

Assessment Schedule – 2013

Health: Analyse an international health issue (91462)

Evidence Statement

Achievement	Achievement with Merit	Achievement with Excellence
<p>The candidate analyses a significant health issue of international concern from within one of the following international health topics:</p>		
<ul style="list-style-type: none"> • the continued high rate of HIV transmission and / or the care of people living with HIV / AIDS in Sub-Saharan Africa, OR South East Asia, or the Pacific • colonisation and the health of indigenous people in relation to a particular health context, eg alcohol use. 		
<p>The <i>analysis</i> involves:</p> <ul style="list-style-type: none"> • explaining why the named international health issue is of international concern, and covers the implications for the well-being of people and society • explaining how major determinants of health influence the named issue • recommending strategies to bring about more equitable outcomes in relation to the named health issue. 	<p>The <i>in-depth analysis</i> involves:</p> <ul style="list-style-type: none"> • recommending strategies for addressing the named international health issue in a way that takes into account the influences of the major determinants of health on well-being • the impact of the major determinants of health on well-being. 	<p>The <i>perceptive analysis</i> involves:</p> <ul style="list-style-type: none"> • recommending strategies based on a coherent explanation that connects the named international health issue and the influence of the major determinants of health on the issue to the underlying health concepts (hauora, socioecological perspective, health promotion, and attitudes and values).
<p>The analysis is supported by evidence (examples, quotations, and / or data from credible and current sources (after 2005)).</p>	<p>The in-depth analysis is supported by detailed evidence (examples, quotations, and / or data from credible and current sources (after 2005)).</p>	<p>The perceptive analysis is supported by detailed evidence (examples, quotations, and / or data from credible and current sources (after 2005)).</p>

Question	Expected Coverage	Achievement	Achievement with Merit	Achievement with Excellence
(a)	<p>The candidate states why the issue is of international concern. Evidence MUST be provided.</p> <p><i>See Appendix for possible responses.</i></p>	<p>Gives an outline of why the named health issue is a cause of international concern.</p> <p>Analysis is supported by evidence.</p>	<p>Gives a detailed outline of why the named health issue is a cause of international concern.</p> <p>In-depth analysis is supported by detailed evidence.</p>	
(b)	<p>The candidate identifies TWO valid major determinants of health (eg any two of cultural, political, economic, environmental) and explains how the international health issue has been influenced by EACH of these. Evidence MUST be provided.</p> <p><i>See Appendix for possible responses.</i></p>	<p>Explains the influence of TWO major determinants of health on the international health issue, eg political, economic, environmental, etc.</p> <p>Analysis is supported by evidence.</p>	<p>Explains, in depth, TWO major determinants of health and provides a detailed explanation of how they each influence / relate to the international health issue.</p> <p>In-depth analysis is supported by detailed evidence.</p>	<p>Provides perceptive analysis of TWO major determinants of health and provides a coherent explanation that connects these to the international health issue.</p> <p>Perceptive analysis is supported by the coherent and consistent use of evidence.</p>
(c)	<p>The candidate recommends TWO strategies to bring about more equitable outcomes (well-being) for those affected by the named health issue. Evidence MUST be provided.</p> <p><i>See Appendix for possible responses.</i></p>	<p>Recommends TWO strategies that are linked to the issue.</p> <p>AND</p> <p>Explains how EACH strategy will address the selected determinant(s) of health and provide more equitable outcomes for people affected by the issue.</p> <p>Analysis is supported by evidence. <i>Note: Evidence analysing the implications for the well-being of people and society could be covered across the whole question for Achievement.</i></p>	<p>Recommends TWO strategies in depth that are linked to the issue; links the TWO major determinants of health to each strategy; explains, in depth, how EACH strategy will address these two determinants of health.</p> <p>AND</p> <p>Discusses how outcomes will be more equitable.</p> <p>In-depth analysis is supported by detailed evidence.</p>	<p>Recommends TWO strategies based on a coherent explanation that connects the health issue and the influence of the TWO determinants of health on the underlying health concepts.</p> <p>AND</p> <p>Provides perceptive analysis of how outcomes will be more equitable.</p> <p>Perceptive analysis is supported by coherent and consistent use of evidence.</p>

N1	N2	A3	A4	M5	M6	E7	E8
Partial answer, but does not analyse the health issue.	Insufficient evidence to meet the requirements for Achievement.	THREE responses at Achievement level. The analysis generally meets the requirements for Achievement, but the quality may be uneven. Supporting evidence is provided.	THREE responses at Achievement level. The analysis consistently meets the requirements for Achievement. Supporting evidence is provided.	TWO responses at Merit level (including (b) and (c)). The in-depth analysis meets the requirements for Merit, but some aspects may be inconsistent. Detailed supporting evidence is provided.	THREE responses at Merit level (including (b) and (c)). The in-depth analysis consistently meets the requirements for Merit. Detailed supporting evidence is provided.	ONE response at Excellence level for (c). The perceptive analysis generally meets the requirements for Excellence, but the quality may be inconsistent. Consistent and coherent evidence is provided.	TWO responses at Excellence level (including (c)). The perceptive analysis meets the requirements for Excellence. Consistent and coherent evidence is provided.

