Unit 3 – commonly misunderstood and or difficult topics and skills

- Burden of Disease and DALYs
- Distinguishing between Life Expectancy and HALE
- Explaining variations in health status of population groups in Australia
- Old public health and new – how our health status has changed since 1900
- Models of health – biological and social
- Nutrition Australia and the HEP
- Pharmaceutical Benefits Scheme
- Private Health Insurance and its 3 Incentives
Dimensions of Health and Wellbeing - pmess

• **Physical Health and Wellbeing** - relates to the effective functioning of the body & its systems, including a person’s physical capacity to perform tasks & physical fitness.

• **Mental Health and Wellbeing** - a state of wellbeing in which the individual realises his/her abilities, can cope with normal stresses of life, can work productively & fruitfully and can make a contribution to his/her own community.

• **Emotional Health and Wellbeing** - relates to the ability to express emotions and feelings in a positive way. It is about the positive management and expression of emotional actions and reactions as well as the ability to display resilience.

• **Social Health and Wellbeing** - refers to being able to interact with others and participate in the community in an independent & cooperative way.

• **Spiritual Health and Wellbeing** - relates to ideas, beliefs, values and ethics that arise in the minds and conscience of human beings. It includes the concepts of hope, peace, a guiding sense of meaning or value, and reflection on a person’s place in the world.

• **OPTIMAL HEALTH AND WELLBEING IS IMPORTANT FOR** individuals as it reduces illness, for countries as it reduces expenditure on health and globally as it promotes economic and social development and reduces the risk of conflict.
Q. Sam joined his local soccer team last year and has been playing regularly. Last week, however, while he was training for the finals, he sprained his ankle. As a result, he won’t be able to play in the final game. Discuss the possible implications of Sam’s sprained ankle on his health. (3 marks)

Sam’s sprained ankle would affect his **physical fitness and he’d lose flexibility in his joints**. His sprained ankle also affects his **mental health** because he might feel stressed about when his injury will recover for him to start playing again. Finally, Sam’s sprained ankle impacts his **social health** because he might feel socially detached when he’s not playing with his friends and representing the team.
THE 9 PREREQUISITES OF HEALTH
(PSE FIS SSE) – MAYBE YOU CAN USE THIS TO REMEMBER THEM????

PEACE
SHELTER
EDUCATION

FOOD
INCOME
STABLE ECO-SYSTEM

SUSTAINABLE RESOURCES
SOCIAL JUSTICE
EQUITY

All the above can have an impact on health and wellbeing of an individual or a population
Measures/Indicators of Health Status

Life Expectancy and HALE

• *Life Expectancy* is an indication of how long a person can expect to live (from birth), if death rates do not change. (‘Quantity of life’)

• *Health-Adjusted Life Expectancy* (HALE) is 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 & mortality. (‘Quality of life’)

Mortality, Under-5 Mortality and Infant mortality

• *Mortality*: deaths caused by disease, illness or an environmental factor.

• *Under-5 Mortality Rate*: is the number of deaths of children under five years of age, per 1000 live births.

• *Maternal mortality* - death of a mother during pregnancy, childbirth or within 6 weeks of delivery

• *Infant mortality* - the rate of death of infants between birth and their first birthday, usually expressed per 1000 live births
Measures of Health Status

**Morbidity**
Refers to **ill health** in an **individual** and the levels of ill health in a **population or group**.

**Incidence and Prevalence**
Incidence is the number or rate of **NEW** cases of a particular condition during a specific time.
Prevalence is the number or proportion of **(NEW AND OLD)** cases of a particular disease/condition present in a population at a given time.

**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 sort from population surveys

**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 of disease and disability. BOD is measures in a unit called the DALY

- YLL - Years of life lost due to premature death
- YLD - years of life lost due to illness, injury and disability

$$YLL + YLD = DALY$$
Data Analysis and Justifying Trends in Particular Determinants

Identifying trends is usually quite easy but you also need to be able to explain or suggest reasons for why that trend may be apparent. E.g. why has smoking among young people decreased from 1985 to 2010?

Why might daily smoking and risky alcohol use be more highly prevalent in men compared to women? You need to suggest logical reasons based on what you’ve learnt in HHD.

(AIH, 2012)
Factors influencing health status and burden of disease

- Smoking – although the rate of smoking has decreased, it still remains a leading preventable contributing factor to premature death from conditions such as cancer, CVD, COPD, emphysema, low birth weight
- Alcohol – can impact health status and BOD by increasing the risk of high BMI, liver disease, injuries, a range of cancers, mental health issues, premature birth, low birth weight and foetal alcohol spectrum disorder
- High body mass index – lead to CVD, some cancers, type 2 diabetes, chronic kidney disease, arthritis, osteoporosis, asthma, mental health issues and maternal health conditions
- Dietary risks – underconsumption of vegetables, fruit and dairy foods – increase BMI, can cause cancer, CVD and type 2 diabetes
- Dietary risks – high intake of fat, salt and sugar – CVD, type 2 diabetes, stroke, high blood pressure
- Dietary risks – low intake of fibre and iron – cvd, colorectal cancer, anaemia
Factors contributing to variations in health status

• BIOLOGICAL – Body weight, Blood pressure, Blood cholesterol, Glucose regulation, birth weight, genetics including sex, hormones and predisposition for disease

• SOCIOCULTURAL – SES, Unemployment, Social connections and social exclusion, social isolation, cultural influences, food security, early life experiences, access to healthcare

• ENVIRONMENTAL – work environment, urban design and infrastructure, climate and climate change and housing
Health status variations:
• Males have slightly lower life expectancy compared to Females
• Males have higher rates of CVDs, diabetes, injuries, violence and suicide
• Females have higher rates of asthma, depression, and arthritis

Reasons in terms of the factors (biological, sociocultural and environmental) that affect health and wellbeing - you need to be able to EXPLAIN these:
• Hormones (testosterone - males; oestrogen - females)
• Overweight/Obesity rates (higher in males)
• Eating patterns (women tend to eat more fruits + vegetables)
• Physical activity (males slightly more likely to participate)
• Seeking medical advice and screening tests (men are hesitant to do so)
• Seeking social support and venting one’s problems (females more likely)
• Pressure from employment + maintaining ‘breadwinner’ status (males)
• Males more likely to use alcohol and tobacco smoking
This Q is taken from VCAA 2010 Section A, Q.12. It received a state-wide average of 2.6 marks (out of 4):

Q. Use two examples of determinants of health to explain why males are more likely to be seriously injured in road traffic crashes than females. (4 marks)

