

# 2023 VCE Health and Human Development external assessment report

## General comments

The 2023 VCE Health and Human Development examination required students to demonstrate a range of key knowledge and skills across a variety of questions.

Questions that required the identification or description of key concepts were generally answered well. This included responses to Questions 2a., 2b., 7a. and 11b. Questions that required references to be made to data were also generally answered well, as was evident in responses to Questions 6b. and 10a.

Questions that required students to make links between concepts were not answered as well. This was particularly evident in responses to Questions 7b. and 13.

Concepts that were well understood included those relating to optimal physical health and wellbeing, mortality, examples of sociocultural and environmental factors and their impact on mortality rates, services covered by Medicare, challenges in bringing about dietary change, examples of social action, and reasons for taking out private health insurance.

Concepts that were not as well understood related to how Medicare promotes health and wellbeing in relation to funding and equity, the Sustainable Development Goals, priorities of the WHO, priorities of Australia's aid program, strengths and weaknesses of the Australian Dietary Guidelines, the subjective nature of illness, and application questions (e.g. Question 4 and 5c.). A deep understanding of the concepts covered and practising application questions can increase the ability of students to apply their knowledge in a range of scenarios.

Students are reminded that the command term in the question and the mark allocation should assist them in determining how much detail is required. They should ensure they answer questions in the correct context (e.g. Question 13) to be eligible for full marks.

Students are also reminded to write key terms out in full and abbreviate them in brackets before referring to acronyms or abbreviations. This is important for terms such as 'health and wellbeing' and 'cardiovascular disease'. Writing the term out in full is not required for terms that are already abbreviated in the study design (such as 'DALY', 'HALE' and 'SDG') or in the question (e.g. 'NGOs' in Question 13.).

Students should also avoid using arrows to indicate 'increasing' or 'decreasing' without first clarifying their meaning.

When discussing differences between groups or countries, students should remember that they are generalisations and this should be reflected in their wording. For example, stating that 'Indigenous Australians live in remote areas' is not technically correct as not all Indigenous Australians live in such areas. Stating that 'Indigenous Australians are more likely to live in remote areas' is more accurate.

## Specific information

Note: Student responses reproduced in this report have not been corrected for grammar, spelling or factual information.

This report provides sample answers or an indication of what answers may have included. Unless otherwise stated, these are not intended to be exemplary or complete responses.

The statistics in this report may be subject to rounding resulting in a total more or less than 100 per cent.

### Question 1a.

Marks	0	1	Average
%	67	33	0.4

The term 'illness' relates to how an individual feels about and/or experiences a disease or injury that they have. It does not relate to how a person perceives a disease they do not have. For example, people can have an opinion about a disease that they don't have, which does not reflect the concept of illness.

This question was not answered well, with many students unable to accurately detail what illness relates to.

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

*Illness is an individual's experience with a particular disease or condition.*

### Question 1b.

Marks	0	1	2	Average
%	41	41	19	0.8

The subjective nature of illness relates to the fact that two people can have the same severity of disease or injury yet still experience it in different ways due to factors such as previous experiences, levels of social support and pain thresholds.

Many students were able to provide an explanation of the term 'subjective', and some were able to provide a relevant example in relation to illness, but most were unable to do both. Students are reminded that the subjective nature of illness does not relate to two people experiencing different severities of disease or injury.

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

*Illness is subjective as it is experienced differently by different individuals. For example, two people may have the flu, but one person may have a supportive family to take care of them when they are sick, and the other may not have that, which can cause them to be more sick and perceive their experience as worse.*

### Question 1c.

Marks	0	1	2	Average
%	20	24	56	1.4

This question required students to identify an example of optimal physical health and wellbeing and then make a meaningful link from this aspect to another dimension of health and wellbeing.

Appropriate aspects of optimal physical health and wellbeing included:

- being free from disease (or injury)

- healthy/ideal body weight
- ability to perform daily activities
- good levels of energy
- strong immune system
- physical fitness.

Some students referred to examples such as nutritious diet, physical activity and adequate sleep, and although these examples will influence aspects of physical health and wellbeing such as body weight and levels of energy, they are not specifically part of the physical dimension.

Students should ensure their response reflects 'optimal' health and wellbeing. For example, 'Adequate levels of energy' is acceptable; however, 'having energy' is not.

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

*If an individual has optimal physical health and wellbeing and adequate energy levels, they may have enough energy to go to school and socialise with their peers, allowing them to expand their supportive network of friends and improve their social health and wellbeing.*

## Question 2a.

Marks	0	1	Average
%	16	84	0.9

This question required students to show an understanding of mortality, and the majority of students were able to do so. Students should note that when the command term is 'describe', simply stating 'death' was not sufficient for one mark.

