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91462



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Mana Tohu Mātauranga o Aotearoa
New Zealand Qualifications Authority

Level 3 Health 2024

91462 Analyse an international health issue

Credits: Five

Achievement	Achievement with Merit	Achievement with Excellence
Analyse an international health issue.	Analyse, in depth, an international health issue.	Analyse, perceptively, an international health issue.

Check that the National Student Number (NSN) on your admission slip is the same as the number at the top of this page.

You should attempt ALL parts of the question in this booklet.

Pull out Resource Booklet 91462R from the centre of this booklet.

If you need more room for any answer, use the extra space provided at the back of this booklet.

Check that this booklet has pages 2–11 in the correct order and that none of these pages is blank.

Do not write in the margins (//////). This area will be cut off when the booklet is marked.

YOU MUST HAND THIS BOOKLET TO THE SUPERVISOR AT THE END OF THE EXAMINATION.

Excellence

TOTAL 08

Page 1

Make sure you have the paper Resource Booklet 91462R.

INSTRUCTIONS

A health issue of international concern is **tuberculosis (TB) in Mozambique**. This is a public health concern, as it affects the well-being of a significant number of people.

Before you begin, read ALL parts of the question. Support your answers with **specific and relevant evidence** from **Resource Booklet 91462R**, and your own knowledge about poverty. Evidence can include examples, quotations, and / or data from credible and current sources.

PLANNING

B I U

Determinants:

Political:

- half the nation lives without accessible healthcare (infrastructure) - personal impacts physical wellbeing

WHO is working to establish infrastructure

Economic:

- more than half the country lives below the poverty line and therefore cant afford medicine/ vaccines (personal)
- economic instability means communities arent receiving care - if theyre in poverty theyre less likely to work and therefore are more likely as a whole to get sick and the gap between healthy and not grows in society

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82 WORDS

QUESTION

(a) Explain why tuberculosis (TB) in Mozambique is a health issue of international concern.

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Tuberculosis (TB) in Mozambique is a health issue of international concern because it is an airborne and "infectious disease that most often affects the lungs and is caused by a type of bacteria that spreads when infected people cough, sneeze or spit" (resource A) that in 2022 alone, 1.3 million people died from, making it the second most infectious killer after COVID-19 (resource A). It is particularly concerning because in 2020 alone, an estimated 115,000 people in Mozambique contracted tuberculosis (resource B), which is alarming because it is also "among the top 10 causes of death in Mozambique" (resource D) with no reduction in the mortality. In 2010, just over 80,000 people in Mozambique suffered from TB - by 2020, this number became closer to 120,000 (resource B). Tuberculosis's airborne nature is particularly concerning, as contracting the disease isn't difficult and it is likely that if one individual in a family or group setting contracts it, it will spread to a whole community. The fear of this contraction can majorly be attributed to the fact that "an international study revealed that 65-80% of people diagnosed with TB in Mozambique do not receive treatment" (resource C). Internationally this is problematic as even for the few that do try to seek treatment (if they have the means to), there are "drug resistant" strains of tuberculosis which if spread cause millions of people worldwide to suffer symptoms that don't yet have a cure; because of the COVID-19 pandemic which is globally causing "ongoing crises such as armed conflict, increasing food insecurity, and political and economic instability" (resource E), tuberculosis in Mozambique is even more concerning because despite being an epidemic it isn't currently the only thing needing prioritising on a domestic or global level.

(b) Explain how TWO major determinants of health influence the tuberculosis epidemic in Mozambique.

Note: Refer to these two major determinants of health when answering all remaining question parts in this exam.

Determinant of health (1):

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One major determinant of health influencing the tuberculosis epidemic in Mozambique is the political determinant of health (DOH). The political determinant of health is how political factors influence societal outcomes, which in this case are majorly derived from issues including a civil war that ended in 1992 (resource C) and issues such as the COVID-19 pandemic which is globally causing "ongoing crises such as armed conflict, increasing food insecurity, and political instability" (resource E). The political determinant of health influences the tuberculosis epidemic because there is a lack of appropriate infrastructure within the nation with "half the nation living without accessible healthcare" and "an estimated 50% of the population living at least 20 kilometres away from the nearest healthcare facility" (resource C) which can't solely be offset by the WHO "working with the government of Mozambique to establish essential infrastructure" (resource C); the political DOH therefore influences the TB epidemic as on a political level the attitude surrounding it is too casual and it isn't being valued as important as it truly is. With political unrest being to blame for other issues including "poverty, malnutrition, and mental health crises" (resource C) there are physical implications for individuals with 1.3 million people dying from tuberculosis in 2022 alone which on society depletes resources and reduces productivity among countless other issues, (some of which are derived from a lack of political health promotion).