Firstly, males would have more serious injuries in road traffic crashes than females as the **biological determinant of higher testosterone levels** predisposes them to risk-taking behaviours which may increase risk of accidents. Also, the **social determinant of peer pressure** may influence men to engage in alcohol or drug use prior to driving – which can lower their sense of control and increase their chances of crashing.
Differences in populations groups
Indigenous and non-Indigenous Australians

Health status variations:
• Indigenous populations have higher prevalence of overweight/obesity
• Indigenous populations have significantly lower life expectancy (can expect to live 10 years less compared to males & females in non-Indigenous populations)
• Higher rates of chronic disease (CVDs, Diabetes), depression & suicide
• Higher rates of morbidity & mortality compared to non-Indigenous populations

Reasons in terms of factors (biological, sociocultural and environmental) that affect health and wellbeing - you need to be able to EXPLAIN these:
• Social exclusion, discrimination and traumatic history of mistreatment
• Eating patterns (diets low in fruit & veg but high in saturated fat and sodium)
• Often live in rural & remote areas where there is lack of healthcare
• Often housing is overcrowded and poorly maintained
• Lower education and vaccination levels
• Greater exposure to alcohol, tobacco, illicit drugs & substances (e.g. petrol)
Differences between population groups those living within and outside of Australia’s major cities

Health status variations:
• Rural & Remote populations have lower life expectancies
• R & R populations have a higher prevalence of obesity
• R & R populations have higher rates of tobacco smoking & alcohol use
• R & R populations have higher rates of preventable cancers (e.g. lung)

Reasons in terms of factors (biological, sociocultural and environmental) that affect health and wellbeing - you need to be able to EXPLAIN these:
• Overweight/Obesity rates (greater in R&R populations)
• Eating patterns (less fruit and vegetables eaten in R&R)
• Lower access to healthcare facilities such as GPs and hospitals
• Social isolation (perhaps alcohol & tobacco are used to escape isolation)
• Increased exposure to harsh climatic conditions (e.g. droughts, bushfires)
• Increased exposure to physical hazards (bodily harm) through involvement in farming & mining
Q. People who live in rural and remote areas have been found to have a lower health status compared to the rest of the Australian population. Using two physical environment determinants of health, explain why this might be the case. (4 marks)

People who live in rural/remote areas are likely be distanced geographically further away from others can increase their sense of social isolation and contribute to feelings of loneliness and depression. Also, people in rural/remote areas are more likely to be employed in intensive labour work such as mining or farming which poses increased physical hazards in the environment (e.g. through contact with machinery) which can lead to increased risk of bodily injury or death.

**Note:** a lot of the variations in health status between people who live in Rural and Remote Populations and those in Indigenous populations are similar or even the same. This is because a very large proportion of Indigenous people live in areas that would be classified as rural or remote. So this means less content for you to learn! 😊
Differences between population groups high and low socioeconomic groups

Health status variations:
• Lower Socioeconomic (SE) groups have lower life expectancies
• Lower SE groups have a higher prevalence of obesity
• Lower SE groups have higher rates of tobacco smoking & alcohol use
• Lower SE groups have higher BOD from chronic disease (e.g. diabetes)

Reasons in terms of factors (biological, sociocultural and environmental) that affect health and wellbeing - EXPLAIN these:
• Overweight/Obesity rates (greater in lower SE groups)
• Eating patterns (less fruit and vegetables eaten in lower SE groups)
• Seeking preventative medical care & screening (lower in low SE groups)
• Social isolation (greater in low SE groups)
• Greater exposure to drugs and alcohol in low SE
• Overconsumption of alcohol & tobacco in low SE
• Lack of health and education facilities in low SE
Biomedical Model of Health

- The **Biomedical Model of Health** is a medical model of care which focuses on the physical or biological aspects of disease and illness, placing emphasis on diagnosis & treatment of disease.

  **Diagnosis**: Determining the presence of disease/illness via tests
  **Treatment**: Intervention or steps taken to control & manage illness

**Weakness of the Biomedical Model**
Health is ‘not merely the absence of disease’ through diagnosis & treatment. We must also address factors (determinants) in our lives which could threaten health. This means we must focus on preventing disease & illness in the first place; as highlighted in the *Social Model of Health*. 
Q. The biomedical model of health focuses on the diagnosis and treatment of disease. From a health point of view, this seems essential. Why, then, is the biomedical model largely discredited by health professionals today? (3 marks)

The biomedical model is somewhat disadvantageous as it focuses too much on diagnosing and treating disease and doesn’t consider prevention, so that people can avoid the disease in the first place. Also, biomedical model puts too much emphasis on the doctor and the patient isn’t able to make their own health choices and is instead bound to prescribed treatment. Because it doesn’t employ health promotion or ‘lifestyle changes’ and depends more upon drugs to ‘fix’ illness, patients are not motivated to change their lifestyle and take control over their health where necessary.
In the Social Model of Health, in order to ‘SEE’ health gains, we address the S.E.E determinants of health (Social, Economic, Environmental)

5 Principles of the Social Model of Health: you can use the acronym “AREAS” to remember them.

- **A**ddresses the broader determinants of health
- **R**educe social inequality
- **E**mpower individuals and the community
- **A**ccessibility to healthcare
- **S**ectorial collaboration (inter-Sectorial)
The Ottawa Charter for Health Promotion is an approach to health development which attempts to reduce inequalities in health. The OC views health promotion as ‘the process of enabling people to increase control over, and to improve, their health’ (WHO, 1998).

- The OC is linked to the Social Model of health: basically, the OC is linked to the social model and attempts to apply principles of the Social Model. E.g. We “Empower individuals and the community” (principle of social model) by helping them to “Develop personal skills” (action area of OC).

- The OC also uses 3 basic strategies to ensure effective health promotion. These are Enabling, Mediating & Advocacy.
The Ottawa Charter also identifies five ‘action areas’ that should be taken into account when planning and developing health promotion initiatives.

The 5 ‘Action Areas’ of the Ottawa Charter
Bad cats smell dead rats acronym for this

Build Healthy Public Policy
Create Supportive Environments
Develop Personal Skills
Strengthen Community Action
Reorient Health Services

Exam tip: In exams, ‘action areas’ may also be referred to as ‘priority areas’. Be wary of the terminology and make sure you don’t get confused between the principles of the social model and action areas of the OC!
Q. The Ottawa Charter for Health Promotion is an approach to Health Promotion that reflects the social model of health. It identifies three strategies as well as five priority areas that are important for promoting health. The three strategies are:

- Enabling
- Mediating
- Advocacy

ii) Select two of the three strategies listed above and explain how each of these is important for health promotion. (4 marks)

- Enabling means that people are given necessary skills, abilities, resources, support and facilities to become motivated and equipped to take control over their own health. E.g. providing smokers with free “Quit” packs to inform them about the benefits of quitting smoking.
- Mediating refers to collaboration of social and economic government sectors to assist in health promotion programs and initiatives as well as the media to popularise these health promotion initiatives. E.g. media promoting a new high SPF sunscreen that was passed by the Government and encouraged by the health sectors.
Medicare is Australia’s universal health insurance scheme that provides Australian citizens and permanent residents with subsidised & accessible healthcare (regardless of age or income) with little to no out-of-pocket cost.

