

UNIVERSITY OF SWAZILAND

MAIN EXAMINATION PAPER 2013/ 2014

TITLE OF PAPER: ACADEMIC COMMUNICATION SKILLS: ENGLISH FOR
ACADEMIC PURPOSES (EAP)

COURSE NUMBER: ACS 102

TIME ALLOWED: 2 HOURS

INSTRUCTIONS: **1. Write the name of your Faculty and Programme at the top of the cover of the answer folder.**

2. Answer both questions.

THIS EXAMINATION PAPER CONSISTS OF NINE (9) PAGES INCLUDING THE
COVER PAGE

THIS EXAMINATION PAPER IS NOT TO BE OPENED UNTIL PERMISSION IS
GIVEN BY THE INVIGILATOR

QUESTION 1

Reading Comprehension

50 marks

Instructions: Read the passage below and answer the questions that follow.

AIDS TAKES HEAVIER TOLL ON MEN**A new study explains why the survival of HIV-positive women is higher than that of men**

1. Men using antiretroviral are more likely to die than women using the same medication, according to research published in the latest edition of a leading international medical journal. Findings that appeared in *PLOS Medicine* suggest the gender differences in deaths of people on antiretroviral in South Africa are not related to the HI virus. The study which analyzed data from about 46200 adults who started antiretroviral treatment between 2002 and 2009, found that the gender differences in the death rates of South Africans on antiretroviral programmes were smaller than those in the HIV negative population.
2. Several international studies, including the *PLOS* study, have highlighted that males on HIV treatment are almost a third more likely to die rather than females. Such research has concluded that men with HIV generally access antiretroviral at a later stage of their disease than women, making them more vulnerable to death. They are also more likely to leave antiretroviral programmes than female patients and this affects survival rates because patients have to take antiretroviral for the rest of their lives for the drugs to be effective.
3. In addition, significantly fewer men than women access antiretroviral. In South Africa, for instance, about 55% of HIV infected people are women, yet more than two-thirds of patients receiving public sector antiretroviral are female. Some researchers believe that the reason for HIV positive men's higher death rate is their "bad health seeking behaviour" – they choose to access healthcare late or not at all. One study published in the *AIDS Care* in 2010, noted that the fathers of HIV infected

3

men often negatively influence their sentiments about antiretroviral treatment, but no such profound influence was seen in fathers and their HIV positive daughters.

4. According to the *PLOS* study's lead researcher, Morna Cornell, the answer is far more likely to lie in factors that pertain to the general male population. "In our study, HIV positive men's health seeking behaviour patterns alone could not fully explain their higher death rate. We were devastated to find that the difference in mortality rates for men and women in the HIV negative South African population was bigger. I don't think it's a case of men not wanting to use health services. I think it has something to do with the way men are being treated, rather than men being responsible for their own mortality," Cornell said. "It is not only in Africa that more HIV negative men die than women. According to a recent study in the *Journal of Epidemiology and Community Health*, men in the richest fifth of the world are twice as likely to die as women. Without fail, men have an increased mortality, yet in some ways we've become blind to gender inequities pertaining to men because it's unpopular to argue for men's rights, its often perceived as arguing 'against' or 'undermining' women's rights. It's like the elephant in the room," Cornell said.
5. A study published earlier this year in the journal *AIDS* reviewed the mortality risk of men and women on antiretroviral and once again confirmed that men face an increased risk of death. It warned that the study "should not be used to argue in favour of men's rights, but rather to promote equal access to treatment and care, regardless of gender". Cornell said she was concerned that "such a message creates the impression that, because it is about men, we fail to apply the same kind of objective, rational critique to the situation, we see men and women as opposing populations and I don't know why."
6. Studies have shown that African men are generally more "mobile" than women, resulting in them spending more time away from their families and healthcare facilities while looking for jobs or taking up employment. Organisations including the United Nations have argued that African health services are mostly women-orientated, focusing on maternal and child health. This gives women more opportunities to access healthcare services, including HIV testing and treatment,

4

because they are more frequently in contact with clinics and hospitals, for example, when they take babies for immunization.