A possible response could be:

Mortality relates to death, often at a population level.

## Question 2b.

Marks	0	1	2	3	4	5	Average
%	9	8	18	25	23	16	3.0

This question required students to identify one environmental factor and one sociocultural factor and explain how they each could contribute to differences in mortality rate from injury and/or poisoning between Indigenous and non-Indigenous Australians. Examples of appropriate factors include:

Environmental

- infrastructure / road quality
- geographical location / access to health care / distance to shops
- food security / distance to shops
- housing / overcrowded housing
- work environment

Sociocultural

- education
- access to health care
- occupation
- unemployment
- cultural norms
- social exclusion

- socioeconomic status

Most students were able to identify a relevant sociocultural and environmental factor, but many could not make meaningful links from their selected factors to differences in mortality from injuries and/or poisoning between Indigenous and non-Indigenous Australians. When questions indicate that students must link to a specific variation in health status between two groups, it is important that both groups are included in the response to show a comparison, and that the answer links back to the variation specified in the question.

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

*Environmental: Working conditions.*

*Indigenous Australians tend to take on more dangerous labour work due to lack of access to other job opportunities. As a result, they might put themselves to work in dangerous working conditions to earn an income and contributes to a higher mortality rates due to injury among Indigenous Australian compared to non-Indigenous Australian.*

*Sociocultural: Social exclusion.*

*Indigenous Australians still face discrimination from the wider public, making it hard for them to socialise and feel accepted. Thus, it can severely affect their mental health negatively and lead to substance abuse such as alcohol abuse. Overconsumption of alcohol can lead to alcohol poisoning and increase the mortality rates due to alcohol poisoning among Indigenous compared to non-Indigenous Australians.*

### Question 3a.

Marks	0	1	2	Average
%	50	19	31	0.8

The question required students to use two HDI indicators to explain possible reasons for the difference in the HDI between two countries. The indicators are:

- life expectancy at birth
- mean years of schooling
- expected years of schooling
- Gross National Income (GNI) per capita.

It was not enough for students to simply state two indicators; they also needed to provide clarification relating to which country would have a higher or lower level in relation to each indicator. Students are reminded to take the context of questions into account when formulating their responses.

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

*One indicator of HDI is mean years of schooling. The Philippines may have a greater mean years of schooling than Cambodia, leading to it having a higher HDI. Another indicator of HDI is life expectancy at birth. Cambodia may have a lower life expectancy at birth than the Philippines, leading to it having a lower HDI.*

## Question 3b.

Marks	0	1	2	Average
%	43	32	25	0.8

Students were required to outline one advantage and one limitation of the Human Development Index, which could include any of the following:

### Advantages

- Provides a more comprehensive measurement than income, education, and life expectancy alone.
- Produces a single statistic that can be used to easily compare the levels of development between different countries.
- Allows for the tracking of a country's progress over time.
- May allow for the governments of individual countries to identify areas for improvement.

### Limitations

- Statistics are based on national data therefore some countries cannot receive a HDI ranking.
- Data collection can be inconsistent between countries, so comparisons may not be accurate.
- It does not consider factors such as gender equality, human rights, political systems or levels of discrimination so it doesn't fully reflect the concept of human development.
- It only measures the mean/averages therefore does not take into consideration the inequalities that exist within (or between) countries.

Most students were able to outline either an advantage or a limitation of the HDI, but many were unable to outline one of each. Students must ensure that they word their responses so they reflect an advantage and a limitation and not simply a characteristic. For example, stating that 'the HDI produces a single statistic' is true, but it does not reflect a strength. The strength is that this allows easy comparison between countries.

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

*Advantage: The HDI takes into account more than just average incomes, so provides a more comprehensive reflection of the level of human development experienced.*

*Limitation: The HDI is based on averages, so it does not reflect the variations and inequalities in human development that exist within countries.*

## Question 4

Marks	0	1	2	3	4	5	6	Average
%	14	18	25	22	14	5	2	2.3

The question required students to draw information from the stimulus material and make meaningful links to specific aspects of health and wellbeing. Note that questions asking for 'implications' do not necessarily have to include a positive and a negative. Students should base their response on what the question is asking, in this case in relation to the stimulus material. For example, having test results hacked contradicts the stimulus material, which included a reference to 'securely accessing test results'. Students could still discuss the risk of hacking in relation to My Health Record in general, but not in relation to accessing test results.

