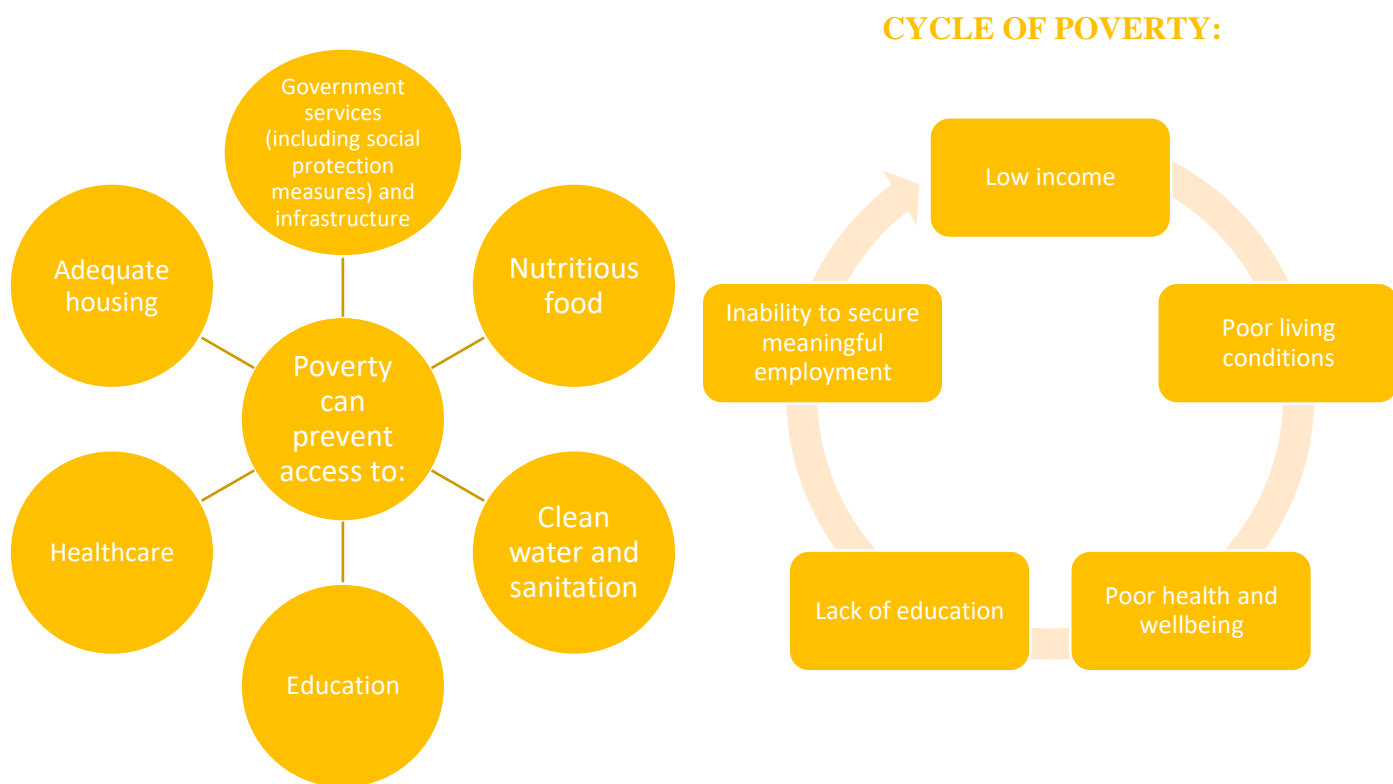
- Lesser ability to attend school for females as there is no way to dispose of sanitary items- lower education means less ability to earn an income, therefore puts them further into the poverty cycle.

Poverty: Poverty refers to deprivation. This deprivation often stems from a lack of income but presents as a lack of material resources such as food, shelter, clean water and healthcare; and deprivation of intangible resources such as social inclusion, opportunities for education and decision making.

- **Extreme Poverty:** Living on less than US \$1.90 a day.

- **Relative Poverty:** Those living on less than 50% of their county's average income.

- Malnutrition due to limited access to food- causes higher under five mortality rate.
- Lack of education decreases health literacy and therefore increases the risk of illness and disease- contributing to lower life expectancy.
- Those living in a poverty stricken country often are forced to work in unsafe and unregulated environments, leading to greater risk of injury.



Inequality and discrimination: Equality and freedom from discrimination are basic human rights which are often violated towards many minority groups based on;

- **Race:** Racial discrimination is when a person is treated less favourably than another person in a similar situation because of their race, colour, descent, national or ethnic origin or immigrant status.
 - Indigenous Australians have a shorter life expectancy than those living in the same country- often due to lower levels of education, poor lifestyle choices and a lack of cultural awareness when it comes to healthcare. This has led to discrimination and in extreme cases can lead to displacement from homes (refugees).
- **Religion:** Many low income countries have a very pronounced religion that the majority of the population belongs to. Those with religious beliefs that differ to the majority are often subject to discrimination

- Muslims and Jewish people are often the target of racism, experiencing higher levels of stress and depression.
- **Sex:** Sex refers to the physiological characteristics including the DNA and sex organs, present in an individual at birth.
 - Females in many low income countries do not have the same rights as males, with less access to education, employment and rights (including forced marriages and early pregnancy).
 - Women generally have equal rights in most high income countries yet are still treated unfairly based on their gender.
- **Sexual orientation:** Sexual orientation describes the sex that an individual is sexually and romantically attracted to. It is also associated with discrimination and inequality around the world. Those who do not identify as heterosexual are often subjected to discrimination including being;
 - Refused jobs and opportunities for education
 - Refused healthcare
 - Subjected to sexual assault, physical beatings and criminal proceedings
 - Subjected to the death penalty (particularly in low income countries)
- **Gender identity:** Gender identity describes how individuals perceive themselves as male, female, a blend of both or neither. One's gender identity can be the same or different from the sex assigned at birth. Individuals who are transgender or gender non-conforming are at higher risk of discrimination and in most societies experience;
 - Higher rates of mental disorders
 - Higher rates of physical and sexual assault
 - Increased rates of self-harm and suicide

Globalisation: The process whereby boundaries between countries are reduced or eliminated allowing individuals, groups and companies to act on a global scale. It can be described as transforming the different societies of the world into one global society. A reduction in barriers to trade, communication and transport contributes to this process.

Global distribution and marketing: Improving technology has led to a decrease in barriers to communication, trade, transport and other forms of contact. The result has been increased **globalisation**.

