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Mark Scheme (Results)

June 2026

Pearson Edexcel International A Level in Geography

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General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

Question number	Answer **Evaluate the extent to which magnitude is the most important factor in explaining the impacts of tectonic disasters.**	Mark
1	• **Research the physical characteristics, including magnitude, and the socio-economic factors that influence tectonic disaster impacts.** • **Research a range of locations to examine why some places are more affected by the impacts of tectonic disasters than others.**	
	Indicative content This question focuses on assessing the relative importance of magnitude, in understanding the impacts of tectonic disasters, while also considering the influence of 'other' factors on those impacts. The **framework** chosen may be by the following • **Type of tectonic hazard** – one section on earthquakes of varying magnitudes, one on volcanic eruptions, one on tsunamis • **A comparative** case study framework by **c**hoosing multiple tectonic disaster case studies and comparing the impacts and causes • **By physical processes** (geological and physical aspects of tectonic disasters) vs human processes (the social, economic, and political dimensions affecting disaster impacts) **Key analytical Points** • Tectonic disasters, including earthquakes, volcanic eruptions, and tsunamis, result from complex interactions between physical processes and human factors. • Physical processes, such as plate movements, fault activity, and magma dynamics, play a fundamental role in determining the nature and magnitude of these events. • A key factor is the type of plate boundary, as this then determines the processes that create tectonic hazard risks. • Destructive (convergent) plate boundaries generate larger magnitude volcanic eruptions than constructive (divergent) boundaries due to the subduction of old oceanic lithosphere into the mantle. • This process produces andesitic lava with higher silica content and volatile gases, leading to more violent eruptions compared to the more basic magma found at constructive plate margins, resulting in more violent eruptions in the Philippines than in Iceland or Hawaii. • Volcanoes at island arcs often involve partial wet melts. As water-bearing sediments are subducted into the mantle, rising temperatures release water, increasing volatile content and the scale of hazard events, as seen in Montserrat.	60

- Mount Merapi's tectonic setting produces viscous, gas-trapping lava that generates explosive eruptions and dangerous pyroclastic flows capable of travelling rapidly down slopes and covering large distances.
- Thus, the combination of lava type and tectonic activity at Mount Merapi greatly increases the risk associated with its eruptions.
- Physical processes are also important in explaining the nature and impacts of earthquakes.
- The magnitude of an earthquake directly correlates with its potential for destruction, as larger earthquakes release more energy, resulting in greater ground shaking and damage. Additionally, the depth of an earthquake affects its impact; shallow earthquakes (less than 70 km deep) generally cause more severe surface shaking than deeper ones.
- Earthquakes occur primarily along tectonic plate boundaries, where plates interact in various ways.
- Destructive boundaries, particularly at subduction zones, lead to powerful earthquakes (2011 Tohoku earthquake in Japan), where one plate is forced beneath another. In contrast, earthquakes along constructive boundaries, typically found at mid-ocean ridges, are generally less intense.
- Conservative boundaries, exemplified by the San Andreas Fault, produce strike-slip faults that result in horizontal movement, which can cause significant damage in populated areas, as demonstrated by the 1906 San Francisco earthquake.
- Earthquakes can also trigger secondary hazards, such as tsunamis, landslides, and liquefaction, which exacerbate their impacts. For instance, the 2004 Indian Ocean earthquake generated a devastating tsunami that caused more casualties and destruction than the earthquake itself.
- Human factors can, however, increase or decrease the impact through hazard management.
- Volcano locations are well established and monitoring equipment is portable, meaning impacts are often less severe than the hazards (lava flows, pyroclastic flows, ash falls, gas eruptions, and secondary hazards such as lahars and jökulhlaups) would suggest.
- The population density of the surrounding area can also be a significant factor in explaining the impacts of volcanic eruptions.
- Impacts can therefore be amplified through poor management or reduced through effective management.
- Governance capacity often determines impacts more than magnitude. The 2010 Haiti earthquake (7.0) killed over 220,000 due to weak building codes and poor emergency planning, while Chile's 8.8 earthquake the same year caused only 500 deaths thanks to strict construction regulations and effective warning systems. This 500-fold power difference but reversed death toll demonstrates that strong governance, enforced safety standards, and disaster preparedness can mitigate even powerful events, whereas institutional failures amplify moderate ones into catastrophes.
- For very high-magnitude tectonic events, such as the 2011 Tōhoku earthquake and tsunami and the 2004 Indian Ocean earthquake and tsunami, it can be argued that even excellent preparation cannot prevent severe impacts. The sheer scale of the physical processes may overwhelm warning systems, engineering, and emergency response. In contrast, many high-VEI volcanic eruptions result in relatively few deaths