The following is an example of a high-scoring response. Note: the use of the acronym H&W was acceptable in the answer below given it was first written out in full.

*Digital technologies allows individuals the opportunity to wear devices such as fitness devices to record how much exercise they do. This is beneficial for a person as they will be able to track how much exercise they are completing & they will receive notifications prompting them to be more active, which will aid them to maintain an adequate level of fitness, hence promoting physical health and wellbeing (H&W).*

*As well as this, the fitness device may send positive & encouraging messages to the individual when they meet their exercise goals, helping the individual to experience positive self-esteem in their ability to meet their exercise goals, promoting their mental H&W.*

*Digital technologies allows individuals to access telehealth & consult with health professionals, no matter how far they live geographically from a doctor. Hence, they will be able to receive knowledge and advice from GPs about their health concerns & may be able to diagnose issues such as asthma early, working to promote physical H&W with the ability to be free from illness & disease & to continue having well functioning body & body systems.*

*Digital technologies allows individuals access to information about their personal health such as their pathology results. This access to information will allow individuals to not feel stressed or worried, wondering what the results of their tests were. Hence, this access to knowledge works to increase their mental H&W, by reducing their levels of stress & anxiety.*

## Question 5a.

Marks	0	1	2	3	4	Average
%	35	17	20	12	16	1.6

This question required students to make meaningful links between adequate fibre intake and two different health status indicators. Adequate fibre intake can be linked to a reduced rate of:

- obesity and associated conditions such as mental health problems / arthritis
- cardiovascular disease / coronary heart disease / heart attack / stroke
- type 2 diabetes
- cancer / colorectal cancer / bowel cancer
- constipation
- diverticulitis / haemorrhoids.

Students are reminded to read the question carefully and answer in the correct context. Students who only discussed the impact of a lack of fibre on health status were not eligible for marks. This key knowledge requires students to be able to discuss the impact of a range of factors in terms of increasing or decreasing the risk of disease and/or injury.

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

*Fibre is responsible for clearing the digestive tract and adding bulk to the faeces. If the digestive tract is cleared, the risk of abnormal cell growth in the digestive tract and colorectal cancer is reduced. Therefore adequate fibre intake can result in a reduction of mortality related to colorectal cancer.*

*Fibre provides feelings of fullness, which can prevent individuals from overeating and consuming excess energy, which would be stored as adipose tissue. The reduction in adipose tissue reduces the risk of an individual developing obesity or obesity related condition like type 2 diabetes, resulting in a lower incidence of type 2 diabetes when fibre is adequately consumed.*

## Question 5b.

Marks	0	1	2	Average
%	47	28	25	0.8

Many students could describe the work of Nutrition Australia but were not specific in terms of how the work could increase fibre intake in Australia. Responses could be based on any of the following:

- Coordinate events such as National Nutrition Week / Healthy Lunch Box Week
- Conduct nutrition seminars for health professionals
- Healthy Eating Advisory Service / Menu assessments – school canteens, aged care facilities, hospitals
- Online assessment tool – Food Checker
- Product assessments for food manufacturers
- Workplace vending machine and canteen assessments
- Recipes and fact sheets (online)
- Healthy Eating Pyramid
- Providing information via social media

Note that students did not receive a mark for identifying the work as the command term in the question is 'describe'.

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

*Nutrition Australia publishes recipes free of charge on their website. These recipes could contain ingredients, like broccoli, which are high in fibre. This means the Australian population can follow, cook and consume these recipes, helping to increase their fibre intake.*

## Question 5c.

Marks	0	1	2	3	4	Average
%	38	24	22	11	5	1.2

Students were required to analyse the strengths and weaknesses of the Australian Dietary Guidelines in terms of their ability to increase fibre intake in the Australian population.

Responses could be based around any of the following:

Strengths

- Provides comprehensive and detailed guidelines as to the food groups that should be consumed.
- Serving sizes and number of daily servings itemised.
- The Australian Guide to Healthy Eating is part of the Australian Dietary Guidelines and provides a visual guide that is easy to understand.
- The Australian Guide to Healthy Eating provides a range of foods for each group from a range of different cuisines.
- Guideline 2 encourages people to eat a wide variety of nutritious foods from the five food groups, which include grain/cereals/fruits/vegetables/meat and alternatives (e.g. legumes) which are rich sources of fibre.

## Weaknesses

- Could be difficult to understand and interpret for someone with low literacy levels.
- The five guidelines do not cater for different cultural eating patterns.
- Difficult and time consuming to calculate serving sizes and analyse dietary intake.
- Difficult to analyse mixed foods/meals such as a casserole or soup.
- The five written guidelines may be difficult to understand for people who are not native English speakers.