Globalisation makes it easier for companies to distribute, market and sell their services and products in all corners of the globe. While some services and products can enhance health status, including certain pharmaceuticals and improved farming techniques, others can be detrimental to health status, including; tobacco, alcohol and processed foods.

- **Tobacco:** Manufacturers in high income countries like to sell their brand of tobacco in middle and low income countries, and tend to be quite successful due to;
 - A lack of health education (people don't know or understand the health risks of tobacco use)
 - No underage laws, labelling laws (don't have to list all of the chemicals on the packet) or passive smoking laws
 - No sale taxes
 - No marketing bans (do not have to display the health concerns from smoking on the front of the packet)

Increased tobacco use can lead to; Increased rates of lung, throat and mouth cancer, respiratory diseases, cardiovascular disease and low birth weight

- **Alcohol:** Manufacturers in high income countries like to sell their brand of alcohol in middle and low income countries and tend to be quite successful due to;
 - A lack of health education (people don't know or understand the health risks of alcohol use)
 - No underage laws, labelling laws (don't have to list all of the ingredients on the bottle) or public drinking laws

Increased alcohol use can lead to; Increased rates of obesity, type 2 diabetes, cardiovascular disease, liver disease, mental disorders and injuries.

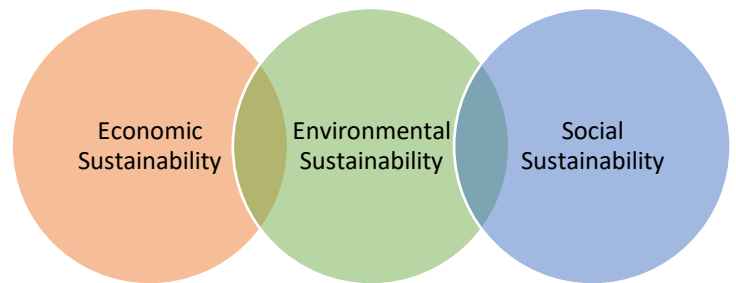
- **Processed foods:** Manufacturers in high income countries tend to make up for lost revenue in their country by targeting low and middle income countries because of factors such as;
 - Lack of nutritional education
 - Lack of food labelling legislation
 - Lack of healthy eating promotion strategies
 - No sale taxes

Increased consumption of processed foods can lead to; increased rates of obesity, cardiovascular disease, type 2 diabetes and colorectal cancer.

- the concept and dimensions of sustainability (environmental, social, economic) and its role in the promotion of health and wellbeing

Sustainability: Meeting the needs of the present without compromising the ability of future generations to meet their own needs. This refers to meeting today's needs and planning the country's growth without creating problems or depleting resources for future generation.

The three pillars of sustainability →



Economic Sustainability:

Ensuring that average incomes in all countries are adequate to sustain a decent standard of living and continue to rise in line with inflation and living costs in the future. Adequate incomes also mean the government receives more funds through taxation and can provide public services to promote the health and wellbeing of its citizens. Specifically, economic sustainability promotes health and wellbeing by;

- Ensuring that all people earn a decent income
- Increasing the capacity of governments to provide services and infrastructure
- Ensuring children can stay in school



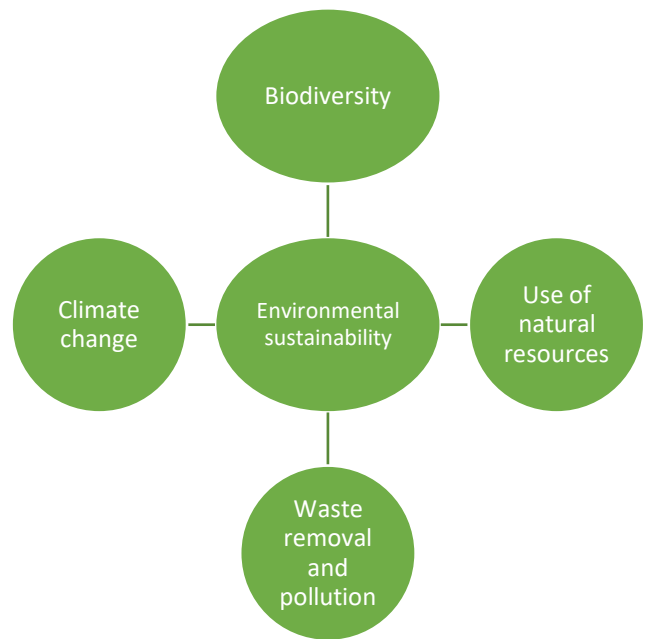
Environmental Sustainability: Ensuring the natural environment is used in a way that will preserve resources into the future. Human activities should only use natural resources at a rate that allows these resources to replenish for future generations. In low and middle income countries this is often a challenge, as many of these countries exploit their natural environment as a means of generating income and facilitating trade.

Biodiversity: The variety of different plants, animals and micro-organisms, their genes and the ecosystems of which they are a part.

Ecosystem: A community of living things and non-living components of the environment in which they live. An ecosystem can include plants, animals, micro-organisms, water, air, soil and rocks.

Renewable resources: Resources that are replenished naturally and over a relatively short period, and include crops, water, oxygen, forests and fish stocks.

Non-renewable resources: Resources that are not replenished in a short period, so once they are used they are not available for future generations. Non-renewable resources include coal, natural gas, petroleum and nuclear substances.



Social Sustainability: The focus of social sustainability is people's health and wellbeing. It can be defined as creating an equitable society that meets the needs of all citizens and can be maintained indefinitely. The underlying aims of social sustainability are to;

- Ensure that all people have their human rights upheld
- Can participate in the society in which they live
- Participate in the decisions that affects their lives
- Experience equal access to resources such as food, shelter, education, healthcare, employment, clean water, sanitation, clothing, recreation and leisure.



- the concept of human development, including advantages and limitations of the Human Development Index

Human development

Human development is a concept that provides another way of looking at the similarities and differences between countries around the world- expanding on the traditional measure of income. It focuses on creating an environment in which people can develop to their full potential and lead productive and creative lives according to their needs and interests. It is about expanding people's choices and enhancing capabilities (the range of things people can be and do), having access to knowledge, health and a decent standard of living, and participating in the life of their community and decisions affecting their lives.