	because accurate monitoring, prediction, and evacuation are often possible. • Development and governance are important influences on vulnerability. Lower-income countries, or those with weak governance and high corruption, often experience greater losses due to poor infrastructure, limited preparedness, and slower emergency response. Examples include the 2005 Kashmir earthquake, 2003 Bam earthquake, the 2023 Turkey–Syria earthquakes, and eruptions of Mount Nyiragongo. However, this explanation is overly simplistic, as disaster impacts result from a complex interaction of hazard characteristics, exposure, vulnerability, and governance rather than development alone. • Since some level of management is possible for all tectonic hazards, large human or economic losses could be viewed as evidence of management failure. However, this judgement should be qualified. The effectiveness of management depends on factors such as hazard type, event magnitude, available resources, governance, and whether the hazard can be accurately predicted. Therefore, while poor management can increase losses, even highly effective management cannot completely eliminate impacts from the largest tectonic events. • Overall, the key factor in affecting impacts is the type of plate margin, but these impacts may be amplified by other contextual factors, both physical and human. **In summary** Magnitude and physical processes are vital in explaining the impacts of tectonic disasters, as they determine the type, and depth of events like earthquakes and volcanic eruptions. These factors influence the severity of hazards and can lead to secondary effects. However, human factors, such as socioeconomic vulnerability, preparedness, and governance, also play a significant role in shaping the impacts on communities. **Case studies** used are likely to include: • **2004 Indian Ocean Tsunami**, 2004 • **Iceland – Eyjafjallajökull**- 2010 • **Haiti Earthquake**, 2010 • **Pakistan Earthquake**, 2013 • **Nepal Earthquake**, 2015 • **Japanese Tohoku Tsunami**, 2011 • **Mount Merapi Eruptions,** October 2010 • **Türkiye and Syria Earthquake,** 2023 • **Montserrat** 1995 to 2000,	

Question number	Answer **The Green and Gene farming revolutions are the most successful strategies in improving food security both locally and globally'. Discuss**	Mark
2	• **Research different management strategies aiming to improve food security, including the Green and Gene farming revolutions.** • **Research a range of locations to examine the effectiveness of different management strategies on local and global food security.**	
	Indicative content **The focus of this title is the extent to which hi-tech solutions are the most successful strategies for improving food security. This question aims to evaluate whether the Green**	**60**

Revolution and genetic modification represent the most effective approaches to enhancing food security both locally and globally by examining their environmental, socioeconomic, and ethical impacts compared to alternative strategies.

The framework chosen may be by the following.

- **Thematic Approach by comparing the Green and Gene Revolutions with other food security strategies (e.g. sustainable farming, food aid) to discuss which are most successful.**
- **Regional/Case Study Approach by focusing on the impact of Green and Gene Revolutions in different regions (e.g. South Asia vs. Sub-Saharan Africa) to discuss local and global success.**
- **Chronological Approach by exploring the historical development of food security strategies over time, from traditional farming to Green and Gene Revolutions and beyond**