This question was not answered well, with many students describing characteristics of the Australian Dietary Guidelines without including why it was a strength and/or a weakness in increasing fibre intake in Australia. Students were able to discuss aspects of the Australian Dietary Guidelines document (which includes the Australian Guide to Healthy Eating, serving amounts and serving sizes), but could not provide a strength based on the full suite of information (such as the visual nature of the Australian Guide to Healthy Eating) and a limitation based on the five written guidelines only (such as 'it doesn't provide serving sizes and numbers').

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

*The Australian Dietary Guidelines are effective in increasing fibre intake as by encouraging people to enjoy a wide variety of foods from the five food groups every day (guideline 2), the guidelines encourage adequate consumption of foods from grain (cereal) foods, as well as high intake of fruits and vegetables, which are high in fibre and can increase fibre intake. However, the Australian Dietary Guidelines do not provide information on specific serving sizes, so Australians may believe they are consuming an adequate amount of high fibre fruits or vegetables, however it is actually not the recommended amount of fibre. The Australian Dietary Guidelines may also promote increased fibre intake by encouraging Australians to 'limit foods containing saturated fat, added salt and added sugars and alcohol', by reducing consumption of discretionary foods, people are more likely to increase consumption of complex carbohydrates and vegetables which are high in fibre.*

## Question 5d.

Marks	0	1	2	Average
%	14	46	41	1.3

Students were required to suggest one reason why Australians may find it challenging to make improvements to their diets in order to increase fibre intake.

Responses could relate to:

- lack of access to cooking facilities
- low income
- lack of nutrition knowledge / health literacy
- limited food preparation (cooking) skills
- exposure to media that promotes low fibre foods
- lack of willpower
- taste preferences / personal preference
- health conditions (such as allergies or having to wear dentures)
- family – as some family members may not have input into food choices
- availability of food / food security.

This question was answered well, with most students receiving at least one mark. Students are reminded to consider the mark allocation when determining how much detail to provide for each response. If students included two challenges in their response, the second one was not considered for marks.

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

*Australians may have taste preferences for low-fibre sugary foods such as sweets, over high-fibre foods such as vegetables. These taste preferences are formed over time and can be difficult to break, posing a challenge to changing one's diet to increase fibre intake, particularly if people do not like the taste of high-fibre foods.*

## Question 6a.

Marks	0	1	2	Average
%	37	35	28	0.9

This question required students to provide two points showing an understanding of Disability Adjusted Life Year (DALY) as a measure of health status.

Relevant points include:

- It is calculated by adding YLL and YLD.
- DALY is the measurement of burden of disease.
- One DALY equals one year of healthy life lost to ill health or premature death.
- DALY is measured by combining the years of life lost to premature death (fatal component/YLL) and the years of life lost to disability, disease and injury (non-fatal component/YLD).

Students should ensure they describe DALY and not burden of disease. Although these terms are related, they are not the same. DALY is also not 'measured in YLL and YLD' (it is calculated by adding these measures).

## Question 6b.

Marks	0	1	2	3	4	5	6	Average
%	14	12	18	21	19	10	5	2.7

This question required students to use both the information provided and their own knowledge of the action areas of the Ottawa Charter to analyse ways health promotion might bring about improvements in health status in relation to the selected condition. Some students discussed health promotion in relation to the Ottawa Charter, but neglected to make links to the selected issue.

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

*Health promotion may involve building healthy public policy. This may have included increased taxes on tobacco or legislation to ban smoking in public places. By reducing tobacco smoking through policy, lung cancer prevalence can be reduced. Moreover, through the work of developing personal skills through health promotion campaigns such as the Quit Campaign, lung cancer mortality may have been reduced for Australia. The Quit Campaign targets public education through mass media advertising and downloadable information on their website, to display the negatives of tobacco smoking. Consequently, this may have empowered individuals with the knowledge to quit smoking, thus reducing lung cancer and mortality from it for Australians. Further to this, health promotion involves reorienting health services. This may have helped contribute to the reduction of approximate 6.8 age standardised DALY, per 1000 population from lung cancer in 2003 to the approx. 5.4 rate in 2018. This is because health professionals may have put more preventative aspects in their consultations rather than just discussing a diagnosis and treatment of lung cancer. This may have included encouraging people to stop smoking, thus preventing it and reducing the YLL from lung cancer in Australia.*

## Question 7a.

Marks	0	1	2	Average
%	11	26	64	1.5

This question was answered well, with most students able to identify services covered by Medicare. Relevant answers include:

- X-rays
- treatment (and/or associated costs such as accommodation / theatre fees etc.) in a public hospital
- GP consultations
- specialists' consultations
- treatment in private hospitals
- mental health treatment plan
- pathology screening / blood tests / urine tests / biopsies
- BreastScreen
- National Cervical Screening program
- bowel cancer screening
- eye tests
- dental in some circumstances
- headspace services.