- ❖ Develop to their full **potential**
- ❖ Lead **long and healthy lives**
- ❖ Lead **productive and creative lives** according to their **needs and interests**
- ❖ Expand people's **choices**
- ❖ Enhance **capabilities**
- ❖ Have access to **knowledge**
- ❖ Have access to **resources needed for a decent standard of living** (housing, reliable food and water supply)
- ❖ **Participate in the life of the community**
- ❖ **Participate in the decisions that affect their lives**

Human Development Index (HDI)

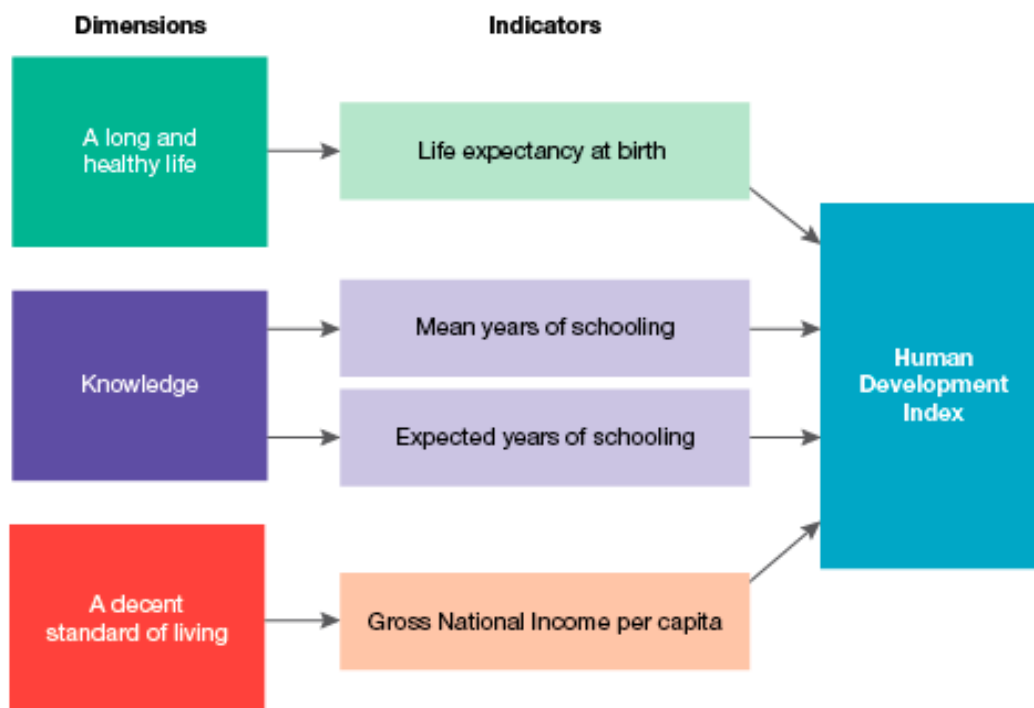
The Human Development Index is a tool developed by the United Nations to measure and rank countries' levels of social and economic development. It provides a single statistic based on;

3 Dimensions: A long and healthy life, knowledge and a decent standard of living.

4 Indicators: Life expectancy at birth, mean years of schooling, expected years of schooling and GNI.

HDI is measure from 0-1. The closer to one, the greater the level of development in a country.

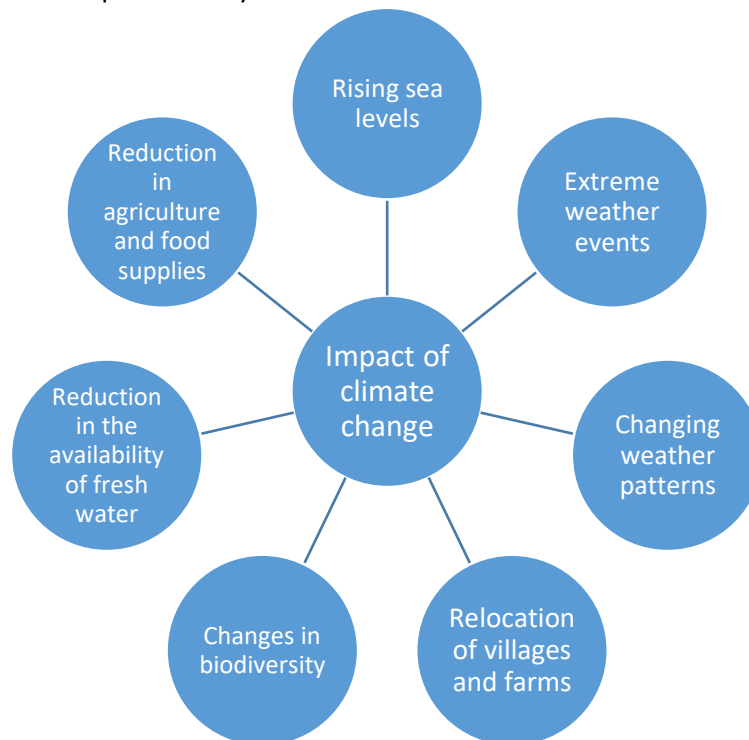
Ranked from very high HD to low HD.



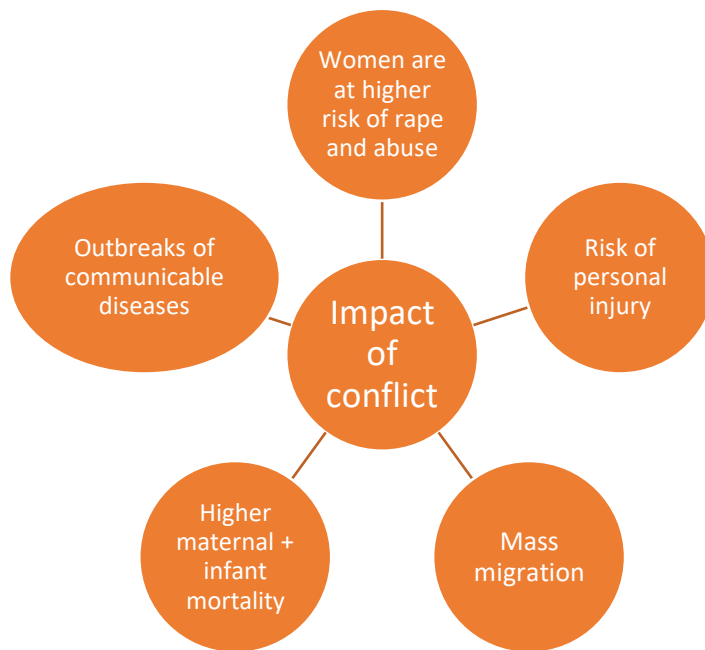
Advantages of the HDI	Limitations of the HDI
The HDI takes more than just average incomes into account and therefore provides a comprehensive representation of the country's level of development.	Human development is more complex than the indicators of the HDI- therefore many aspects such as employment, gender equality, access to safe water etc. are not taken into consideration.
Provides an indication of opportunities for education- reflects access to knowledge and the ability to enhance choices and capabilities.	As it is based on averages, it does not provide an indication of the inequalities within the countries.
The dimension's work in conjunction with the elements of human development.	Collecting the data is complex and costly, therefore is not always reliable for those countries who cannot afford access to data collection services.
Simple statistic which makes comparison between countries easier to analyse.	People's feeling and the issues faced in communities are not reflected.
Effective in analyzing progress made by countries over time.	As it only uses three dimensions, it neglects key aspects of human development including freedom, choices and capabilities.