Key analytical points

- **Food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life' (UN FAO definition)**
- **Food insecurity affects around 2.4 billion people worldwide.**
- **The Green Revolution and genetic modification (GM) have played significant roles in modern agriculture.**
- **Their primary aim has been to enhance food security by increasing crop yields, improving nutritional quality, and providing resistance to pests and diseases.**
- **The Green Revolution's introduction of high-yielding crop varieties and modern agricultural practices substantially increased food production, particularly in developing countries like India. Notably, maize, wheat, and rice production nearly doubled between the 1960s and 1990s, though the impact was less significant for African staple crops.**
- **The International Rice Research Institute (IRRI) in the Philippines developed high-yielding rice varieties such as IR8, which played a crucial role in increasing rice production in the country and across Asia. The improved varieties, along with modern farming practices, helped alleviate hunger and improve food security.**
- **Yet, intensive use of chemical fertilizers, pesticides, and irrigation associated with the Green Revolution has led to soil degradation, water pollution, and loss of biodiversity. These environmental issues can undermine the sustainability of agricultural practices for future food security. Particularly for developing countries.**
- **Regions that adopted Green Revolution technologies experienced economic growth, higher agricultural incomes, and reduced poverty levels. However, the benefits have not been evenly distributed.**
- **Smallholder farmers often face difficulties accessing the resources needed to adopt** these technologies, The high cost of seeds, pesticides, and fertilizers has led to significant socioeconomic issues, including rural indebtedness and the increasing concentration of land ownership in the hands of landlords.
- GM crops are engineered to withstand environmental stresses such as drought, salinity, and extreme temperatures, helping to ensure food security in regions affected by climate change.

- Traits such as pest resistance, herbicide tolerance, and improved nutritional content have been developed in GM crops, like Bt cotton and Golden Rice. However, ongoing debates exist around ethical implications and potential long-term health impacts, despite scientific consensus on their safety.
- Increased crop production from GM crops has contributed to greater food availability, reducing hunger and malnutrition worldwide. However, the primary beneficiaries of GM crop development have been large-scale US corporate agribusinesses and seed companies
- The Second Green Revolution uses advanced, sustainable farming methods to boost crop yields and fight climate change. It helps ensure global food security by increasing food production while protecting the environment and supporting small farmers.
- The Alliance for a Green Revolution in Africa (AGRA) aimed to boost food production and reduce hunger through modern farming inputs like improved seeds and fertilizers. However, it has faced criticism for failing to significantly increase yields or reduce poverty. Many small farmers were left in debt, soil health declined, and local seed diversity was threatened. Critics argue AGRA promoted industrial farming models unsuited to Africa's diverse needs, highlighting the need for more sustainable, farmer-led approaches.
- Improving food security does not rely solely on increasing agricultural production. Government policies such as food, fuel and farm subsidies can improve access to food for low-income groups. For example, India's subsidised food distribution system and the Supplemental Nutrition Assistance Program (SNAP) in the USA reduce food insecurity by making food more affordable.
- Food aid also plays an important role, particularly during emergencies and in fragile states. Organisations such as the World Food Programme (WFP) provide both short-term emergency relief and longer-term support where chronic food insecurity persists. However, aid does not address the underlying causes of food insecurity and can create dependency if relied upon for long periods.
- Alternative farming approaches can improve food security without relying on the Green Revolution or GM crops. Techniques such as drip irrigation, water conservation methods (e.g. 'magic stones'), intercropping and permaculture increase yields while conserving water and soil. However, these approaches may be difficult to scale up or may not produce sufficient yields to meet rapidly growing food demand.
- Reducing post-harvest losses is another effective strategy. Improved storage facilities, including low-cost sealed grain bins and vermin-proof storage, reduce spoilage and pest damage, increasing food availability without expanding agricultural production.
- The effectiveness of GM crops is also limited by political, economic and social factors. GM cultivation has been restricted or banned in some countries due to environmental, ethical and consumer concerns. In addition, relatively little research has focused on developing GM varieties of staple crops such as millet and chickpeas, which are important food sources in parts of Africa. This limits the potential of GM technology to improve food security in some of the regions where it is most needed.

In summary

	While the Green Revolution and GM crops achieved significant production increases in certain regions like South Asia, they cannot be considered the most successful strategies for improving food security locally and globally. Their environmental degradation, socioeconomic inequalities, and geographic limitations demonstrate that alternative approaches such as agroecology, governance reform, and social protection often prove more effective at addressing the root causes of food insecurity, particularly access and equity **Case studies are likely to include:** • **South Africa,** Soybeans and cotton • **USA,** Soybeans and Maize • **Mexico,** Wheat production • **Philippines,** IR8	