Students are reminded to be specific with their wording to ensure it reflects an actual service (for example, 'GP consultations' as opposed to 'GPs' or 'doctors').

## Question 7b.

Marks	0	1	2	3	4	Average
%	53	18	17	6	6	1.0

This question required students to show an understanding of how Medicare can promote health and wellbeing in relation to funding and equity. Discussion of how Medicare itself is funded could be included in the response, provided it was linked to improved health and wellbeing. Students were required to link to different dimensions for each response to be eligible for full marks. The question was not answered well.

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

*Funding: Medicare provides funding to Australians by providing funds to subsidise costs of essential healthcare services for example covering the cost treatment at a public hospital which otherwise may have been too expensive for an individual to cover. This means that Australians are able to get quality treatment such as tumour removal surgery which can allow them to stay free from disease, promoting physical health and wellbeing (HWB). Equity: The Medicare Safety Net provides extra financial help to people who have incurred significant out of pocket costs on Medicare covered services in a calendar year. This means that for the rest of the year Medicare provides extra financial help to alleviate some of the financial stress patients who require on going and frequent medical attention need, thus helping to lower anxiety levels as well and promote mental HWB.*

## Question 7c.

Marks	0	1	2	Average
%	22	41	37	1.2

This question required students to provide two reasons why Australians may purchase private health insurance. Relevant answers include:

- To reduce waiting times for (elective) surgery.
- They can get their own room in hospital.
- Choice of doctor that treats them in hospital.
- Choice of the private hospital in which they are treated.
- It covers more private hospital expenses than Medicare.
- It can cover more services than Medicare (or specific examples such as dental, physio, eyeglasses, ambulance)
- So they are covered by ambulance.
- Tax benefits to avoid paying the Medicare Levy Surcharge.
- To take advantage of the age-based discount.
- To avoid paying the loading in relation to the lifetime health cover initiative.

Although the advantages of private health insurance often reflect reasons why people choose to purchase it, not all are relevant to this question (for example, taking pressure off the public system).

## Question 8

Marks	0	1	2	3	4	Average
%	12	30	35	16	6	1.8

This question required students to explain why income is a prerequisite for health at both an individual and a global level. To show a broad range of knowledge, each response needed to link to a different aspect of health.

Many responses were ambiguous and it was difficult to determine whether they related to individuals and/or the world. Students are reminded to discuss concepts in the correct context.

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

*Individual level: Having an income means that individuals can afford nutritious foods such as vegetables. Consequently, they have strengthened immune symptoms and less susceptibility to diseases. This acts as a resource individually as it means individuals are well enough to go to work and socialise with others, thus promoting meaning and connection in their lives.*

*Global level: Income can help to reduce global poverty. If people in countries are earning an income around the world, this can mean that countries have strengthened economies. As a result, they are less likely to resort to extreme measures such as conflict, to improve their countries economy. This acts as a resource globally, as there is a reduction in war and thus it promotes peace and harmony around the world.*

## Question 9a.

Marks	0	1	Average
%	59	41	0.4

This question required students to show an understanding of sanitation. Relevant answers include:

- It relates to the disposal of human waste.
- The ability to maintain hygienic conditions through waste management such as garbage collection and wastewater treatment and disposal.
- The removal of hazardous wastes from the environment.

It is important to note that although hygiene and sanitation are related concepts, they are not the same.

## Question 9b.

Marks	0	1	2	Average
%	19	41	40	1.2

To obtain two marks, students needed to include a link to either DALY, YLL or YLD. This question was answered quite well, with most students able to demonstrate an understanding of how the lack of basic handwashing facilities contributes to burden of disease for children.

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

*If children cannot adequately wash their hands after going to the toilet, they may ingest faecal matter when eating, which can lead to diseases such as diarrheal disease. Therefore a lack of access to basic handwashing facilities may lead to children experiencing increased YLD associated with diarrheal disease.*

## Question 9c.

Marks	0	1	2	3	Average
%	26	26	36	12	1.4

Many students were able to outline an example of social justice, but few could provide an accurate justification of how this could increase access to handwashing facilities. This is an example of an appropriate response:

*Lobby the government by designing and sending letters to your Member of Parliament about providing more support to countries that have poor hand washing facilities. This is using your voice to make a difference by encouraging governments to acknowledge the issue and take action. This may contribute to more funding for aid programs which can assist implementing programs to provide greater access to facilities in schools for handwashing in low-income countries.*

Note that 'donating money to a country' is not realistic and a better option would be 'donating money to an NGO who often run programs to provide handwashing facilities for children'.