- implications for health and wellbeing of global trends including:
 - climate change (rising sea levels, changing weather patterns and more extreme weather events)
 - conflict and mass migration
 - increased world trade and tourism
 - digital technologies that enable increased knowledge sharing

Climate change: A change in global or regional climate patterns due to increased levels of atmospheric carbon dioxide produced by the use of fossil fuels.

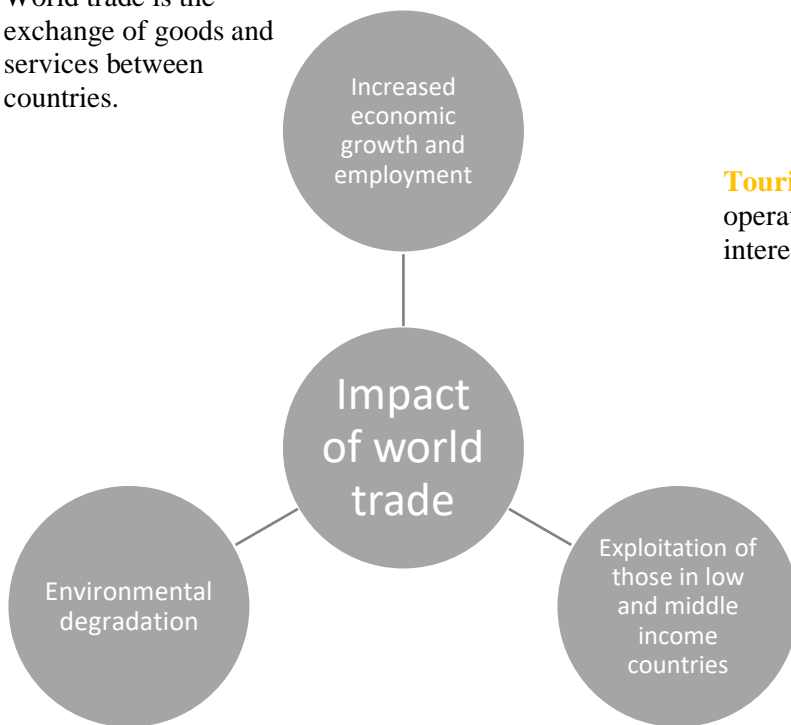


Conflict and mass migration: War between states, governments and/or societies that is characterised by extreme violence, aggression and destruction and mortality.

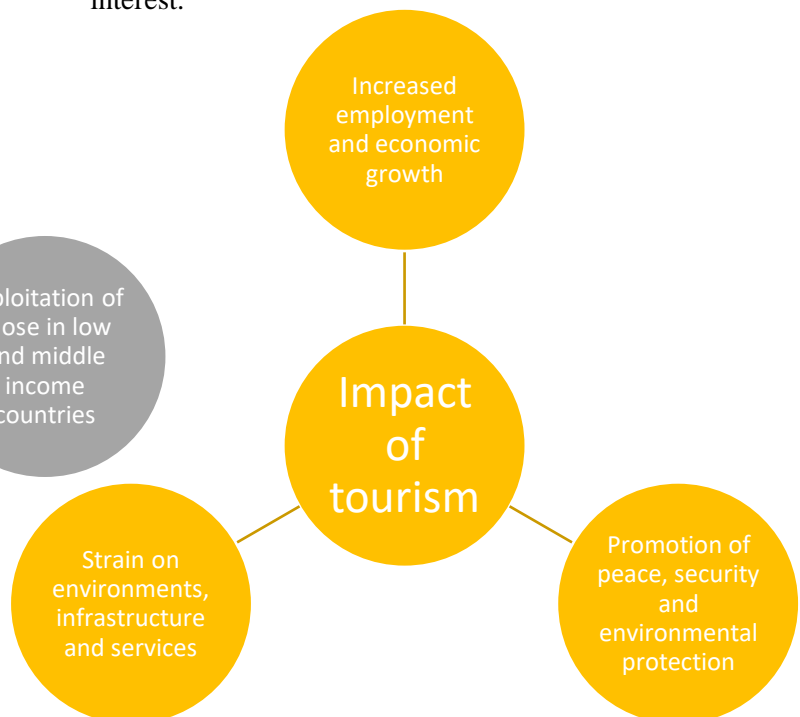


Increased world trade:

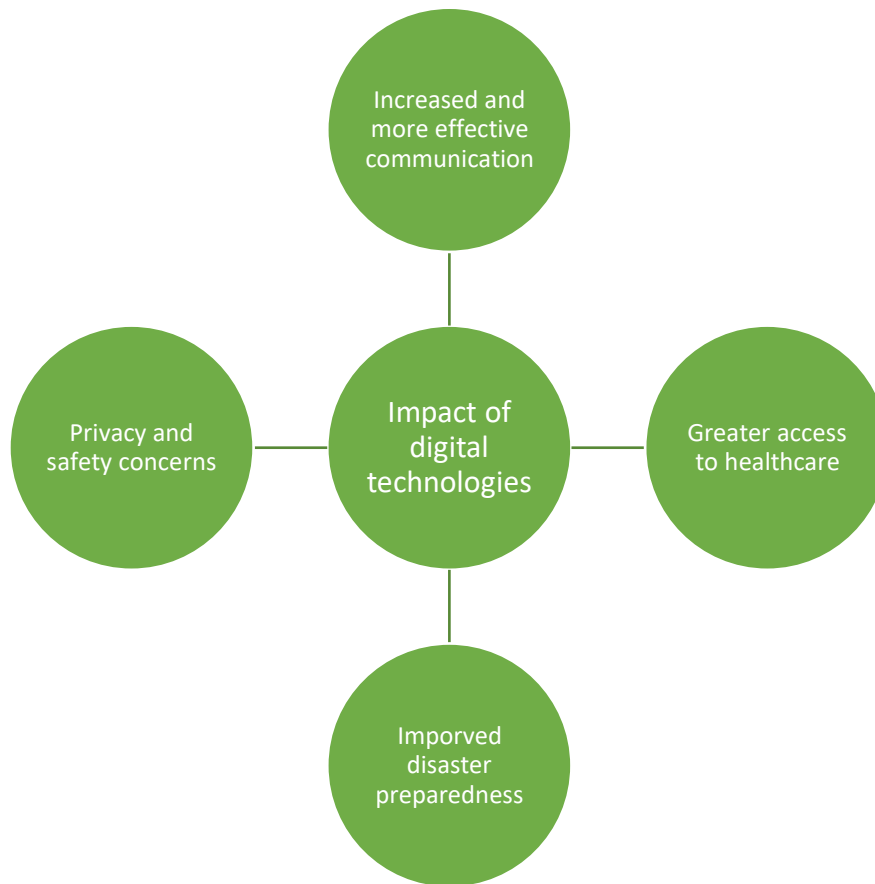
World trade is the exchange of goods and services between countries.