Question number	Answer **'In a globalised world, TNCs are the most serious threat to the survival of indigenous cultures and cultural landscapes.' Discuss.**	Mark
3	• **Research the threats facing indigenous cultures and cultural landscapes from the impacts of globalisation.** • **Research a range of locations to examine the impact of different players, including TNCs, on indigenous cultures and cultural landscapes.**	
	Indicative content **The focus** of this title is the extent to which TNCs represent the most serious threat to indigenous cultures and cultural landscapes in a globalised world. This question aims to discuss the cultural and environmental impacts of TNC operations by examining both their effects and potential counterarguments regarding cultural adaptation and economic benefits **The framework** chosen may be by the following. • Case studies of different indigenous communities – a place-by-place approach examining the Maasai in Kenya, Aboriginal Australians, Amazonian tribes in Brazil, and Inuit populations in Canada to assess varied TNC impacts. • Types of TNC threat – a thematic account analysing cultural erosion through commodification and tourism, landscape destruction through resource extraction, and economic dependency versus empowerment through TNC employment. **Key analytical points** • The concepts of 'indigenous cultures' and 'cultural landscapes' should be defined. Indigenous cultures refer to communities with distinctive identities, traditions and	**60**

languages closely linked to ancestral lands. Cultural landscapes are environments shaped through long-term interaction between people and nature. Candidates should also consider how to judge the 'most serious threat', for example by considering scale, permanence, geographical extent and reversibility.

- TNCs can directly threaten indigenous cultures through resource extraction, including mining, logging, oil and gas development and commercial agriculture. These activities may destroy sacred sites, displace communities and reduce access to traditional hunting, fishing or farming areas. Examples include the Amazon Rainforest, Alberta Oil Sands, Ok Tedi Mine and palm oil expansion in Borneo.
- Global consumer brands contribute to cultural homogenisation, spreading similar products, lifestyles and values across the world. Companies such as McDonald's and Starbucks may weaken local food traditions and encourage more standardised global consumer culture. Similarly, local crafts and traditional industries may struggle to compete with mass-produced goods supplied by TNCs.
- TNC investment can transform cultural landscapes through urbanisation, industrial infrastructure and environmental degradation. Roads, pipelines, factories, plantations and mines permanently alter landscapes with cultural and spiritual significance for indigenous communities. Water extraction by Coca-Cola in parts of India illustrates how TNC activities may also threaten traditional agricultural systems.
- However, TNCs do not inevitably damage indigenous cultures. They may provide employment, infrastructure, education and healthcare, while responsible investment and benefit-sharing agreements can generate income for local communities. Cultural exchange may also introduce new opportunities without necessarily eliminating traditional identities.
- Governance is often a more important determinant than the TNC itself. Governments decide whether indigenous land rights are recognised, environmental regulations are enforced and local communities are consulted before development occurs. Strong governance can reduce the negative impacts of TNCs, whereas weak governance, corruption or prioritising economic growth over indigenous rights may allow extensive environmental degradation and cultural loss. Consequently, TNC impacts are often mediated by the quality of government rather than corporate activity alone.
- It may therefore be argued that national governments and dominant political elites sometimes pose a greater threat than **TNCs.** Policies of assimilation, discrimination and forced relocation have undermined indigenous cultures regardless of corporate involvement. Examples include historical treatment of Aboriginal Australians, persecution of the Rohingya in Myanmar, and government policies towards Tibetans and Uyghurs in China. In these cases, cultural erosion is driven primarily by state policy rather than multinational corporations.
- Colonialism also represents an important long-term threat that predates modern globalisation. Historical examples such as French Algeria, Jamaica and the Belgian Congo demonstrate that suppression of indigenous languages, customs and identities occurred long before the rise of modern TNCs, suggesting that globalisation is only one driver of cultural change.
- Tourism may present an equally significant threat by commodifying indigenous traditions, encouraging staged authenticity and transforming cultural landscapes through resort development. However, tourism can also generate income that helps preserve traditional crafts, languages and cultural practices where these become economically valuable.
- Physical isolation remains one of the strongest protections for indigenous cultures.

Communities located in remote areas, such as parts of the Amazon or Arctic, have generally retained more traditional lifestyles than those integrated into global markets. This suggests that accessibility and integration into the global economy may be as important as the presence of TNCs themselves.