✓ Services **covered** by Medicare: GP visits (bulk-billed), hospitalisations & specialist (e.g. cardiology, rheumatology) appointments in public hospitals, pathology tests (Blood test), X-rays, eye tests at participating optometrists, some dental services

× Services **NOT covered** by Medicare: most dental treatments, ambulance services, allied health services (e.g. acupuncture), corrective aids (e.g. hearing aids, glasses), hospitalisations at a private hospital.
Medicare is funded by the Federal Government through:

1. The 2% **Medicare Levy** charged on the taxable income of Australian taxpayers. The Medicare Levy is the primary means of funding Medicare.

2. The **additional 1% or 1.5% Medicare Levy Surcharge** (MLS) charged upon Higher-Income earners who have not taken out Private Health Insurance.

3. **General Income Taxation**

• The **amount of Medicare Levy to be paid** is not set as it depends on the person’s **income** (higher income earners pay more Levy).

• However, **high-income earners who take out Private Health Insurance cover may be exempt from paying** the additional Medicare Levy Surcharge.
The Pharmaceutical Benefits Scheme (PBS) was introduced by the Federal Government to subsidise the cost of a wide range of prescription medicines, so that Australians can purchase vital medications at affordable prices.

• PBS is administered by Medicare. This means that prescription drugs listed on PBS will be covered mainly by Medicare, & the patient pays the remaining gap amount. Not all medications are covered by PBS.

• Only eligible groups i.e. 
  concession card & health-care card holders, and war veterans
  can purchase subsidised (cheaper) medicines via PBS. Unlike Medicare, PBS is not accessible for all Australian citizens or Permanent Residents.
Explain how the Pharmaceutical Benefits Scheme can help to improve the health status of Australians. (2 marks)

By having access to vital medications at cheaper subsidised prices, people can promptly purchase medication to address health conditions. E.g. someone with cold/flu virus can promptly purchase anti-biotic to control and prevent virus spread – thereby reducing further morbidity & prevalence of illness.
Private Health Insurance provides individuals with additional (‘ancillary’) services in addition to those covered by Medicare.

- With Private Health Insurance, **people must pay a ‘premium’** (cost of the private health insurance, usually paid on a monthly basis) to **access a number of ‘extra’ (‘ancillary’) services** not covered by Medicare (e.g. dental, physiotherapy, acupuncture, chiropractor).

- There are a range of different private health covers with differing premiums: including those that only include Extras (ancillary services) as well as Private Hospital cover. Combined Hospital & Extras covers have higher premiums.
Private Health Insurance Incentives

• **Government Rebate**: rebate from the Australian Government to help cover the premium costs. It is income tested which means the rebate is either reduced or not paid if people earn a very high income.

• **Lifetime Health Cover**: encourages people to take out private hospital cover earlier (before age 30) & maintain it throughout life. People aged >30 years pay a 2% loading fee on top of their private hospital cover premium (for every year they are aged above 30). People who take out private hospital cover before their 30th Birthday do not pay 2% loading fee. The fee is removed after 10 years of continuous payment of the loading fee (given that you continue to keep your private hospital cover).

• **Exemption from Medicare Levy Surcharge**: high-income earners who take out Private Health Insurance will be exempted from paying the additional 1-1.5% Medicare Levy Surcharge. (additional 1.5%: $280K families; $140K singles)
Q. Jess is a 24 year old student who is interested in taking out Private Health Insurance, so she can enjoy both Medicare and Ancillary (Private Health) services. Outline two advantages and two disadvantages of Jess’s decision to take out Private Health Insurance. (4 marks)

Jess will be entitled to **Lifetime Health Cover**, an incentive provided to people who take out private health insurance before the age of 30 years. This is advantageous and means Jess will pay lower premiums for private healthcare throughout her life. Also, private healthcare **allows access to more services that are normally costly without private health insurance**, such as chiropractors or acupuncture – these can be convenient if Jess finds she is suffering chronic backache or neck strain. However, taking out private health can have limitations; as **premiums are often expensive** and may not cover the whole amount for the service (meaning Jess will have to pay the ‘gap’ amount out of her own pocket). Also, **private health insurance can be a waste of money for people who only use one ancillary service** (e.g. acupuncture) but don’t use other services (e.g. physiotherapy, chiropractors).
TARGETS OF HEALTH PROMOTION – WE SELECTED AND STUDIED – SMOKING – you had to know about smoking, a campaign, (QUIT) and then how QUIT addressed the action areas of the Ottawa Charter

Smoking is a significant contributor to the overall BOD in Australia and affects some population groups disproportionately, including Indigenous Australians, people from low SE backgrounds and those living outside of major cities. In 2016 smoking killed 15,000 Australians and is preventable.

The quit campaign is one campaign run by state govt and the cancer council – quit develops personal skills – creates a supportive environment, strengthens community action and reorients health services and finally builds healthy public policy – which are the 6 ottawa charter action areas – BCSDR – (bad cats smell dead rats)
The **Dietary Guidelines for Australian Adults** are a Federal Government initiative which list out groups of foods and lifestyle patterns that promote optimum nutrition and wellbeing. Many food selection models (such as AGHE) were developed from the Dietary Guidelines.

- The focus is not on memorising each DG, but understanding their importance in promoting healthier eating & increased general wellbeing.

- One way you can do this is to connect each guideline to a disease or health condition. E.g. “**Limit intake of foods and drinks containing added salt**” – to prevent hypertension (high blood pressure). “**Limit intake of foods containing saturated fat, added salt, added sugars and alcohol**” – to prevent obesity, Diabetes & CVDs.
The Australian Guide to Healthy Eating is a visual food selection model that was made based on the Dietary Guidelines. Thus, the two models are somewhat related.

In fact, the AGHE visually represents two specific dietary guidelines:

- **Dietary Guideline 2**: Enjoy a wide variety of nutritious foods from these five food groups every day

- **Dietary Guideline 3**: Limit intake of foods containing saturated fat, added sugars and alcohol

Questions can ask you to compare the AGHE with the Dietary Guidelines so you should understand how they are linked 😊
How does the Australian Guide to Healthy Eating promote healthy eating?