Tourism: The commercial organisation and operation of holidays and visits to places of interest.



Digital technologies that enable increased knowledge sharing: Digital technologies refers to a wide range of devices/technology that allow people to connect with others further afield or store information. Examples include mobile phones, digital apps, eftpos, computer devices, and internet access.



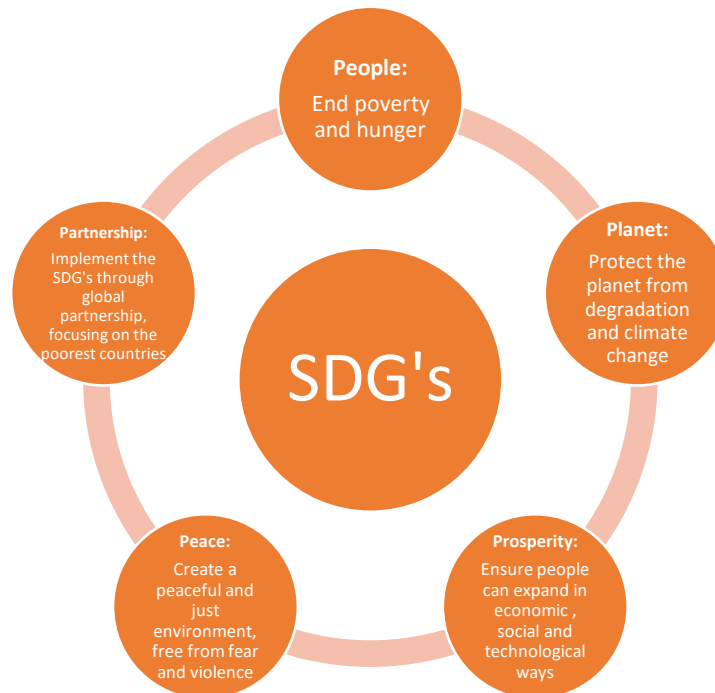
Area of study 2 – Health and the Sustainable Development Goals

- rationale and objectives of the UN's SDGs

Sustainable Development Goals

The 17 sustainable development goals, include 169 targets to be achieved by 2030. The goals were developed through a collaborative process by all United Nations member states, non-government organisations, and people around the world with an interest in making the world a better place.

They tackle global challenges and aim to meet the needs of all people in all countries. They direct action in five areas of importance:



Rationale for the SDG's

1. A new set of goals and targets were needed when the Millennium Development Goals finished in 2015. These worked to address poverty and make global progress on education, health and wellbeing, hunger and the environment.
2. Progress in all areas was uneven across regions and countries, leaving millions of people behind, especially the poorest and those disadvantaged due to sex, age, disability, ethnicity or geographical location.
3. New global challenges had emerged that needed to be considered. These included the impact of increasing conflict and extremism, widespread migration, economic and financial instability and large scale environmental challenges. These challenges have the capacity to undermine many of the achievements that had been made through the MDG's.

Objective of the SDG's

1. End extreme poverty.
2. Fight inequality and injustice.
3. Address climate change

To achieve these objectives, the SDG's aim to end poverty and hunger, promote health and wellbeing, address inequalities within and among countries, build peaceful, just and inclusive societies, protect human rights and promote gender equity and the empowerment of women and girls, all underpinned by the three dimensions of sustainability – social, economic and environmental.

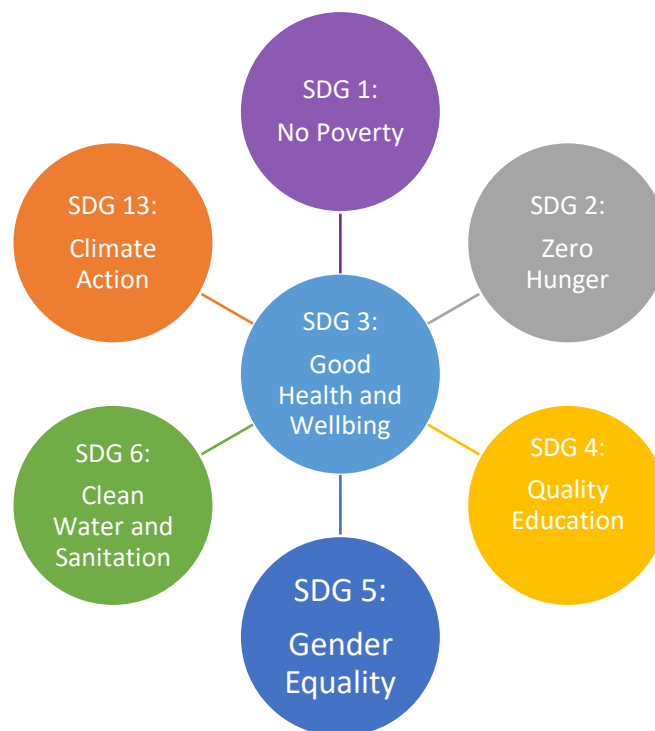
- key features of SDG 3 'Ensure healthy lives and promote wellbeing for all at all ages'

SDG3 – Ensure healthy lives and promote wellbeing for all at all ages.