## Question 9d.

Marks	0	1	2	3	4	Average
%	47	22	20	8	3	1.0

Answers could relate to concepts such as reducing climate change, clean energy generation, protecting water sources, sustainable agricultural practices, maintaining fisheries etc.

The question was not answered well, with many students neglecting to include a specific aspect of environmental sustainability, a reference to future generations, or links to health and wellbeing in a global context.

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

*Dimension 1: Environmental sustainability can mean that the effects of climate change are mitigated through a reduction in greenhouse gases. This can result in a decrease in temperatures and subsequent bushfires, resulting in a reduction in injury due to bushfires, promoting physical health and wellbeing, globally.*

*Dimension 2: Environmental sustainability can mean the food sources in the environment are used in a way that can be maintained into the future. Therefore, people around the world are less likely to worry about whether the planet will run out of food, decreasing stress and anxiety levels and promoting mental health and wellbeing globally.*

## Question 10a.

Marks	0	1	2	Average
%	30	28	42	1.1

This question was answered quite well, with most students using data correctly. The question also required the inclusion of a trend. The trend could relate to the period of time from 1907 to 2019 (such as the reduction in death rates from infectious diseases) or a specified period of time (such as the decrease in death rates due to cardiovascular diseases from 1971 to 2019).

When using data, students are reminded to include the correct unit of measurement and to use terms such as 'around' or 'approximately' as it is difficult to tell what the exact values are in a line graph.

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

*As time increases from 1907 to 2019, death rates from infectious diseases (per 100000) also decreases. From around 300 per 100000 to around 5 per 100000.*

## Question 10b.

Marks	0	1	2	Average
%	38	35	28	0.9

This question required students to use one example of 'old' public health and link it to a decrease in death rates from any of the disease groups shown in the graph.

Answers could be based on interventions such as:

- mass vaccination programs
- workplace regulations
- food and safety standards
- quarantine laws

- the provision of safe water
- the provision of sanitation
- housing regulations
- infant and child health centres.

A number of students used aspects of the biomedical model for this response, which is not accurate.

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

*'Old' public health refers to government funded measures that improve the physical environment and prevent transmission of communicable disease. Through the implementation of mass vaccination programs for diseases like malaria and smallpox, more individuals were able to gain immunity to infectious diseases, thus only being mildly affected by them, reducing death rates.*

## Question 10c.

Marks	0	1	2	3	4	Average
%	24	27	31	13	5	1.5

Many students provided characteristics of the biomedical model without clarifying why they were an advantage or limitation. Other common issues were to omit a link to one of the improvements shown in the graph, or to link to two different improvements within the response.

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

*Advantage: The biomedical approach to health may include the expertise of surgeons and heart bypass surgeries to reduce their risk of developing heart attacks, thus working to reduce cardiovascular (CVD) disease related death rates from around 1971 onwards. Heart bypass surgeries may have worked to reduce the 450 deaths per 100 000 in Australia in 1971 to around 150 deaths per 100 000 in 2019.*

*Limitation: The biomedical model of health is often expensive, with surgeries and procedures such as angioplasties, that may work to reduce cardiovascular disease deaths, often costing millions of dollars for the Australian healthcare system. This means the biomedical model of health may not be sustainable, and a further reduction in deaths from 2019 onwards may be difficult.*

## Question 11a.

Marks	0	1	2	Average
%	58	27	15	0.6

This question was not answered well, with many students unable to accurately reference priority areas of Australia's aid program. Students could refer to either the current or previous priorities, but not a mix of both.

Relevant answers include:

Current priorities:

- Pacific region
- climate change and environment / climate (financing)
- gender equality and disability inclusion
- expanding opportunities for everyone

Previous priorities:

- education and health
- effective governance: policies, institutions and functioning economies
- building resilience: humanitarian assistance, disaster risk reduction and social protection

- infrastructure, trade facilitation and international competitiveness.

## Question 11b.

Marks	0	1	2	3	Average
%	39	12	24	25	1.4

Most students who identified the type of aid as bilateral were also able to provide some description of it.