• The Australian Guide to Healthy Eating is a food selection model which visually (with photos of foods that people can recognise) sets out the recommended five food groups.
• Within each group, it displays foods that have the lowest saturated fat, added sugar & salt – this makes it easier for Australians to choose healthy options from each group.
• Since the AGHE is visual-based, it can help to promote increased nutrition knowledge for individuals (particularly children & non-English speakers) so as to promote healthier and more varied dietary choices for all people.
• It incorporates a wide variety of foods to accommodate for different diets and cultures (e.g. tofu, pita bread, couscous, soy drink) so it allows for all people to have a varied and healthy diet.
Non Government Organisations, such as Nutrition Australia, are not controlled by the Government but work with and support them to promote healthy eating in Australia.

Some ways in which Nutrition Australia attempts to promote healthy eating for Australians are:

- Nutrition Australia help individuals & groups create healthy eating plans.
- Conduct National Nutrition Week to increase awareness & prevent nutritional deficiencies (e.g. iron-deficiency Anaemia, Vitamin D deficiency)
- Developed the Healthy Eating Pyramid, a food selection model which promotes higher water intake, lower fat, and higher fibre diets as well as using herbs and spices to flavour food instead of salt to reduce sodium intake.
- Carries out menu assessments & meal-planning for hospitals & nursing homes
- Works with food companies to modify nutrient & ‘risk’ ingredient compositions
Unit 4 – commonly misunderstood and or difficult topics and skills

- SUSTAINABLE HUMAN DEVELOPMENT
- HDI
- Linking elements of sustainability to given case studies of programs
- Explaining why Sustainable Development Goals are important without sounding too vague and general
- Explaining how SDG 3 links to SDG 1, 2, 4, 5, 6, and 13
- Outlining how the WHO promotes global health and SHD through their 6 priorities
- Describing a pre-learnt program and how it impacts on SDGs
- Three types of aid
- DFAT and Australian aid priorities
- Social Action
Global Health extends beyond the individual and is concerned with the health of populations. It is about an international collaborative approach to achieve equality for all people worldwide.

When a Q asks you to explain something in terms of global health, you can:

- Relate the case study in question to indicators of health status you learnt in Unit 3 (life expectancy, mortality, morbidity, incidence, prevalence, burden of disease, etc).
- Some commonly forgotten health status indicators that are particularly useful to include in your answers in this AOS (when appropriate) include: literacy rates, food security, stable income, employment rates, U5MR.
- In relation to global health, you can also draw on the dimensions of health you learnt in Unit 3: physical, mental, social, emotional and spiritual and the characteristics of developing countries.
- It's all about linking your answer to the relevant example from a dimension of health or including the relevant health status indicator 😊
Human Development is creating an environment in which people can **develop to their full potential** and **lead productive, creative lives** in accord with their **needs and interests**. It is about:

- **Expanding peoples’ choices** & **enhancing capabilities** (i.e. the range of things people can be and do)
- **Having access to knowledge, health** & a **decent standard of living**
- **Participating in the life of their community** and in decisions affecting their lives

The underlined terms need to be included in your answer/response if you’re asked to explain something **in terms of Human Development** or to explain the impact of an issue or case study on human development.
Human Development Index

The **Human Development Index (HDI)** is a measurement of human development which combines indicators of life expectancy, educational levels & income. The HDI provides a single statistic which can be used as a reference for both social & economic development.

For the HDI, we have 3 dimensions, which are measured using 4 indicators:

- **A LONG AND HEALTHY LIFE** (indicator: *Life Expectancy at birth*)
- **KNOWLEDGE** (indicators: *mean years of schooling* AND *expected years of schooling* – they are two separate indicators)
- **A DECENT STANDARD OF LIVING** (indicator: *Gross national income per capita*)

**Note:** The *dimensions* are the broader issues of human development that our HDI is measuring; whereas the *indicators* are the ‘tools’ (often health status indicators) that show us how a country is faring in terms of the dimensions. E.g. a low (*indicator of*) life expectancy might indicate a country’s low access to (*the dimension of*) health.” 🌟
Q. The table below shows the Human Development Index (HDI) for 5 different countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Human Development Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>0.937</td>
</tr>
<tr>
<td>USA</td>
<td>0.902</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>0.849</td>
</tr>
<tr>
<td>Sweden</td>
<td>0.885</td>
</tr>
<tr>
<td>Japan</td>
<td>0.884</td>
</tr>
</tbody>
</table>

(VCAA, 2011). This Q scored an average of 0.8 out of 2 marks.

b) Using one of the countries in the table above, explain the relationship between a high Human Development Index and the level of Human Development. (2 marks)

Australia has a high HDI of 0.937. This shows that we have high educational levels and income per person as well as long life expectancy. Increased opportunities for education means that Australians can acquire skills and abilities according to their needs and interests. Being educated makes them more apt to have their say in decisions that affect their community and their lives. Further, having high level of income means people can afford a decent standard of living and have access to healthcare as well as proper nutrition and shelter.
Sustainability: ‘Meeting the needs of the present without compromising the ability of future generations to meet their own needs’ (UN, 1987).

- Passing on skills, knowledge, abilities, environmental resources...
- Remember Sustainability has three dimensions
  - S - social
  - E – economic
  - E - environmental

If a program has a significant focus on education and/or children and women, it is automatically sustainable.
Variations in Health Status between Australia & Developing Countries

• This topic is based around data analysis Qs.

• You will get data (table/graph/chart) in the exam which relates to the similarities/differences between health status & human development between developing countries and Australia; and you will use that data to answer the questions.