Determinant of health (2):

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Another major determinant of health influencing the tuberculosis epidemic in Mozambique is the economic determinant of health. The economic determinant of health is how economic factors influence health outcomes which in this case is how as "US\$13 billion is needed annually for TB prevention, diagnosis, treatment and care" (resource A). In the past decade, "80% of spending on TB services was from domestic sources" (resource A) which, despite not being enough is clearly all they can do when considering the fatal nature of the epidemic is partially being overshadowed by the "economic effects of a civil war that ended in 1992" (resource C). It again becomes clear that the economic DOH is heavily at play when considering that despite "efforts being made to improve the diagnosis and treatment of TB patients have brought technology and healthcare providers to the nation, but economic instability threatens healthcare progress" (resource C). With more than half on Mozambique's population being under the poverty line (resource C), meaning they're not earning enough to survive it no doubt that the economic DOH plays a large role in the tuberculosis epidemic and is partially blame for TB being within the top 10 causes of death in Mozambique (resource D).

(c) Explain how the implications of tuberculosis may affect the well-being of people and society in Mozambique.

B I U     

Both the political and economic determinants of health provide challenging implications for the well-being of people and society in Mozambique both in the short and long term.

On a political level, Mozambique's lack of accessible healthcare, with "half the nation living without accessible healthcare" and "an estimated 50% of the population living at least 20 kilometres away from the nearest healthcare facility" (resource C) affects individuals on a personal level because it insinuates the idea that if an individual feels unwell, they shouldn't (or can't) seek out the medical help they need, which tends to lead to people neglecting their physical well-being in the short term, even if they feel unwell. In the long term this is troubling as it results in individuals becoming or feeling like nothing more than a part of a death toll (which in 2022 was 1.3 million) (resource A) which if individuals feel like, negatively impacts their spiritual wellbeing. This is negative, as by having poor access to health services, these individuals are already a part of the "high risk group" (resource D) yet because of a societal lack of healthcare infrastructure due to political influences, "many people who suffer or die from TB go undiagnosed and untreated" (resource C), because Mozambique is said to have low detection rates compared to countries such as Zimbabwe and South Africa (resource C). On a societal level, economically taxpayers in the "high risk group" aren't getting the healthcare they help fund, which may cause societal uproar in the form of protest or other means. On a societal level "high risk" individuals may suffer from increased health anxiety in the long run as they have the negative attitude that they'll catch TB and value their health more; if individuals become paranoid about contracting TB they may withdraw from important events (decreasing their social well-being and reducing interpersonal relationships) such as showing up to work due to their worsening mental and emotional health, which on an economic and societal level worsens the economy and decreases productivity in the workforce all because of a lingering fear of contracting tuberculosis due to a bad political allocation of funds and no policy or positive and informative investment in health promotion to reassure people. This is challenging because in Mozambique "more than half the country's population lives below the poverty line" (resource C) meaning they aren't earning enough income to survive as it stands this further widens income discrepancies between the highest and lowest earners in Mozambique.

(c) Explain how the implications of tuberculosis may affect the well-being of people and society in Mozambique.

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Additionally, it can be said that within those individuals in Mozambique who contract TB, 32.6% are from the general population who are living with undernourishment, and 77.2% are urban population living in the slums (resource A). Again, political and economic factors are at play as every individual deserves a clean, warm, hygienic place to live, yet the 77.2% of individuals who contracted TB didn't have this and likely had weakened immune systems from poor living conditions (due to a lack of economic funds and political/government intervention in the form of a benefit or cost of living subsidy) meaning that they very likely couldn't afford treatment; this is spiritually damaging as feeling such a lack of self-worth may worsen mental well-being which further adds to mental health crises brought on by political unrest, further taking focus away from the issue of TB. *The same situation can be said for the 32.6% living with undernourishment and TB, as this too weakens immunity and every individual deserves to eat (but can't as food isn't subsidised (political) or affordable (economic))- this is made clear when considering concepts such as Maslow's Hierarchy of Needs which highlights how food and a clean home are what every other factor of life and well-being are built on.* By not being provided economic resources, or governing bodies on a political level improving healthcare infrastructure, Mozambique's people will feel a lack of autonomy over their own health, preventing incentives such as the UN's global goal 3 of good health and well-being from ever been met, and causing societal uproar in the form of protests and social movements that will further decrease workforce productivity in Mozambique's society, potentially causing further economic harm as the economy slows.

- (d) (i) Recommend one local strategy that would help to address the determinants of health you discussed in part (b), and the implications for well-being you discussed in part (c).

Local strategy:

Explain how this strategy would bring about more equitable outcomes for those directly and indirectly affected by tuberculosis in Mozambique.