In summary

While TNCs do pose significant threats to the survival of local and indigenous cultures and cultural landscapes, they also offer potential benefits. The extent of the harm or benefit often depends on how these corporations operate and whether they adopt practices that respect and integrate local cultures and values. Therefore, a balanced approach that mitigates negative impacts while enhancing positive contributions is crucial.

Case studies used are likely to include:

- • **Amazon Rainforest, Brazil,** indigenous peoples and deforestation
  • **Alberta Oil Sands, Canada,** First Nations and oil extraction
  • **Ok Tedi Mine, Papua New Guinea,** mining
  • **Maasai, Kenya and Tanzania,** tourism and conservation
  • **Inuit, Alaska,** oil development and cultural change
  • **Borneo, Malaysia and Indonesia,** Dayak communities and palm oil
  • **Australian Aboriginal Communities,** mining and sacred landscapes

Question number	Answer **Evaluate the view that health risks always decrease as access to healthcare increases.**
4	• **Research the factors influencing the changing relationship between the level of health risks and access to healthcare.** • **Research a range of locations to examine contrasts in the provision of healthcare and how this may reduce health risks.**
	Indicative content **The focus** of this title is to explore the relationship between access to healthcare and health risk. The title posits that health risks always decline as access to healthcare increases, prompting a discussion on whether this statement is universally true or if there are exceptions. **The framework** chosen may be by the following. • By level of relationship, strong/weak • Models of health risk (ETM, Kuznets). • By health risk, e.g. malaria, Lyme disease, cholera, Chagas. • By level of development and factors that are associated with health risk **Key analytical points** • Health risk can be expressed in two dimensions: geographic extent and threat to individuals. Identifying these dimensions is crucial to evaluating whether health risks always decrease as access to healthcare increases. • Life expectancy and Disability-Adjusted Life Years (DALYs) are probably the best indirect measures to support the link between access to healthcare and decreasing health risk. • The ETM model suggests that health risks change with development progress, indicating that as access to healthcare increases, health risks should decrease. However, there are exceptions to this pattern. • Healthcare access is broadly linked to economics—the more spent, the more access is available, potentially reducing health risks.

- High-income countries (e.g., USA, Germany, Norway) spend over £8000 per capita and have 4–5 doctors per 1,000 people, whereas Low-income countries (e.g., Chad, Afghanistan) spend under £70 per capita and have 0.1–0.5 doctors per 1,000 people, suggesting greater access correlates with lower health risks.
- Preventive care (e.g., vaccinations, screenings) and access through healthcare providers leads to early detection and treatment, demonstrating how increased access reduces health risks.
- The Smallpox Vaccine, developed from the vaccinia virus, was the first successful vaccine and led to a global WHO campaign, eradicating smallpox by 1980. The last natural case appeared in 1977. This success story demonstrates how increased access to healthcare through vaccination campaigns directly reduced health risk and disease.
- Non-communicable diseases such as Diabetes show how increased access to routine blood glucose testing can help identify individuals at risk for diabetes or those in the pre-diabetic stage. Early detection through healthcare access allows providers to address high blood glucose levels before full-blown diabetes develops, reducing health risks.
- Timely access to treatments of malaria prevents disease progression and complications, demonstrating the direct link between healthcare access and reduced health risk.
- Early diagnosis of Malaria through rapid diagnostic tests (RDTs) allows healthcare providers to promptly confirm the infection and start treatment, showing how access to diagnostic healthcare reduces health risks.
- However, patients in some rural regions may have to travel long distances to reach healthcare facilities with required medications, leading to delays in treatment and increased risk of complications. This demonstrates that limited access to healthcare increases health risk.
- Developed Countries face rising healthcare costs and a significant economic burden on a shrinking working-age population, suggesting that even with theoretically high access, health risks may not always decrease.
- In the UK, rising healthcare costs and an aging population strain the NHS, causing longer waiting times and reduced access to care leading to delayed diagnoses and treatments, negatively impacting health outcomes and increasing risks. While access theoretically exists, practical barriers mean health risks are not decreasing as expected.
- This demonstrates that increased access to healthcare doesn't always equate to reduced health risks, especially when systemic issues exist, challenging the view that health risks always decrease with increased access.
- While increased access to healthcare is crucial in reducing health risks, it is not the sole factor. Quality of care, social determinants, and individual behaviors also play significant roles, suggesting the relationship is not absolute.
- Poor-quality healthcare can lead to misdiagnoses and ineffective treatments, meaning increased access without quality does not reduce health risks.
- Many rural healthcare facilities in India lack necessary tools or training to accurately diagnose tuberculosis (TB), resulting in frequent misdiagnoses or missed cases. Patients may receive incorrect antibiotics or incomplete treatments, contributing to the rise of multidrug-resistant TB (MDR-TB). This shows that access alone doesn't reduce health risks if quality is poor.
- Socioeconomic status, education, and environment impact health risks independently of healthcare access, suggesting other factors determine whether health risks decrease.
- In Nigeria, approximately 40% of the population lives below the poverty line, limiting access to healthcare services and increasing health risks, but also highlighting that poverty itself creates health risks regardless of healthcare availability.
- Nigeria's literacy rate is around 62%. Lower education levels contribute to poor health