• You do not need to memorise any actual statistics for this topic; you just need to know how to interpret data and compare similarities and differences.
Comparing Australia with Developing Countries in Health Status: sample response

<table>
<thead>
<tr>
<th></th>
<th>Life expectancy at birth 2007</th>
<th>Under-5 mortality rate (per 1000 live births) 2007</th>
<th>Infant mortality rate (per 1000 live births) 2007</th>
<th>Maternal mortality rate (2007) Lifetime risk of maternal deaths 1 in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>81</td>
<td>6</td>
<td>5</td>
<td>13 000</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>64</td>
<td>61</td>
<td>47</td>
<td>51</td>
</tr>
<tr>
<td>Cambodia</td>
<td>59</td>
<td>91</td>
<td>70</td>
<td>48</td>
</tr>
<tr>
<td>Chad</td>
<td>51</td>
<td>209</td>
<td>124</td>
<td>11</td>
</tr>
<tr>
<td>Guatemala</td>
<td>70</td>
<td>39</td>
<td>29</td>
<td>71</td>
</tr>
<tr>
<td>India</td>
<td>64</td>
<td>72</td>
<td>54</td>
<td>70</td>
</tr>
<tr>
<td>Indonesia</td>
<td>70</td>
<td>31</td>
<td>25</td>
<td>97</td>
</tr>
<tr>
<td>Mongolia</td>
<td>67</td>
<td>43</td>
<td>35</td>
<td>840</td>
</tr>
<tr>
<td>Mozambique</td>
<td>42</td>
<td>168</td>
<td>115</td>
<td>45</td>
</tr>
</tbody>
</table>

Australia has a **relatively high** life expectancy at birth of **81 years** in **2007**. **In contrast**, Mozambique’s life expectancy in **2007** was **very low**, standing at only **42 years**.

Australia has a **very low** under-5 mortality rate (U5MR) of 6 deaths of children **per 1000 live births** in **2007**. **On the other hand**, Chad’s **U5MR in 2007** was **very high**, with 209 deaths **per 1000 live births**.
Explain how a lack of political stability could influence human development in developing countries. (3 marks)

Often in times of political conflict, workplaces close down or are destroyed. This means that many people would not be able to access a decent standard of living as earning an income would be difficult in such circumstances. Also, during times of political conflict, parents cease their child’s enrolment in school to stop them from being harmed. This means the child would not be able to study and develop to their full potential, as they cannot access knowledge that would allow them to expand their choices in the future, such as through getting a job.
**Sustainable Development Goals (SDGs)** refer to a set of goals that build upon the success of the Millennium Development Goals and were created to end all forms of poverty, promote health, education, social protection, employment, climate change and environmental protection. Each goal has a set of targets to be achieved within the next 15 years (by 2030).

- Understand why each SDG (Sustainable Development Goal) is IMPORTANT. Specifically, this means being able to answer the questions “Why do we need this goal? Why would global health be better off by meeting this goal? Why is it important to focus on the health issue behind this goal?” 😊
- The words I’ve bolded in the upcoming slides under ‘reasons why this SDG is important’ are ways that I’ve linked the SDG to health/health status, human development and sustainability – so try to use these terms or phrases in your responses to questions 😊
- You do not need to strictly memorise targets of the SDGs – just know their general purpose (i.e. what the issue is generally about ‘description of SDG’ and why it needs to exist – this is also linked to the ‘reasons why the SDG is important’ component.
The names of the SDGs

Tip: You can use the following memory tip to remember the 7 Sustainable Development Goals:

“New Zealand Good Quality Guys Cook Clams

No poverty

Zero hunger

Good health and wellbeing

Quality education

Gender equality

Clean water and sanitation

Climate action
SDG 1: No Poverty

Description of the SDG:
‘Extreme poverty’ refers to the state of living on less than US$1 (AU $1.25) a day.
- Poverty is more than the lack of income and resources to ensure a sustainable livelihood.
- The effects of poverty include hunger & malnutrition, limited access to education and healthcare, social discrimination and exclusion.
- Economic growth must be inclusive to provide sustainable jobs and promote equality.

Reasons why this SDG is important:
- Living on $1 a day directly affects access to food, healthcare and education.
- Extreme poverty results in high morbidity through malnutrition & maternal ill-health, & high mortality rates from normally preventable conditions
- People living in poverty has lack of basic water and sanitation which often increases the prevalence of diseases and health conditions.
- For a country to enjoy a healthy economy, its citizens must produce decent incomes. Lack of income in developing countries hinders a country from developing its economy.
**SDG 2: Zero Hunger**

**Description of the SDG:**
- Lack of food security and a lack of access to ongoing food supply means that hunger and malnutrition are often major issues in developing countries.
- With climate change it can be difficult to foster successful agriculture and crops, and this makes it even more difficult for people to earn income or attain sufficient nutrition for themselves and their families.

**Reasons why SDG 2 is important:**
- Extreme hunger results in **high morbidity** through malnutrition & maternal morbidity and **high mortality rates** from diseases that are normally preventable through adequate nutrition.
- Hunger doesn’t just mean that children and adults become underweight – it also means they don’t take in sufficient nutrients that would otherwise allow them to have the energy to work and **live a normal life**. It also **decreases life expectancy** whilst **increasing prevalence of disease** and health-conditions related to malnutrition.
- For people whose main income arises from agriculture and crops, climatic conditions such as climate change can place pressure on existing crops and the future can be uncertain. For these people, **hunger not only has physical impacts but also financial and economic effects.**
SDG 3: Good Health and Wellbeing

- This SDG combines three of the previous Millennium Development Goals (relating to child mortality, maternal mortality and communicable diseases) into one bigger health goal.
- So for this SDG, ‘Good Health’ refers to the improved health of children, women (i.e. mothers) and people who have (or who are prone to developing) communicable diseases, e.g. malaria or HIV/AIDS.
- Significant progress has been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. Major progress has been made on reducing malaria, tuberculosis, and the spread of HIV/AIDS.

Reasons why this SDG is important:

- Child mortality in developing countries is often attributed to preventable causes (e.g. lack of vaccination, drinking contaminated water). Most child mortality can be reduced through preventative strategies e.g. preventing water-borne disease through filtering contaminants from water.
- Providing child-bearing women with simple inexpensive resources (e.g. folate supplements, multivitamins) and setting up ante-natal and post-natal care clinics for pregnant women would significantly reduce labour complications and reduce both maternal and infant mortality.
- Children are orphaned each year when their parents die due to AIDS – this increases their risk of being trafficked which can have physical & mental health impacts (e.g. abuse, isolation, low self-worth).
- Educating people about risks of unprotected sex can reduce incidence of HIV/AIDS and providing anti-retroviral drugs can ease morbidity for HIV & Malaria patients.
- Using simple yet cost-effective methods (e.g. mosquito nets, insecticide sprays) can decrease the transmission of the virus which can help to reduce the incidence of malaria.
SDG 4: Quality Education

Education is a fundamental human right: it combats poverty, increases literacy, and allows people to attain a stable job and income. Education also equips people with the skill of making informed health and life decisions for themselves and their family. Obtaining a quality education is the foundation to improving people’s lives and to achieving sustainable human development.