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

*Type of aid: Bilateral*

*Description: Bilateral aid is aid provided from the government of one country to the government of another country. Evidently, Australia is working with the government of Kiribati through the Ministry of Education to protect school facilities against the impacts of climate change.*

## Question 11c.

Marks	0	1	2	3	4	Average
%	33	18	25	14	10	1.5

This question required students to describe two features of the Kiribati Education Improvement Program (KEIP) that could contribute to its effectiveness. Students needed to base their response on features detailed in the stimulus material.

Responses could be based on any two of the following:

- Affordability – funded by the Australian government.
- Focuses on disadvantaged groups – disabled students.
- Focuses on a significant need of the community – 51% of the population live in this region.
- Develops knowledge and skills of the local community – the Ministry of Education is a key partner in the project.
- Partnerships – the Ministry of Education is a key partner in the project.
- Promotes the needs of the local community – the resources are regionally sourced from local regions.
- Focuses on a significant need of the community.
- Education / Developing personal skills – children are taught a climate change curriculum.
- Education / Developing personal skills – teachers are taught about climate change in the Kiribati Teacher Training College.
- Culturally appropriate, as children are taught by local people who understand their culture. This means that participants are more likely to engage with the program, which can reduce the negative impacts of climate change.
- Creates a supportive physical environment – the project provides a light and naturally ventilated learning environment.
- Ownership – the Ministry of Education is a key partner in the project.

Students did not receive a mark for identifying aspects of effective programs, but rather for explaining how it is reflected and how it assists in making the program effective.

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

*Feature 1: Partnerships and collaboration. This involves organisations and groups working together to share resources and improve effectiveness of aid. The KEIP involves partnerships between the Kiribati Ministry of Education and the Australian government to share funding and expertise to ensure effective*

*aid is delivered to 'reduce future coastal flooding' impacts through improvements to Kiribati school infrastructure.*

*Feature 2: Ownership by recipient country. This involves the country receiving aid being able to benefit from the aid long after the aid program officially ends. KEIP educates children about 'climate change' in Kiribati so that students, the next generation of Kiribati can continue to apply innovative ideas such as building flooring resistant infrastructure to minimise harm from flooding due to climate change in the future, after the KEIP ends.*

## Question 11d.

Marks	0	1	2	3	4	Average
%	28	19	28	15	11	1.6

Many students were unable to make meaningful links from the program to aspects of human development. Simply stating aspects of human development did not satisfy the requirement of this question.

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

*The Kiribati program enables children to go to school & improve their knowledge by attaining literacy and numeracy skills. This may improve their future capabilities and provide them with greater choice on what field they want to pursue later in life. This may enable children to lead productive and creative lives according to their needs and interests.*

*By having teachers trained in climate change, the program may increase the capabilities of teachers in responding to and delivering curriculum about climate change. This may also improve their potential to get a job as they may have the relevant desirable skills & may be used to purchase resources like nutritious food & may assist in the achievement of a decent standard of living.*

## Question 12a.

Marks	0	1	2	Average
%	56	24	20	0.7

Most students were able to identify a Sustainable Development Goal, but many did not include an accurate description as the question required. Simply restating the name of the goal did not provide enough detail to receive a mark. This was particularly evident in relation to SDG 4 Quality education, where many students simply stated that 'children can be educated about HIV prevention', which does not reflect specific features of this goal. Students are reminded to include the name of the SDG as opposed to just stating the number.

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

*Quality education – this SDG, which focusses on ensuring all adults and youth have adequate literacy and numeracy skills, can reduce HIV/AIDS as when people are educated and have higher health literacy, they are more likely to have safe sex and protect themselves against HIV/AIDS.*

## Question 12b.

Marks	0	1	2	3	4	Average
%	46	12	19	19	5	1.3

Students could base their response on any of the three WHO priorities, which are:

- achieving universal health coverage
- promoting healthier populations
- addressing health emergencies.

The mark allocation determines how much detail is required and many students failed to provide enough detail to be eligible for four marks. Note that ‘universal health care’ is not the same thing as ‘universal health coverage’, so students must ensure their wording is accurate when stating this priority.

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

*WHO strategic priority: Achieve universal health coverage*

*Description and example: This priority relates to 1 billion more people benefitting from universal health coverage. Specifically it involves expanding access to health services such as vaccines and medicines so that all people can access the healthcare they need without facing financial hardship. This is evident in the information where it states ‘All people living with HIV are eligible and should have access to HIV treatment’. Furthermore the World AIDS day information states they must ensure everyone everywhere has equal access to HIV prevention which is exactly what this priority means.*

## Question 13

Marks	0	1	2	3	4	5	6	7	8	9	10	Average
%	19	17	21	18	12	7	4	2	1	0.5	0.5	2.4

Student responses were scored on the interplay between how well:

- the response had been structured
- the stimulus material had been understood, connected and synthesised
- the student’s own understanding had been used to formulate the response
- the student discussed:
  - the contribution of inequality and discrimination to variations in health status between Afghanistan and Australia
  - the contribution of SDG 5 to achieving SDG 3
  - the role of NGOs in promoting health and wellbeing and human development.