SDG3 aims to achieve health and wellbeing for everyone, at every stage of life. It aims to promote physical and mental health and wellbeing and extend life expectancy by addressing the major causes of morbidity and mortality in high, middle and low income countries. The aim of this goal by 2030 is to:

- Reduce **global maternal mortality** to less than 70 per 100,000 live births.
- Halve global deaths and injuries from **road traffic accidents**.
- Ensure universal access to **sexual and reproductive healthcare** services
- Achieve **universal health coverage**, including access to affordable essential medicines and vaccines.
- Reduce deaths and illnesses from **hazardous chemicals and air, water and soil pollution and contamination**.

- 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



SDG 1 – No Poverty

SDG 1 aims to end poverty in all its forms by 2030. Poverty is a major cause of ill health and ill health is a major cause of poverty. A lack of income and resources and discrimination and social exclusion are major causes of poverty. When individuals and families are poor, they can't afford to purchase food, clean water, clothing, clothing, shelter and healthcare. They also struggle to afford to educate themselves and their children, are less able to find and remain in a job and access services that would help them escape poverty. Poverty is the main factor contributing to low levels of childhood immunisation, low levels of literacy and high death rates from infectious diseases.

- **Eradicate extreme poverty** currently measured as people living on less than US \$1.90 a day.
- **Reducing by half** the proportion of men, women and children living in poverty.
- Implementing **social protection systems** to ensure access to high quality healthcare at no cost, the ability to care for their children and provide food, shelter and education in the event of unemployment, illness, pregnancy, disability or old age will have income security.

SDG 2 – Zero Hunger

SDG 2 aims to end all forms of hunger and malnutrition by ensuring that everyone has access to nutritious food (food security). Hunger is defined as the continuing lack of food needed for an active and healthy life. Food scarcity and hunger results in malnutrition and ill health. Being malnourished can lead to an inadequate intake of micronutrients such as iron, vitamin A, iodine and zinc. Malnourishment in children can lead to stunted growth and increased frequency and severity of diseases such as pneumonia, measles and diarrhoea. A deficiency of iron during pregnancy can lead to maternal death and impair children's physical and cognitive development.

- End hunger and ensure access for all people, in particular the poor and people in vulnerable situations, such as infants, to safe, nutritious and sufficient food.
- End all forms of malnutrition.
- Ensure sustainable food production systems and resilient agricultural practices that increase productivity and production, maintain ecosystems, and adapt to climate change and extreme weather are implemented.

SDG 4 – Quality Education

SDG 4 aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. At an individual level an income provides the capacity to purchase nutritious food, shelter, clean water, healthcare and education, all of which contribute to good health and wellbeing. Those who are educated are more likely to ensure their own children are educated. Economic growth is dependent upon the skills of the population. A more highly skilled workforce increases the capacity of governments to provide necessary services and infrastructure to those who need it. This infrastructure includes the provision of affordable and high quality health care, social protection systems and the provision of clean water and sanitation. Girls are less likely to attend school as they generally are the ones that must trek great distances to access water. They may also not be sent to school if private toileting systems are not provided for by the school.

- Ensure all children complete free, equitable and quality primary and secondary education.
- Increase the number of youth and adults who have relevant skills for employment.
- Eliminate all disparities in education and vocational training, including people with disabilities, Indigenous people and vulnerable children.

SDG 5 – Gender Equality

SDG 5 aims to end discrimination and violence against women and girls by addressing the barriers that exist to gender equality. Gender equality is where women and men have the same level of power and control over all aspects of their lives. In many low and middle income countries women and girls are denied access to basic education and healthcare and are victims of violence and discrimination. Women are underrepresented in political and economic decision making processes and lack access to work beyond the agricultural sector. They are more likely than men to undertake unpaid work such as housework which includes preparing meals, collecting water, caring for children. Therefore, women have less time than men for other activities, including paid work and education. Women are often not permitted to vote, own property, take out loans from banks or take ownership of possessions arising from an inheritance. In some countries, women and girls are the property of their father or husbands. A man has the right to sell his wife or daughters into prostitution. This goal also aims to end female genital mutilation which can have serious effects on a girls psychological and sexual and reproductive health and wellbeing by increasing the risks of HIV and complications during pregnancy and childbirth.

- End all forms of discrimination against all women and girls everywhere.
- End all forms of violence against women and girls including human trafficking and sexual exploitation.
- Eliminate harmful practices such as child, early and forced marriage and female genital mutilation.

SDG 6 – Clean Water and Sanitation

SDG 6 is about ensuring that all people are able to enjoy clean water and adequate sanitation. Clean water and sanitation reduces pollution and the risk of communicable and non-communicable diseases including diarrhoeal and vector-borne diseases, improves housing quality and environmental conditions by reducing water and soil contamination. Each person requires 20-50 litres of water for drinking, cooking and hygiene each day. Sanitation is the safe disposal of human waste as well as the maintenance of hygienic conditions through garbage collection and the disposal of wastewater. Without safe water people cannot bathe, or clean their clothes or homes properly. Water scarcity means women and children must walk long distances to collect water. When water is scarce people use unsafe sources of drinking water and may decide handwashing is not a priority, which adds to the likelihood of diarrhoea and other diseases.

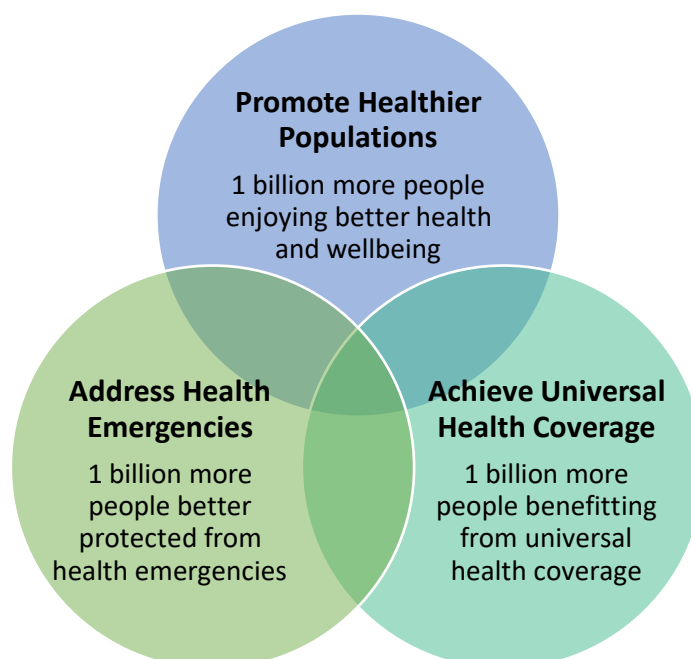
- Achieve universal and equitable access to safe and affordable drinking water.
- Enable access to adequate and equitable sanitation for all.
- Increase the efficient use of water and ensure sustainable access to clean water.