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One possible strategy that could be used on a local scale to address the political and economic determinants negatively affecting individuals and society's well-being in Mozambique is if Mozambique's government funded tuberculosis detection kits for people with poor access to health services that could be used at home. This strategy would look like every individual in this group annually being sent a tuberculosis detection kit in the mail which provides instructions on how to use it and instructions on how to get it collected (for free). If their test comes back positive, the next steps would look like infected individuals coming to pop-up treatment stations set up in every high risk group's community and getting the support they require in order to heal, resulting in less TB being transmitted in society. This strategy addresses the political issue of a lack of infrastructure highlighted by "half the nation living without accessible healthcare" and "an estimated 50% of the population living at least 20 kilometres away from the nearest healthcare facility" (resource C) by providing accessibility as well as giving those who return a negative test piece of mind that they won't be needing the hospital, enhancing their mental well-being. This strategy also addresses the economic issue of "80% of spending on TB services was from domestic sources" (resource A) as this strategy can be used in conjunction with The National Tuberculosis Program's (NTP) strategic plan that aims to identify and treat at least 90% of TB cases (in not all) and advocate for increased domestic resources to support implementation of this plan (resource D) which fosters healthier communities and eradicates negative societal attitudes towards what the government currently is or isn't doing to address TB, by proving that the government do value public health through this strategy. This strategy would also increase detection rates by large magnitudes, stopping Mozambique from having lower TB detection rates than Zimbabwe and South Africa (resource C). The strategy is equitable, as it helps those most at risk of having undetected TB in society through the means of social justice (giving individuals a sense of empowerment and autonomy over their health and well-being); it is good health promotion and aligns with the Ottawa Charter through the means of building healthy public policy as every year the government will repeat the send out of these detection kits which not only politically make up for a lack of infrastructure but economically remove the financial barrier that previously may have stood between individuals getting diagnosed or treatment for TB. *With a fear of contracting TB being lifted through this strategy, interpersonal relationships in communities are likely to blossom as social well-being of individuals is enhanced, resulting in healthier and happier communities and societies.*

- (ii) Recommend one international strategy that would help to address the determinants of health you discussed in part (b), and the implications for well-being you discussed in part (c).

International strategy:

Explain how this strategy would bring about more equitable outcomes for those directly and indirectly affected by tuberculosis in Mozambique.

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One possible international strategy that could be used to address the political and economic determinants negatively affecting well-being on an international scale is subsidising healthcare for those with tuberculosis. The strategy would look like people who suspect they have TB getting tested for it at any medical practise, and getting treatment if they did in fact contract it, all for free. This would address the political and economic determinants/issues of people being so stressed about contracting tuberculosis due to a lack of political health promotion, guidance or support that they stop working (impacting the economic determinant, further widening the gap between vulnerable, low earning communities and higher ones, and societally decreasing productivity of workforces) by allowing people to immediately get the support they need and for free. On an economic scale this would help those who live below the poverty line and suffer disproportionately from TB both in Mozambique and globally by allowing them to not have to spend any of their very limited economic resources on recovering from TB; in turn their physical well-being will improve, allowing them to search for higher earning job opportunities and earn more income from which to survive off, helping to build communities. This strategy also helps anyone with TB in general, as the treatment being free may be the incentive an individual needs to go and seek treatment and stop spreading the illness. This strategy aligns with the existing strategy and holistic approach to end TB (resource E) which is derived from the idea of a "universal health coverage policy" and the principles of "government stewardship and accountability, with monitoring and evaluation" and "protection and promotion of human rights, ethics and equity" (resource F) through governments globally paying for and subsidising this strategy. This strategy is equitable, as it helps everyone in society with tuberculosis get diagnosed and treated for free; no matter one's income the social stigma that comes with having tuberculosis due to society's negative attitudes of it being a disgusting thing resulting in people valuing themselves as someone they believe is "less" affects everyone the same - this strategy promotes social justice in the forms of fairness and through being non-discriminatory. This strategy also aligns with the Ottawa Charter's goal of building healthy public policy and improving community collaboration and outcomes on a global scale, which would bring more equitable outcomes to both those affected by tuberculosis (by providing them with free care) and indirectly affected (by reducing the chances of it being transmitted). *With a fear of contracting TB being lifted through this strategy, interpersonal relationships in communities are likely to blossom as social well-being of individuals is enhanced, resulting in healthier and happier communities and societies.*

Excellence

Subject: Health

Standard: 91462

Total score: 08

Grade score	Marker commentary
E8	This response shows consistent use of evidence across the paper. Although the response is well thought out and insightful, key points could have been much more concise to enhance readability. Both a local and international strategy are recommended, which consider the influence of the major determinants of health and the impact of these on the wellbeing of people and society. The response has included all the relevant underlying health concepts that apply to the examination paper.