Most students who attempted this question gained some marks, with many showing a good understanding of inequality and discrimination, SDG 5, SDG 3, and the role of NGOs in promoting health and wellbeing.

Common errors included discussing how discrimination and inequality can influence health and wellbeing instead of health status, explaining how lack of progress towards SDG 5 may limit progress towards SDG 3, instead of discussing the contribution of SDG 5 to achieving SDG 3, and neglecting to link the role of NGOs to both health and wellbeing and human development.

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

*As a low-income country (LIC), Afghanistan would have lower levels of gender equality than Australia, a high-income country (HIC). In LIC, female genital mutilation is a practice where female genitals are abused, or cut for no medical reasons, and often without consent of the girl. This can lead to excessive bleeding of the vagina, and in severe cases, death due to loss of blood. Because this occurs in*

*Afghanistan more than Australia, this explains why Afghanistan has a lower female life expectancy (67.6 years) compared to Australia (85.8 years). Discrimination against women would also include women having lower levels of education than men, evident in source 2, where '15 million girls of primary age' do not learn to read or write. Whilst this is higher than 10 million boys, both are characteristic of low levels of education in LIC. This lack of education means girls won't be able to interpret health promotion messages in the future, such as about safe sex and preventing sexually transmitted infectious (STIs), causing girls to have higher morbidity due to STIs. This lack of education shown in source 2 explains why the HDI of Afghanistan is (0.478) lower than Australia (0.951) (source 1), given that it is based on mean and expected years of schooling. Women are also prevented access to healthcare, due to discrimination by Taliban (source 3), which banned women 'from working in NGOs', thus meaning women could not see a doctor because they are only allowed to see 'female health professionals'. This would mean complications during pregnancy and birth, such as obstructed labour, would go untreated and could lead to obstetric fistula, excessive bleeding (haemorrhage) and death. This explains the higher maternal mortality ratio per 100 000 live births in Afghanistan (638) compared to Australia (6).*

*SDG 5 aims to end all forms of discrimination against women and girls everywhere. In Afghanistan, this would mean the Taliban aren't preventing access to healthcare, and women could get treatment and care during childbirth. This reduces risk of obstetric fistula and hence reduces maternal mortality (SDG 3) and reduce difference in maternal mortality ratio in source 1. Additionally, SDG 5 aims to end all forms of violence including human trafficking and sexual exploitation, which is epitomised in source 2, given that '1 in 3 women' experience sexual/physical violence. This could lead to trauma in women (post-traumatic stress disorder (PTSD)), hence ending this could reduce non-communicable disease such as PTSD and promote mental health and wellbeing (h+w) (SDG 3), SDG 5 aims to end all harmful practices such as forced marriage and genital mutilation. Girls in early, forced marriage are often forced to get pregnant before their bodies are ready, increasing the risk of obstructed labour and death of both the baby and the mother. This contributes to 507 women and adolescent girls dying in pregnancy and childbirth. Given that the baby also dies, reducing this could end preventable deaths of newborns and children under five (SDG 3). SDGs are interrelated and all must be achieved to improve health. SDG 1 (No poverty) is achieved through implementation of social protection systems. This could involve payments for unemployed women so they don't have to get involved in forced marriage, hence collaborative action is needed.*

*INGOs such as Save the Children, provide female 'doctors, nurses' (source 3) to women in Afghanistan. This enables women to have reduced stress and anxiety (mental h+w) as they would feel more comfortable in who they seek care from. Additionally, being around women means they are allowed and feel more comfortable to participate in decisions that affect their lives (via decisions affecting their health). When treated by doctors, women become well enough to work for an income (if they are allowed) to afford food, shelter and achieve a decent standard of living. Other INGOs include Australian Red Cross, which may provide safety and hygiene kits for women and girls in LIC fleeing from violence. This could mean women sanitise themselves so they do not become infected with pathogens, promoting freedom from disease (physical h+w). The support may help them find a new sense of belonging (spiritual h+w). The safety kits aid survival, as well as provision of shelter. This means women and girls can continue to live and participate in the life of community they flee to.*