Reasons why this SDG is important:
• Having primary school education (i.e. being literate) increases literacy rates
• **Promotes employment and a stable economy** through increasing job prospects
• Increases the chances that a person can **earn an ongoing stable income**
• Allows people to use this income to then **access healthcare, nutritious food and shelter**, which promote a **decent standard of living** (i.e. education combats poverty).
• Being educated makes people more aware of basic health practices which may **reduce incidence of disease**. E.g. washing hands after using toilet, safe sex to prevent HIV/AIDS, and young people who completed at least primary school education were less than half as likely to contract HIV (compared to those who had not received an education at all).
**SDG 5: Gender Equality**

While the world has achieved progress towards gender equality and women’s empowerment under the Millennium Development Goals (including equal access to primary education between girls and boys), women and girls continue to suffer discrimination and violence in many developing nations around the world.

**Reasons why SDG 5 is important:**

- Women are usually the main caregivers for children - if they are educated, they can **impart this knowledge onto their children** to promote **sustainable human development**.
- Women who are treated with respect are **more confident and can better lead their families, prioritising education and rights** for their children.
- Providing women and girls with equal access to education, health care, decent work, and representation in political and economic decision-making processes will **fuel sustainable economies and benefit societies**.
- Being educated would **enable women to understand any health warnings or messages to reduce incidence of disease** for themselves and their families.
- Being educated would also **allow women to access higher paid employment** and be involved in jobs that are **safe, stable and not physically exhausting** for their health.
- Gender equality is a necessary foundation for a peaceful, prosperous and sustainable world.
Clean, accessible water is essential to enhance health and sustainable human development in the developing world. However, every year millions of people, most of them children, die from diseases associated with water supply and sanitation (i.e. toilet, waste and sewage systems). Factors which reduce the access to and availability of fresh clean water include: poor water quality, inadequate sanitation and contamination, natural disasters (e.g. floods) or climatic conditions (e.g. drought). Problems with water and sanitation can also hinder food security and educational opportunities.

**Reasons why SDG 6 is important:**

- The environment and its resources should be used in moderation and we must conserve resources, such as clean water and sanitation facilities for future generations (sustainability).
- Due to a lack of sanitation, many people (esp. children) in developing countries consume water that is contaminated with faecal matter – this can increase the risk of morbidity and mortality and increase prevalence of diarrhoea and diphtheria (preventable water-borne conditions).
- Pollutants are released into seas and lakes, making water dangerous to drink or even use for cleaning or bathing. This can increase the prevalence of infection and weaken immune response.
- Natural disasters, such as floods, can also cause water supplies to become contaminated and can destroy already existing sanitation facilities, which increases incidence of water-borne disease.
- Without addressing this SDG, there will be increased prevalence of infection/disease and high morbidity experienced by the most vulnerable groups: infants, children, pregnant women & elderly.
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.

**Effects on health and wellbeing:**
Impacts on clean air, safe drinking water, sufficient food and secure shelter.
With rising sea levels those living in small island states and other coastal regions are at risk of losing their homes and livelihoods.
Countries with weak health infrastructure are most at risk of the effects of climate change and have less ability to cope with its effects – malnutrition, malaria (and other vector-borne diseases such as dengue fever and neglected tropical diseases) diarrhoea and heat stress, asthma due to air pollution
‘Sustainable Human Development’

Health

Make references to dimensions of health (physical, mental, social, spiritual and emotional) and/or health status indicators (e.g. life expectancy, prevalence, mortality rates, etc).

Human Development

Make references to those underlined key terms and phrases in the Human Development definition a few slides back. E.g. ‘develop to full potential’

Sustainability

Make references to the sustainability definition a few slides back, focusing on whether skills/resources/knowledge is being ‘passed on’ to children or whether any resources are being saved or conserved for future gens. If the question is asking you about how a program impacts SHD, you can even evaluate the program against the elements of appropriateness, equity and affordability.
Q. Education, in all its forms, is a vital tool for addressing virtually all global problems relevant for sustainable development, including: poverty, HIV/AIDS, environmental degradation, knowledge formation and sharing, rural development, and changes in production and consumption patterns. Discuss the role education can play in achieving **sustainable human development**. (6 marks)

Education can play a significant role in **sustainability** because literacy skills to read and write can be passed down to future generations, thereby increasing literacy rates for the future. Also, education can benefit health status. E.g. informing future generations about how to prevent HIV/AIDS through contraception would enable them to avoid contracting HIV and potentially morbidity/mortality from AIDS. This means we are also not compromising the abilities of future generations to have a healthy life. Education promotes **human development** because educated people can develop to their full potential as they would not be exploited by others or shoved into poverty. This is because educated individuals are often employed and earn stable incomes which allow them to access health, and have a decent standard of living. Also, because educated people are more knowledgeable in terms of health issues, they are less likely to contract diseases like HIV/AIDS that might stop them from participating in their community. Because educated people can live freely without being exploited, they can also live independently according to their needs and interests.
Emergency Aid

✓ different types of aid, including emergency aid, bilateral and multilateral, non-government organisation aid, and how they are used to achieve global health & SHD

Emergency aid is the rapid assistance given to people or countries in immediate distress to relieve suffering from man-made & natural disasters e.g. war, tsunami.

- Includes sending material items such as food, medicines, temporary shelter, blankets & clothing to countries that are experiencing disaster
- Emergency aid is **not sustainable** – it only provides immediate short-term relief
- In HHD, emergency aid is also termed as ‘Humanitarian aid’ or ‘Humanitarian assistance’ (watch out for this in questions!).
Bilateral Aid

Bilateral Aid is aid (usually money/funds) given by the government of a developed country directly to the government of a developing country.

- **Bi-lateral** = “two-sided”
- Most common type of aid, making up 40% of Australia’s aid program
- Often used to develop infrastructure (roads, bridges), medical facilities & education centres & community development programs.
- However, sometimes aid does not reach communities in need or is used for other means – this is due to Government and political interference.
Multilateral Aid is an aid form whereby funds are collected from a number of developed countries and then distributed to recipient developing countries through an international organisation, e.g. WHO, United Nations, World Bank.

- “Multilateral” means Multi-sided meaning that contributions from developed countries coming from many sides.
- Makes up over 25% of Australia’s aid program.
- MOST SUSTAINABLE form of aid – multilateral aid is often used to establish long-term health programs and projects in developing communities – the benefits of which are ongoing for future generations of those communities.
This type of aid is provided by organisations for projects or programs that directly give aid to the communities. This aid supports projects that focus on community development and participation.

NGO’s are voluntary not for profit community organisations, money mainly comes from public donations, although governments do provide aid to NGO’s to perform a selected intervention.

They work directly with the communities to increase knowledge, resources and choices and therefore human development.

One of their main focuses is education.