N0 = No response; no relevant evidence.

Judgement Statement

	Not Achieved	Achievement	Achievement with Merit	Achievement with Excellence
Score range	0 – 2	3 – 4	5 – 6	7 – 8

Appendix

Question	Possible evidence for the significant health issue of international concern of HIV Aids in Sub-Saharan Africa for Excellence (not limited to these examples)
(a)	<p><u>Why the named health issue (HIV Aids in Sub-Saharan Africa) is of international concern, eg:</u></p> <ul style="list-style-type: none"> • <i>Human rights / humanitarian issue / ethical issues / sustainability issues.</i> • <i>Two-thirds of people in the world who have HIV live in SSA – disproportionate representation in this area.</i> • <i>Burden of poverty in SSA falls to everyone there, as everyone carries the burden whether infected or not.</i> • <i>Burden includes having to care for those affected, fewer healthy people to engage in workforce because having to care for the sick and afflicted.</i> • <i>Increased susceptibility of wider population to infection because stressed and stretched.</i> • <i>Around 60 % of people in SSA live under poverty line of US\$1.50 per day (World Vision 2008).</i> • <i>Poverty and debt conditions are made worse by economic conditions, debt.</i> • <i>No clear effort or international plan to increase debt relief for poor countries so they can afford costs of treatments for HIV / Aids.</i> • <i>Inability for SSA countries to afford cost of treatments.</i> • <i>Wealthy pharmaceutical companies profiteering in western countries, but treatment costs are beyond the reach of poorer countries.</i> • <i>Western countries have set up aid funds for SSA countries, but these funds are not sufficient to meet costs.</i> • <i>About 90 % of new cases of HIV are in children, meaning the cycle of poverty continues to increase.</i> • <i>Transmission of virus to children – afflicted children are unlikely to get education or be able to enter the workforce, and they will add to the burden of health care requirements.</i> • <i>14.8 million children worldwide have lost one or both parents to aids (UNAID).</i> • <i>Aids orphans to reach 25 million by 2025.</i> • <i>HIV / Aids epidemic has drastically slowed economic growth and social development in Africa.</i> • <i>Spread of HIV largely because of poverty and debt conditions, and economic policies of western countries.</i> • <i>Triple challenge – health care – anti-retroviral treatment; reducing toll of new infections; coping with orphans, survivors who can't care for themselves.</i> • <i>Drug companies not providing treatments at a rate poorer countries can afford.</i>

(b)

How the named health issue (HIV Aids in Sub-Saharan Africa) has been influenced by TWO major determinants of health, supported with detailed evidence, eg:

(1) Economic

- *Influenced by economic factors because of the poverty of vast majority of people in SSA.*
- *About 60 % of people under the poverty line (source) in SSA.*
- *Some women turn to sex industry to earn money to support their families, thereby putting themselves at further risk of infection.*
- *Due to high levels of unemployment, families are forced to live apart, and this can lead to men using the sex trade, getting infected, and subsequently infecting their wives.*
- *Unsubsidised cost of antiviral medicine (US\$400–\$700) means that many people cannot afford to access them.*
- *Many families cannot send children to secondary school as they need them to be engaged in paid employment, resulting in a lack of knowledge about HIV.*
- *Young people do not receive the appropriate warnings about HIV infection and safe sex practices / cycles of poverty and spread of aids continue hand in hand.*

(2) Political

- *Influenced by political factor because governments of countries in SSA are starting to realise the need for policies to prevent and treat HIV spread. Some are exploring subsidies for retro-viral drugs.*
- *Potential for people to become resistant to the retroviral drugs.*
- *SSA governments are more likely to focus on trade and debt, rather than dealing with poor health and education levels.*
- *Many SSA countries are so far in debt that they have to pay their debt two times over because of the amount of interest they are required to pay. Many of these countries cannot afford to put the required money into improving the life chances of their citizens.*
- *Little evidence of countries in SSA following the Human Rights Act, whereby all people are equal. In SA, around 59 % of those living with HIV Aids are female. The incidence of young people affected is even greater. According to AVERT, young women make up around 59 % of those living with aids in SSA (Avert 2011).*
- *The foundations of the majority of countries in SSA are based on male dominance – where it is the woman’s role to be submissive and allow the male to decide what is best for her. It could be difficult for a woman to break away from behaviours that are contributing to the change and they will contract HIV.*

Note: Other major determinants include cultural and environmental.

(c)

TWO strategies to bring about more equitable outcomes for those affected by the named health issue (HIV Aids in Sub-Saharan Africa), eg:

- (1) Make treatment of HIV a major focus for the United Nations over the next five years.
- (2) Develop government infrastructure to provide incentives for international companies to set up businesses in SSA to help break the cycle of poverty.