SDG 13 – Climate Action

SDG 13 is concerned with the impact of climate change and the need for all countries to take urgent action to reduce its impact. Climate change is caused by human activities. The over reliance on fossil fuels and the resulting greenhouse gases have contributed to global warming and rising sea levels. This has brought about an increase in the frequency of weather-related natural disasters. Increased heat and humidity will provide ideal breeding grounds for vector-borne diseases such as malaria. Due to an increase in air pollution and pollen season cause increases in allergies and asthma. Extremely high air temperatures raise the level of ozone and pollutants in the air cause deaths from cardiovascular disease and respiratory disease. Drought will cause food production to be significantly limited and flooding can contaminate sources of fresh water and increase the risk of diarrhoeal diseases.

- Strengthen the resilience and capacity of all countries to adapt to climate related hazards and natural disasters.
- Integrate climate change measures into national policies, strategies and planning.
- Improve education, awareness and raise the capacity of people and organisations to take actions that reduce or prevent environmental degradation.

• priorities and work of the WHO



Addressing Health Emergencies

The two main elements to addressing health emergencies are building resilience in the event of outbreaks to keep the world safe from epidemics and ensuring that people who are affected have access to life-saving services including health promotion and disease prevention.

Promote Healthier Populations

Centred around 5 main platforms:

- Improving human capital across the life course.
- Accelerating action on preventing non-communicable diseases and promoting mental health.
- Accelerating elimination and eradication of high impact communicable diseases.
- Tackling antimicrobial resistance.
- Addressing health effects of climate change in small island developing states and other vulnerable states.

Achieving Universal Health Coverage

The only priority area that has remained from the old ones. Universal health coverage involves ensuring that all people worldwide have access to a health service without facing any barriers such as race, gender, financial status etc.

Work of the WHO:

- Working on national health policies and plans
- Providing practical, tailored advice
- Monitoring progress in countries
- Conducting research
- Providing leadership and creating partnerships.

Example: Describe how the work of the WHO contributes to achieving SDG 3 (2 marks).

The Who works by providing practical, tailored advice to different nations. As a result of this work, countries will have better direction with plans to help them improve issues of national concern, such as the spread of communicable diseases. This means that they are able to progress in a way that is tailored to their cultures and capabilities, potentially reducing the risk of epidemics such as HIV/AIDS.

- the purpose and characteristics of different types of aid including emergency, bilateral and multilateral

Aid: Assistance given to countries or communities in the event of a crisis or the development of long term sustainable development improvements. **Types of aid:**

- **Emergency or humanitarian aid**

Emergency aid is the rapid assistance given to people or countries in immediate distress to relieve suffering during and after emergencies such as conflict and natural disasters. It is designed to be short term and is usually needed to keep people alive. It includes the provision of food, water, medicines and shelter, or it could involve personnel, such as health workers, doctors, or emergency workers from other countries or aid organisations.

Purpose – To respond quickly and effectively to address the immediate needs of the affected communities and, in this way, helps improve short term health and wellbeing.

- **Bilateral aid**

Bilateral aid is aid one government provides to the government of another country. Bilateral aid sometimes attracts criticism, as the goods and services may be provided by companies from the donor country, thereby favouring its own economy and political interests. There can also be risks with bilateral aid if the recipient government is corrupt and the funds are not spent on their intended purpose.

Purpose – To help reduce poverty and bring about long term sustainable development.

- **Multilateral aid**

Multilateral aid is aid provided through an international organisation, such as the World Bank, United Nations or World Health Organisation. Multilateral aid combines donations from several countries and then distributes them to countries. Multilateral aid has the advantage of being less tied to the political interests of individual and donor countries and allows for the efficient pooling of resources to address global issues that require a global approach.

Purpose – To contribute to the achievement of equity in health and wellbeing and to promote human development.

- **Aid provided by non-government organisations**

Non-government organisations are non-profit organisations that work to promote health and wellbeing and human development; they operate separately from governments. They often rely on funding from the Australian government, through its aid program as well as through funds generated from public donations.

Purpose – To focus on smaller community based projects that are targeted to meet basic health and wellbeing needs and promote community development and participation. NGO's bring strong connections to local communities, can access areas that others don't or can't reach such as in remote, fragile and conflict affected areas, have comprehensive knowledge of poverty and bring expertise to the aid program.

- features of Australia's aid program including its priority areas and the types of partnerships involved

The Australian government's aid program

Through the Department of Foreign Affairs and Trade (DFAT), the Australian Government acts to promote human development by working to reduce poverty in low and middle income countries.

Purpose – To promote our national interests by contributing to sustainable economic growth and poverty reduction. DFAT does this by focusing on strengthening **private sector** development and enabling **human development**.

Aid Partnerships:

- **Whole of government**

While DFAT is responsible for administering our international aid program it also works with many other government departments and agencies that are also involved in providing assistance to other countries. **E.g. The Australian Federal Police** works to develop and monitor peace, stability and security in a range of countries in the region.



- **Private sector partnerships**

DFAT partners with a range of companies within the private sector as a means of achieving its aid and development objectives. E.g. **Westpac Corporate Partnership** aims to increase the economic activity by providing access to finance, particularly for women through services such as mobile phones and improving access to loans for small and medium enterprises owned by women.

- **Bilateral partnerships**

The effectiveness of Australian aid is increased through bilateral partnerships with other countries where experience and resources can be combined.

- **Multilateral organisations**

Organisations including the World Bank and United Nations, and their many agencies such as the World Food Program, and the World Health Organisation, extend the reach of Australia's aid program. Their large size enables them to undertake projects on a scale that would not be possible for donors such as Australia.

Types of aid provided by the Australian government

- **Bilateral aid**

Through DFAT, the government provides bilateral aid directly to 75 countries, including our closest neighbours: Indonesia, Papua New Guinea and East Timor. This aid comes in the form of funding, donations of material resources, training and advice. This assistance helps partner governments to strengthen their economic, political, health and education systems with the aim of eventually becoming self sufficient and no longer needing Australia's support.

Example – In Fiji Australia's aid supports 85 schools operating in remote and/or socially disadvantaged communities.