Eg’s are: World Vision, Oxfam, Red Cross, Care, Caritas
Q. Explain how multilateral aid can promote global health. (3 marks)

Multilateral aid promotes global health as health projects can be established by World Health Organisation to remove health barriers and lower mortality and morbidity. E.g. The WHO might decide to initiate a program that addresses high prevalence of HIV/AIDS in Zimbabwe. In doing so, they would provide treatments that would ease physical debilitation and control the virus. It would also lessen morbidity for people with HIV/AIDS and lower HIV/AIDS mortality rates. Counselling could be provided to HIV/AIDS patients regarding their condition or any concerns they may have and this might ease their stress and tension (relating to mental health). Finally social health is promoted by encouraging rehabilitation of HIV/AIDS patients back into society through ongoing treatment and monitoring by WHO.
The ‘Agenda’ of the WHO is basically represented by its six priorities.
These six priorities act as WHO’s guide or ‘game plan’ for addressing and responding to global health challenges.

Global health challenges include those factors or aspects that lead to poor health outcomes and increase disease/illness for the global population. Basically, all issues that United Nation’s SDGs address can be viewed as Global Health challenges.

E.g. barriers to education, limited access to healthcare and medicine, health epidemics such as obesity, gender inequality, malnutrition and hunger/starvation, as well as global disease outbreaks such as Swine Flu.

Tip: You can remember the six priorities that represent the Agenda of the WHO through the following acronym:

‘shunii’
The six WHO priorities (shunii)

- **Health-related sustainable development goals:** For all SDGs, gains and progress must be continued and maintained to ensure sustainable human development.
- **International health regulations:** acts as a leader to protect against infectious diseases.
- **Increasing access to medical products:** access to medicines, equipment and technologies to treat illness are improved – to promote universal health coverage.
- **Social, economic and environmental determinants:** Using the social model of health to reduce ill health and promote health outcomes.
- **Universal health coverage:** increases healthcare access and financial stability to prevent ill-health that leads to poverty.
- **Non-communicable diseases:** tackling ‘lifestyle’ chronic diseases, such as diabetes, CVDs, arthritis and conditions relating to weight (obesity, malnourishment).
Explain how the WHO promotes Universal Health Coverage, in relation to promoting Sustainable Human Development. (3 marks)

Through ‘Universal Health coverage’, WHO aims to increase access to healthcare so it reaches vulnerable groups who need it the most (e.g. pregnant women, children, infants, disabled, elderly people). The WHO also aims to ensure that health systems are of the best possible quality, and that there are trained staffs as well as proper administration of treatment and/or vaccinations to reduce potential mortality from disease. Further, WHO ensures that there are adequate pharmaceutical drugs on hand to reduce morbidity from disease. By improving health systems, people can more promptly treat illness before it becomes life-threatening. With reduced morbidity, people will not be as physically exhausted through illness, and can attend school or work and access knowledge and a decent standard of living through income. Also, establishment of proper health systems will provide ongoing medical and health assistance, which will continue to safeguard and benefit the health of future generations.
Australian Government Aid - DFAT

- The **Department of Foreign Affairs and Trade (DFAT)** manages the Australian Government's overseas aid program.
- DFAT aims to reduce poverty in developing countries & improve human Sustainable Development Goals.

**Aid priorities of Australia’s Aid program via DFAT (learn these for the exam): GABEEI – we give aid for:**

- **Building resilience**: humanitarian assistance, disaster risk reduction and social protection
- **Agriculture**, fisheries and water
- **Gender** equity and empowering women and girls.
- **Infrastructure**, trade facilitation and international competitiveness
- **Effective governance**: policies, institutions and functioning economies
- **Education and health**
Q. Explain one way that the Australian Government’s aid initiative could promote Global Health and Sustainable Human Development in a developing country. (4 marks)

The Australian Government’s aid initiative, represented by the Department of Foreign Affairs & Trade (DFAT) could provide aid to Indonesia by building a new school reading program to improve literacy rates in primary school children. Literacy provides access to knowledge (reading and writing skills) and boosts confidence of individuals about their capabilities in life, promoting mental health. Being educated and literate means these students can live productively in accord with their interests (and not be oppressed later in life). Since literacy is a qualification, it would later provide these students with a stable job and income which would enable them to access to a decent standard of living. Finally, the ability to read and write is a transmittable skill that can be passed on to future generations, enabling ongoing literacy and continuing human development.
Non-Government Organisations

- **CARE Australia**: focus on women and eliminating extreme poverty
- **World Vision Australia**: focus on poverty, clean water, children & HIV/AIDS.
- **Tabitha Foundation Australia**: bases most aid in Cambodia on infrastructure, education, Malaria & maintaining clean water supplies.
- **Australian Red Cross**: Emergency aid provision, development in areas of education, healthcare, disaster prevention, & addressing HIV/AIDS.
- **Oxfam Australia**: special focus on child welfare, social justice & healthcare.
- **Médecins Sans Frontières (Doctors Without Borders)**: emergency medical aid, maternal health & clean water supplies to curb water-borne disease.
- **Plan International Australia**: children’s rights, HIV/AIDS, children’s education
- **Caritas Australia**: disaster-risk prevention, HIV/AIDS, emergency assistance

**Note**: Focus on understanding how programs could promote global health & SHD. You don’t need to memorise programs! But do get familiar with the kind of programs or strategies these NGOs implement in developing countries and do practice Qs so you get used to them! 😊 To get an idea of what programs NGOs run, go on YouTube and watch some short clips of the initiatives set up by NGOs such as World Vision or Tabitha Foundation.
Q. Malaria is a major burden of disease globally. Describe one program you have studied that focuses on decreasing the incidence of malaria. (4 marks)

The ‘Nothing but Nets’ (LLIN) program aims to reduce incidence of malaria in all age groups. To do so, it uses multilateral aid through United Nations UNICEF, UNHCR to purchase and distribute insecticide-treated mosquito nets. These mosquito nets protect people while they sleep and ensure that the malaria-virus carrying mosquitos cannot reach them. There is especially focus on providing these nets to vulnerable groups such as children, pregnant women and people suffering from HIV/AIDS as these groups would suffer most severely from malaria. Also, the nothing but nets program encourages use of insecticide sprays inside the home to kill any mosquitos carrying the malaria causing disease before they infect someone. Further, people with malaria are provided with anti-retroviral drugs to ease the morbidity associated with malaria (e.g. fever).
CARE Australia’s We Bloom program

Type of Aid: Non-Government Organisation NGO (Care Australia)

Reasons for the program: Literate individuals have more opportunities in life to attain stable jobs and earn income. Increasing literacy rates in girls can help to achieve MDG 2 and enhance knowledge about healthy behaviours to prevent diseases (e.g. HIV/AIDS, malaria, diarrhoea).