7. Men are also more likely to die in car accidents, from violence, or tuberculosis not related to HIV. Cornell argued that these assumptions might help to explain why men die sooner and access healthcare less frequently than women, but “they don’t paint the full picture and need to be explored further if we want to intervene to reduce gender differences in death”. Despite evidence of gender inequality in access to drugs for HIV, most antiretroviral related policies and programmes in Africa are still blind to men. “For example, nowhere in the UNAIDS epidemic updates or country progress reports is men’s access to antiretroviral treatment identified as a gap and prioritized for urgent action,” Cornell said.

“South Africa has a detailed strategic plan to address HIV. Yet, despite mounting evidence that men are at a distinct disadvantage in the roll out of antiretroviral, the plan does not identify male access as a gap or plan to address it.”

Ref.: Malan, M (2012) *AIDS takes heavier toll on men*: Supplement to the Mail & Guardian, October 26 to November 1, 2012 page 1.

Questions

50 marks

Reading comprehension questions on the passage: **AIDS Takes Heavier Toll on Men.**

1. Provide another title to this passage. In one sentence, give ONE reason for your answer.

(5)

2. Do you agree that “bad health – seeking behaviour” clearly explains why there has been a “heavier toll on men”? Give one reason for your answer. (8)

3. List the sources listed in the passage by the writer in discussing the issue of HIV infection. Why is it important for the writer to have cited these sources? (8)

4. In your own words, explain what you understand the writer to be saying in the last paragraph. (6)

5. Explain each of the following expressions as used in the passage:

- a. gender differences
- b. significantly fewer men
- c. objective, rational critiques
- d. paints the full picture
- e. epidemic updates

(15)

6. What do you think can be done to reduce the mortality rate in men? Give one reason for your opinion. (8)

QUESTION 2**SUMMARY**

50 marks

Read the following passage carefully and in not more than 250 words write a summary focusing on the main ideas raised in the passage. The summary must be in your own words, lifting sentences from the passage is not permissible and you will lose marks.

Vaccine Delivery: Strategy Overview

Vaccines save millions of lives a year and are among the most cost-effective health interventions ever developed. Immunization has led to the eradication of smallpox, a 74 percent reduction in childhood deaths from measles over the past decade, and the near-eradication of polio.

Despite these great strides, there remains an urgent need to reach all children with life-saving vaccines. One in five children worldwide does not receive even the most basic vaccines. As a result, an estimated 1.5 million children die each year—one every 20 seconds—from vaccine-preventable diseases such as diarrhea and pneumonia. Tens of thousands of other children suffer from severe or permanently disabling illnesses.

Vaccines are often expensive for the world's poorest countries, and supply shortages and a lack of trained health workers are often challenges as well. Unreliable transportation systems and storage facilities also make it difficult to preserve high-quality vaccines that require refrigeration.

Global immunization coverage has never been higher. More than 100 million children are immunized each year against tuberculosis, polio, measles, diphtheria, tetanus, pertussis, hepatitis B, Haemophilus influenzae type B, and, in some countries, yellow fever. These vaccines save an estimated 2.5 million lives each year.

The benefits of vaccines go beyond protecting children from disease. One recent study in the Philippines showed that children who received vaccines were not just healthier throughout childhood but also scored significantly higher on language, math, and verbal reasoning tests.

7

Nearly 200 countries around the globe have endorsed a shared vision—known as the Decade of Vaccines—to extend the benefits of vaccines to every person by 2020 and thereby save more than 20 million lives. The eradication of polio is an early and important priority. This international collaboration has generated the Global Vaccine Action Plan (GVAP), a roadmap for extending the delivery of a basic package of vaccines, making vaccines that are available in richer countries accessible in the developing world, and supporting vaccine research and development.

At the Bill & Melinda Gates Foundation, all of our investments in vaccines and immunization contribute to the goals of the Decade of Vaccines. As one entity within the greater vaccine community—which includes national governments, other donors, international organizations, the private sector, academia, civil society organizations, faith-based organizations, and local communities—we are working to ensure that existing life-saving vaccines are introduced into countries where people need them most, and we support the innovation needed to develop new vaccines and delivery technologies and approaches.