- **Multilateral aid**

Approximately one third of Australia's aid budget is dedicated to multilateral aid. By funding multilateral organisations, Australia hopes to accelerate achievement of the Sustainable Development Goals by improving access to health services – particularly maternal and child health and wellbeing.

Example – The Australian government provides multilateral funds to international aid organisations such as the World bank, United Nations Development program, UNICEF and the World Health Organisation.

- **Emergency aid**

The Australian government responds quickly to natural disasters and conflict and provides personnel and other material resources to assist in saving lives.

Example – DFAT contributed \$2.5 million to the international effort to assist Haitians in the aftermath of Hurricane Matthew in 2016 when at least 546 Haitians were killed and thousands of homes destroyed.

- **Aid provided to NGOs and volunteers**

The Australian government funds Australian NGOs through the Australian NGO Cooperation Program to provide grants to over 50 registered NGOs. Under this program DFAT has a partnership with ten of Australia's largest NGOs (World Vision Australia, Oxfam Australia, Save the Children Australia and The Fred Hollows Foundation Australia etc.).



- the role of non-government organisations in promoting health and wellbeing, and human development

Red Cross: Aims to improve the lives of the vulnerable people in Australia and internationally through mobilising the power of humanity.

Oxfam: Has a vision of a just world without poverty= where people can influence the decisions that affect their lives.

World Vision: Works with children, families and communities around the world to overcome poverty and injustice.

- features of effective aid programs that address the SDGs, and examples of effective implementation, with details of one such program including:
 - its purpose and the SDG/s addressed
 - details of implementation and the partnerships involved
 - contribution to promoting health and wellbeing, and human development

Features of effective aid programs

- **Ownership**

For aid to be effective and sustainable, countries receiving the aid must be involved in deciding the types of aid that will best meet their needs. This ensures that the program fits with the longer term needs and plans of the recipient country.

- **Partnerships**

An effective program relies upon the participation of all stakeholders. By forming partnerships, the differing strengths of government, non-government organisations and local communities can be used to implement effective programs that make efficient use of resources available and avoid duplicating other programs with the same objective.

- **Focus on results**

Making a difference and having a lasting impact on addressing poverty, reducing inequality and promoting health and wellbeing and human development should be the main purpose for implementing an aid program. A focus on results also means that changes to patterns of disease, levels of poverty and other relevant health and wellbeing indicators are monitored to ensure the program being implemented is having the intended effects of improving health and wellbeing.

- **Transparency and accountability**

Transparency means that all necessary information is made available to everyone who is involved in developing and implementing a program. Transparency and openness ensures that funding that has been provided to implement for a program is used for its intended purpose and is not diverted to serve the needs of other stake-holders. Accountability involves regular monitoring and assessment of progress against the aims and objectives of the program, which is then published and available to the community.

Aid programs addressing SDG 6: Clean water and sanitation

Water for communities in Ghana

- **Background**

Zabzugu is one of the poorest regions in Ghana and 85.3% of the people live in poverty. Only 38.3% of the population has access to drinking water and suitable latrines. Others have a well but it is not enough to provide all members of the community with the required 20 litres of water per day required for drinking and cooking food. Some of these communities only have access to nearby streams where they collect water. However, these streams are also used to water their livestock and wash their clothes which make them dangerous as water sources.

- **Purpose**

The purpose of the water program was to provide sustainable access to 20 litres of clean drinking water per person per day to ten communities in Zabzugu to reduce the prevalence of diseases in the community caused by drinking unsafe water.

- **Implementation**

Funded by: World Vision + We Are Water Foundation

1. Careful planning to ensure the wells were placed in areas of greatest need.
2. Using mapping and research techniques to locate the best water sources before building the wells.
3. Testing the quality and flow of the water to ensure the water was high quality.
4. Installing hand pumps as well as protection for the wells to avoid contamination.
5. Establishing a water committee within each community who were trained and provided with the tools necessary for the maintenance and upkeep of the wells.
6. Training two technicians and providing them with the tools needed to be able to carry out the necessary repairs.
7. Establishing a system within the community to raise the funds needed for the ongoing repair and maintenance of the hand pump.

- **Outcomes**

In the first of the program at least 3000 people benefitted from access to clean water. In the second phase, access to clean drinking water was provided to a further 3300 people in another nine communities.

- **How the program promotes health and wellbeing and human development**

The provision of clean water and sanitation is essential for the prevention of a range of diseases, such as diarrhoea and cholera which improves physical health and wellbeing. This is important for human development as it provides opportunities for people to enjoy a decent standard of living and develop to their full potential. Life expectancy is increased and individuals have a greater chance of living a productive and creative life in accord with their needs and interests. The time spent by the population, usually women and children collecting water will be dramatically reduced, which means

children are able to attend school and women are able to work and earn an income. This promotes social health and wellbeing and brings about a sense of pride and self-esteem which promotes emotional and mental health and wellbeing. When people are free from water-related diseases and able to interact with others, they are more likely to engage in activities within their villages. This is important for building positive relationships with members of the community which promotes spiritual health and wellbeing by bringing about a sense of belonging. When individuals feel connected to their community they are more likely to uphold the rules, laws and values of their communities. This is important for creating an environment which human development can be promoted. People feel empowered to participate in the social and political life of their community and have greater control over the decisions that affect their lives.

- ways in which individuals can engage with communities and/or national and international organisations to take social action that promotes health and wellbeing.

Social action is about doing something to help create positive change. When people come together, unite and advocate for change, they can make a difference.

Reasons why people engage in social action:

- To help those who are less fortunate than themselves.
- To ensure that the needs of all people are represented.
- To eliminate discrimination.
- To prevent harm and damage to the community or environment.
- To preserve something of historical or cultural value.

Ways of taking social action:

- **Volunteer their time** to assist in raising funds or be part of a volunteer program designed to help improve the lives of others and their communities.
- **Donate money to non-government organisations** such as World Vision, Oxfam or the Red Cross to help them continue the work they do in low and middle income countries.
- **Conduct fundraising events** in the school or community to support a social change project.
- Show support for a social change campaign by **signing online petitions**, being involved in online competitions and other social media activities.
- Find out more about social issues and implement an **awareness campaign** locally or through social media outlets.
- Use their **purchasing power** to buy products that support actions to promote social change.
- **Lobby governments or decision makers** by organising a group of people to write letters to newspapers, send emails to politicians and invite politicians to attend a community gather to answer questions.
- Organise a **boycott**.
- Start a **social enterprise activity** – identify and research a problem, plan a solution, develop an action plan and then take action to solve the problem.