Implementation of the program: Provides young women in South-West Cambodia with literacy, numeracy & life skills classes. Here they are taught to set goals & overcome conflict to improve confidence & decision making.

Link to SHD: Improving literacy levels in girls would enhance their capabilities for employment and income, which increases access to health (through proper nutrition & healthcare access) and decent standards of living. Literate individuals are more likely to contribute to decisions affecting their lives. They can also pass on literacy skills to their children (the future generations) so literacy becomes ongoing.
World Food Programme’s School Feeding Program

Type of aid: Multilateral Aid (through United Nations, with donations from DFAT Australian Aid and World Vision).

Reasons for the program:
- More than half the world’s population live in low income countries that do not produce enough food or that do not import adequate amounts to feed their populations.
- Lack of food causes malnutrition and this leads to reduced immunity to disease which brings with it a shorter life expectancy.
- Children who are deprived of adequate nutrition tend to be much shorter in height, weigh less, and are less capable of performing physical tasks.
- Further, not having sufficient food leads to plummeted energy levels in children and adults, which can stop them from going to school or work.

Implementation of the program:
School Feeding Programs involves the WFP setting up canteens which provide children with hot food & nutritious snacks, which also means more children will come to school (improved literacy) to get a free meal. Also, children who attend school regularly get an additional kilogram of rice and soybeans as well as cooking oil so that they can continue to reap the benefits of good nutrition at home, and ensure food security for not only themselves but also their families.
UNAIDs *Far Away From Home Club* program

**Type of aid involved:** Multilateral aid

**Reasons for the program:**

- HIV/AIDS is a major contributor to the double global burden of disease and continues to contribute to high mortality rates in developing countries.
- The communicable nature of HIV/AIDS makes it essential to increase HIV/AIDS awareness and to have prevention schemes to address HIV/AIDS.
- Also, a large number of children become orphaned every year as a result of their parents dying from AIDS. This then threatens the welfare of those children, who could be trafficked or exploited through child labour.
- Can be prevented through educating people about safe sex and contraceptives

**Implementation of the program:**
The *Far Away From Home Club* program undertakes HIV prevention activities with migrants who work as labourers, truck drivers and sex workers to provide information & skills that reduce the chances of HIV exposure & other sexually transmitted diseases. A team of peer educators provide information regarding HIV prevention and safe sex information for those at risk in Vietnam. This program involves recruiting migrants and sex workers to act as mentors who provide support & counselling to those with HIV. People at risk are also referred to clinics who do health checks, give antiretroviral treatment and medication and provide counselling in relation to increasing awareness of a variety of sexually transmitted infections and diseases.
World Vision’s Developing Wells and Pumps in Niger

Type of aid involved: Non-Government Organisation Aid (World Vision)

Reasons for the program: Niger is drought-prone and lack fresh ongoing water.
   Water is essential for life (bathing, cooking, cleaning, drinking and sanitation)
   Access to unsafe water may cause exposure to bacteria which can increase risk of communicable diseases (e.g. diarrhoea, malaria, cholera) and increase morbidity.
   Water-borne disease (e.g. diphtheria) is a major contributor to the under-5 mortality rate in developing countries.
   Will help to make progress for SDG #6 (‘Clean Water & Sanitation’)

Implementation of the program:
   World Vision drill and build wells in in Niger to make water collection easier in exchange for a small fee for the maintenance of the pump. This allows women to also earn an income.
   Local people are taught how to use the well and operate the water pump, so as to ensure long term maintenance of the well’s condition and passing on of knowledge
   People can source clean water and know the link between hygiene and disease through education seminars from World Vision volunteers
   Wells are deep so more water is available and the pump reduces the amount of hard work required which is less physically taxing on women & girls who collect the water.
Type of Aid: Multilateral, through WHO, World Bank and the United Nations

Reasons for the program: Tuberculosis (TB) has high prevalence & causes high adult & child mortality through lack of proper treatment. TB also significantly lowers the immune response & increases morbidity through TB complications.

Implementation of the program: Stop TB uses the DOTS treatment (Direct Observed Therapy Short-course) where TB patients take a 6 month course of antimicrobial & antiretroviral medication, whilst a health nurse monitors their progress & regular medication intake. BCG vaccine may be used for children. Stop TB also promotes prevention & WHO promotes TB treatment research.

Contribution to SHD: People living without TB can live more productively, whilst accessing knowledge & income. Living without TB means people can develop to their full potential & live according to their needs & interests. Lowered TB rates signifies lowered morbidity & mortality from TB. Proper TB treatment means lowered TB incidence, & better health status outcomes for future generations.
• If you require more space or have big writing, just write “continued at back” and then clearly number your response e.g. 2a) and continue writing it at the space given at the back of the booklet. Don’t feel like you have to stay within the lines if you do have more points to mention in your response (that said, make sure you are not deviating from the question or adding too much ‘fluff’ to your answer).

• Remember to convert numbers or read graphs properly and correctly. If a graph says ‘DALY’s (‘000s)’, you need to convert the number before writing your response. E.g. if on the graph it indicates 10 DALYs, then that would be 10,000 DALYs in real life and that’s what you’d need to mention in your response too!

• For Health status and Global Health questions, be wary of using the more ‘intense’ health status indicators (e.g. mortality). Not all conditions/circumstances/case studies will lead to high death rates. However, you can use indicators such as morbidity and prevalence quite flexibly as they apply to almost all case studies/conditions/diseases.
• Do as many practice questions as you can after you’re done revising the content! Doing full practice exams under timed conditions is important but not always time-effective. Try to do as many as you can but don’t feel stressed to complete full exams if you don’t have the time. **Doing single selected questions for the topics you’re unsure about is still just as effective** and can be heaps more efficient.

• **Have an ‘errors book’** – a little notepad where you note down what types of Qs or content you struggle with or lose marks on.

• **If you’re unsure about content and the textbook isn’t helping, look for alternative ways of understanding it.** E.g. watch a YouTube video showing how an aid campaign is promoting human development in developing countries. A lot of NGOs and health organisations have websites with media clips and other interactive content that you can use to further understand topics.
• On the day of the exam, avoid an overly heavy lunch coz you will fall asleep!!!!!! And bring all necessary stationery and water!
• Use reading time to get in the zone and also suss out which questions are going to take more time or more thinking than others. You can also mentally plan out answers in reading time.
• After the exam, try not to discuss answers too much but if you do, try not to get too impacted by it and start doubting yourself. It’s bad for mental health!!

- All the best for the exam!