literacy, meaning individuals may not fully understand the importance of preventive care, vaccinations, or treatment adherence. This shows that even with healthcare access, health risks may not decrease without complementary factors like education.

- In Haiti, 40% of the population lacks access to basic sanitation facilities, contributing to the spread of infectious diseases like cholera and malaria. This demonstrates that health risks persist despite any healthcare access, as environmental factors remain unaddressed.
- Healthcare provision varies from place to place, with differences in providers, costs, and outcomes, affecting whether increased access actually reduces health risks.
- In more economically developed countries healthcare may be provided 'free at the point of use,' through insurance-based schemes, or paid-for systems, each with differing costs and outcomes that determine whether access translates to reduced health risks.
- In the U.S., Medicare provides crucial healthcare access for seniors, helping reduce many health risks. Under Trump, while Medicare itself wasn't dismantled, his administration supported policies that could weaken healthcare access overall, such as attempts to repeal the Affordable Care Act. These moves raised concerns about rising health risks for vulnerable populations, showing that consistent, inclusive policy is key to ensuring access truly reduces health risks.
- In less economically developed countries NGOs and global organizations (e.g., WHO, MSF) may be significant healthcare providers, impacting both access and whether health risks decrease as a result (MDR-TB).
- In high-income countries, improvements in healthcare often show diminishing returns. Once basic healthcare needs have been met, further increases in spending may produce only small gains in life expectancy or overall health, as much of the expenditure is directed towards expensive elective treatments or extending life by relatively short periods. In contrast, relatively small investments in healthcare in low-income countries can produce substantial improvements through vaccinations, sanitation and access to basic medical care.
- Access to healthcare alone does not guarantee good health outcomes. In some high-income countries, political, cultural or religious beliefs lead some groups to reject proven health interventions, such as routine childhood vaccinations, increasing the risk of disease outbreaks despite the availability of healthcare services.
- Healthcare can also have unintended negative consequences. The overuse of antibiotics has contributed to Antimicrobial resistance, reducing the effectiveness of these medicines over time. Similarly, over-prescribing medicines such as opioids, painkillers and some antidepressants can increase dependency, addiction and other long-term health problems.

In summary
While increased access to healthcare can contribute to a reduction in health risks by enhancing preventative care and treatment of illnesses, it does not guarantee improved health outcomes on its own. Factors such as the quality of care, socioeconomic conditions, and levels of health literacy significantly influence overall health. Therefore, the assumption that health risks always decrease with greater access to healthcare overlooks the complexity of health determinants, highlighting the need for a more holistic and integrated approach.

Case studies used are likely to include:

- **United Kingdom**, NHS and universal healthcare
- **United States**, high healthcare spending and health inequalities
- **Cuba**, universal healthcare and high life expectancy
- **Nigeria**, limited healthcare access and infectious disease
- **Sierra Leone**, maternal mortality and healthcare provision
- **India**, rural healthcare inequalities
- **China**, healthcare reform and ageing population
- **South Africa**, HIV/AIDS and healthcare access

	• **Japan**, universal healthcare and ageing population