For EACH strategy, discusses how the two major determinants of health from (b) impact on people's well-being, how the strategy will address the TWO major determinants of health from (b) influencing the issue, how outcomes for those affected by the named health issue will be more equitable, supported with detailed evidence, eg:

(1) *Make treatment of HIV a major focus for United Nations over the next five years.*

- *Despite the AIDs epidemic diminishing worldwide, not only for those in developed countries, but also within SSA, the ongoing impact of HIV Aids is still huge. Making sure the treatment of HIV becomes a major focus at a United Nations summit, and all countries make the prevention of HIV / Aids in SSA a focus for the next five years should help to bring about more equitable outcomes for those affected by HIV / Aids.*

Governments of all countries should wipe out the debt that SSA owes entirely, so that the countries and people in them have the opportunity to rebuild the wealth that has been eliminated due to the crippling economic and human toll of HIV / Aids. This kind of collective approach would not only mean that those countries who are owed money by SSA, but others as well, contribute fairly so that the burden of eliminating the debt is shared by all countries evenly (taking into account the wealth of each individual country).

The focus for the governments of SSA could then be directed towards improving the standard of living and improving the life chances of those living with HIV / Aids, rather than having to worry about their ever increasing debt. Improvements in the well-being of citizens requires more equality in access to medical care and ARV drugs, so that they do not have to live with the physical and mental and emotional trauma of HIV. Families of the sufferers will not have to give up work to care for their sick relatives, but will be able to continue to be productive citizens, and thereby improve the level of living of SSA as a whole. The sufferers of HIV will not have to deal with the stigma and discrimination of HIV, but will be able to access ARV drugs that ensure they have the best chance of surviving this disease.

First World governments could also provide funding so that people have equal opportunities to access education that could be provided for people within communities to prevent the spread of HIV / Aids. Funding could provide training and health resourcing, so that those who have been made sick by the disease can be cared for in hospitals, thereby less resourcing would be required in terms of lots of individuals looking after family members, and instead, they could be employed and creating wealth to provide for their own needs, all the while improving the overall wealth of SSA as a country.

Countries whose pharmaceutical companies make huge profits from supplying anti-retroviral drugs, could have their governments set policies where a percentage of the profits were used to subsidise the drugs in countries with high poverty levels such as SSA. Governments from those countries that presently manufacture the ARV drugs could develop policies to ensure that the drug company patents on anti-retroviral drugs were not valid in third world countries, so the drugs could be made a lot more cheaply, thereby ensuring that there is more equitable access to the drugs for the people living in poorer countries, rather than the subsidies only being accessible to countries that are wealthy enough to afford this. This would mean more equitable outcomes for those whose well-being and quality of life have been impacted by the HIV virus, as the various governments of SSA would have the capacity to improve the infrastructure and services, such as schools and medical facilities within SSA, and also to provide more monetary support for those struggling to survive and having to live in poverty. Where debt was wiped in Tanzania, the government was then able to provide free primary education. This led to a 75 % increase in attendance (makepovertyhistory.org), thereby allowing all the ability to access education, which in turn helps to create a society where more equitable outcomes are provided for all.

SSA Governments would be able to provide subsidies for medication and medical services, and education, which in turn will allow individuals and

communities the resources to help fight the effects of HIV / Aids. This is already happening in a number of countries and has proven to be very effective in controlling the HIV / Aids virus.

With the improved financial state of SSA countries, governments would then start to be able to create a plan to work towards becoming more productive as countries again, and to ensure that those living within SSA countries enjoy a quality of life that is closer to that in other more affluent countries that have not suffered as harshly from the effects of HIV / AIDS.

Other ideas for strategies that could be used to include economic and political determinants, eg:

- SSA Governments could develop their infrastructure to provide incentives for international companies to set up businesses in SSA to help break the cycle of poverty.*
- SSA Governments could help to set-up taskforce groups that include people from individual communities in SSA, who are experts in health, education, and industry. They could work together with individual communities to develop action plans to increase education opportunities, health care resourcing, and the availability of the general necessities of life, which would then initiate sustainable differences to empower and include members of the communities themselves, and to involve them in the decision-making.*
- Governments of all countries could support, both financially and through policy, the World Health Organisation strategies in relation to eradicating paediatric HIV. This will mean that undeveloped countries can mirror the success of what has happened in developed countries where paediatric HIV has nearly been eliminated through a number of measures, such as antiretroviral drugs for pregnant women, PMTCT (Preventing Mother to Child Transmission), and infant feeding.*
- SSA Governments could prioritise the treatment of HIV / Aids in their domestic expenditure on health (domestic financing is necessary to ensure that there is sustainability in dealing with HIV / Aids). SSA Governments often reduce their spending on health in response to receiving large amounts of development assistance for health, but it is vital that sustainability and self-sufficiency in the health sector is encouraged so that the governments of SSA countries are well-equipped to deal with HIV / AIDS epidemics, even if donor funding dries out. Currently, around 80 % of funding for HIV / AIDS programmes in SSA is from donor governments (www.avert.org/hiv-and-aids-africa.htm).*