

Exam INTHE4019

Autumn 2024

Sensor guidance

The exam consists of six parts (12 questions) reflecting the topics in the six weeks of lecturing and seminars: Disease Prevention and Health Promotion. Health and the Environment, Health and the Environment, Drugs, Pharmaceuticals, and Medicines. Health System and Interventions, Migration and Health and Metrics and Evidence.

Each part has two questions and the candidates will answer only one question from each part (six questions in total). There are no upper- or lower-word number restrictions, but the candidates must answer in a thorough manner. All questions will be weighted equally.

The students need to pass four out of the six questions to pass the exam.

Part I: Disease Prevention and Health Promotion

The answers should demonstrate a thorough understanding of key themes, including the concepts of disease prevention and health promotion. This includes a focus on modifiable risk factors for noncommunicable diseases (NCDs), such as tobacco use, physical inactivity, unhealthy diets, and the harmful use of alcohol. The candidate should also have a strong understanding of population-based interventions, particularly the "best buys", other recommended strategies for the prevention and control of NCDs and global targets for disease prevention and reduction.

In addition, the candidate should be knowledgeable about the roles played by both healthcare and non-healthcare sectors—such as communities, schools, the food industry, and urban planning initiatives like "healthy towns"—in disease prevention and health promotion. They should also demonstrate an understanding of how major community actors contribute to disease prevention and the promotion of public health strategies at the local level.

Part II. Health and the Environment

The answer should demonstrate an understanding of the broad spectrum of what “environment” means, and how changes in the environment affect health, outlining some of the pathways between climate heating/climate change and health, and/or between environmental pollution and health. In addition, the candidate should demonstrate an understanding of unequal exposures and how factors such as class, race, gender shape vulnerability, as well as how people living in Global North/Global South may be differentially vulnerable. Hence, the answer should discuss how the health effects of climate change and environmental pollution are distributed unevenly.

For question 2, the candidate should demonstrate a knowledge of how exposure to pollution can affect health; the actors and institutions that may clarify or obfuscate issues of scientific evidence and exposure; and the tools and techniques of “citizen science” or “popular epidemiology”.

Part III: Drugs, Pharmaceutical Medicines

Q1: The answer should demonstrate a clear understanding of the difference between prohibitionist and harm reduction approaches and their effects on community health. Prohibition builds on criminalizing and policing of the entire commodity chain of illicit drugs (production, trade/trafficking, sale, consumption). Key word: war on drugs. Aim: reduce availability of drug, overall consumption; prevention through criminalization. Problems: criminal markets, harm to communities due to impure drugs, violence, incarceration, inadequate knowledge. Harm reduction: Based on assumption that community members will use drugs. Aim reducing harm through spread of knowledge, testing drugs, providing clean tools. Shifting framework from law enforcement to health. Parameters of harm reduction: purity, dosage, route of administration, set, setting. Prevention through knowledge. Problem: Can be at odds with moral and legal frameworks (supporting deviant behavior).

Q2: The answer should demonstrate a clear understanding of pharmaceuticalization as the increasing use of pharmaceuticals for minor and new ailments. Mention the increasing power of pharmaceutical companies (Big Pharma) and their influence on biomedicine. Displacement of other forms of health care by pharmaceuticals. Students should elaborate on one example. Ideally link answer to medicalization: increasing reach of biomedicine onto areas of life previously outside of medicine. Reflect on the ambivalence of pharmaceuticalization: More help for novel forms of suffering. Invention of disorders for commercial interests.

Part IV: Health Systems and Interventions

- 1) Health systems are intricate networks composed of multiple factors and stakeholders that interact dynamically over time. Healthcare financing plays a key role, but the question remains: If we improve healthcare financing, will everyone achieve the same health status? What's your stance on this issue? Consider the role of social, economic, and environmental factors in shaping health outcomes beyond financing.

Guideline for a sensor: In this question, students should reflect that improving healthcare financing is undoubtedly important for enhancing access to services, reducing out-of-pocket costs, and improving the overall efficiency of health systems. However, even with optimized healthcare financing, achieving equitable health outcomes for all is far from guaranteed. Health outcomes are shaped by a complex interplay of factors beyond financing, including structural, social, and environmental determinants of health. In essence, while healthcare financing is a crucial lever in improving health systems, it cannot alone address the myriad factors influencing health outcomes. For equitable health for all, we must simultaneously address the social, structural, and environmental determinants that shape health beyond healthcare delivery. Only then can we reduce health disparities and achieve more comprehensive and lasting health equity.

- 2) Universal Health Coverage (UHC) is a key goal for many nations, aimed at ensuring health and well-being for all. How does UHC advance health equity, and what challenges hinder its implementation? Use your knowledge, explain the principles of UHC, and address the equity challenges involved by employing an illustrative example.

Guideline for a sensor: Universal Health Coverage (UHC) aims to ensure that all individuals and communities receive the health services they need without suffering financial hardship. It is guided by three core principles: access to essential health services, financial protection, and equity in health outcomes. By prioritizing these, UHC can significantly advance health equity, particularly by addressing disparities in health access and outcomes across different socio-economic and demographic groups. Students should name an illustrative example supporting their argument, and that will depend on their reading. In essence, UHC is a powerful mechanism for promoting health equity, but its implementation is complex and context-specific. The principles of access, financial protection, and targeting vulnerable populations are essential for advancing equity, but challenges such as resource limitations, political barriers, and workforce distribution need to be addressed to achieve its full potential.

Part V: Migration and Health

Q1: The students are expected to describe 4-5 phases of migration: pre-departure, travel, interception, destination (and return), and explain some of the risks in these phases for displaced populations, and should mention mental and maternal health, as well as violence in travel and interception phases, as well as infectious diseases. Most emphasis can be on the phases of mobility and less on pre-departure and destination.

Q2: The student should describe in a clear way how legal status is the foundational principle for access to health services in most settings. Some of the ways in which unclear legal status challenges access to good quality services include lack of rights, fear of deportability, lack of continuity of care, as well as discrimination. Some of these should be mentioned.

Part VI. Metrics and Evidence

Question 1: Student should be able to demonstrate the awareness and understanding of at least some potential uses of burden-of-disease data. Students may describe how burden-of-disease data both can help understand the magnitude of problems and help guide priorities for policy/solutions/action/interventions. Students should highlight that the latter role is more indirect and calls for consideration of additional factors that may affect the ranking of problems in terms of importance and that was highlighted in the lecture/seminar include: changing threats of the disease, Inequalities, Severity of disease, Intervention effectiveness, and cost.

Question 2: The student is expected to discuss; The challenges of generating quality evidence for HIV pandemic in relation to epidemic type (generalized -Eswatini and concentrated-Norway), country economy and presence of efficient surveillance system, How the differences in the accuracy of evidence between the two countries affect quality of recommendations, How the quality of recommendations affect the impact of effort to fight the pandemic comparing the two countries and Discuss also how important it is for a low income country to generate accurate evidence to ensure cost effectiveness use of scarce resources available