Ultimately, all of our vaccine-related work depends on strong systems within countries. We therefore invest in partners whose programs strengthen and provide support for these systems; such partners include the World Health Organization (WHO), UNICEF, the GAVI Alliance, and civil society organizations.

We also invest in tools and research, including initiatives to improve the collection and analysis of vaccine-related data, measure the progress of vaccination efforts, and develop new diagnostic tools to help health workers assess immunity to disease.

Strengthening supply chains and logistics is another priority. We support the development of new tools and approaches that can help countries improve the transportation, delivery, and management of vaccines. This is particularly crucial as countries prepare to deliver newer, more expensive vaccines to a greater number of people. Many vaccines are temperature-sensitive and require special storage, transport, and handling to be delivered safely and effectively.

In the area of routine immunization, we believe that measles control deserves greater attention. We advocate for stronger routine systems to deliver the measles vaccine along with well-planned and well-run education campaigns. We focus particular attention on selected

countries—including India, Nigeria, and Ethiopia—that have large numbers of unvaccinated children and where we have strong relationships with governments and a wide range of other investments.

In India, our strongest focus is in the states of Bihar and Uttar Pradesh. In Bihar, we are building on successful efforts to increase immunization coverage and are supporting programs to test and evaluate a variety of innovations, including technologies for vaccine registration, tracking, and mapping. We also invest in new ways to generate demand for and awareness of immunizations among healthcare providers and families.

One of our most important collaborations is with the GAVI Alliance, a global public-private partnership of scientists, health experts, government leaders, businesspeople, and philanthropic organizations whose goal is to vaccinate all the world's children. GAVI provides funding to buy vaccines for and provide technical support to countries with the greatest needs. Since 1999, the foundation has committed US\$2.5 billion to the GAVI Alliance.

GAVI is helping countries introduce vaccines against pneumococcal disease and rotavirus, the main causes of pneumonia and severe diarrhea, respectively. These are among the leading causes of child deaths in developing countries. GAVI also supports pilot projects to plan for the introduction of the HPV vaccine, which helps protect against cervical cancer, a leading cause of cancer-related mortality among women in developing countries.

Historically, it has taken as long as 15 to 20 years for vaccines available in wealthier countries to make their way to the world's poorest nations. That timeframe is shortening, in part due to GAVI's work with industry, which has helped bring down the price of vaccines.

To get the most promising new vaccines to the people who need them, we participate in innovative partnerships that span the continuum from discovery to development to delivery. For example, we supported a major partnership between PATH, WHO, the Serum Institute of India, and African governments to develop an affordable vaccine to prevent meningitis A. MenAfriVac is the first vaccine designed specifically for use in Africa, and within a year of its introduction it led to a dramatic drop in meningitis A infections. Promising vaccines to prevent malaria and dengue are currently in late-stage development and could have a major impact in the fight against those diseases.

9

The foundation also invests in research and development to improve existing vaccines. Improvements include the use of new adjuvants that strengthen immune response and could reduce the amount of antigen needed per dose, thereby lowering the cost of immunizations. Other improvements reduce the number of doses required and make vaccines easier to administer. We also support research to simplify vaccine delivery through innovations such as needle-free delivery systems and heat-stabilized vaccines that don't require refrigeration.

Along with supply and demand, price is a critical element in the successful launch and sustainable use of any new vaccine. Without a clear idea of the demand for a vaccine and how it might be delivered, manufacturers have little incentive to invest in product development and manufacturing. We are addressing this challenge by working with private industry on innovative, market-based financing mechanisms to ensure that vaccines are developed at the lowest possible cost.

These financing mechanisms have lowered prices for rotavirus and pneumococcal vaccines as well as pentavalent vaccine, which protects against five deadly diseases through one injection. We are working to ensure sufficient supplies of these vaccines to meet the demand from countries around the world.

New competition will also make vaccines more affordable. We support development of manufacturing facilities and new entrants to the marketplace to ensure that quality vaccines can be produced in sufficient quantities and at a lower cost. Vaccine manufacturers in Brazil, India, and China have steadily increased the quality of their products and will help bring prices down internationally.

1213 words

Adapted from <http://www.gatesfoundation.org/What-We-Do/Global-Development/Vaccine-Delivery>