

## MODULE SPECIFICATION

<b>Academic Year (student cohort covered by specification)</b>	2022-23
<b>Module Code</b>	2601
<b>Module Title</b>	Health Policy and Systems for Sexual and Reproductive Health
<b>Module Organiser(s)</b>	Genevieve Aryeetey, David Gathara and Manuela Colombini
<b>Faculty</b>	EPH
<b>FHEQ Level</b>	Level 7
<b>Credit Value</b>	<b>CATS:</b> 15 <b>ECTS:</b> 7.5
<b>HECoS Code</b>	101317; 100473; 100476; 100648
<b>Term of Delivery</b>	Term 1
<b>Mode of Delivery</b>	Online
<b>Mode of Study</b>	Full-time
<b>Language of Study</b>	English
<b>Pre-Requisites</b>	None
<b>Accreditation by Professional Statutory and Regulatory Body</b>	None
<b>Module Cap (Indicative number of students)</b>	50
<b>Target Audience</b>	This is a core module for students enrolled on the MSc in Sexual and Reproductive Health Policy and Programming. It is intended for students interested in undertaking roles in policy making or programme coordination and who wish to gain a better understanding of health policy and systems issues to inform their professional work in Sexual and Reproductive Health.
<b>Module Description</b>	This module introduces students to key elements of health policy and systems and their relevance to sexual and reproductive health and rights. Students will learn the key features and processes of health policy, including the role and power of different actors and how they influence SRHR policy change in particular contexts. Students will also learn



	about key features of health systems, how they shape service delivery and the importance of systems “software” factors.
<b>Duration</b>	10 weeks
<b>Timetabling slot</b>	Term 1
<b>Last Revised (e.g. year changes approved)</b>	April 2022

<b>Programme(s)</b> This module is linked to the following programme(s) ( <i>Lead programme first</i> )	<b>Status</b> ( <i>Compulsory/Recommended Option</i> )
MSc Sexual and Reproductive Health Policy and Planning	Compulsory

## Module Aim and Intended Learning Outcomes

<b>Overall aim of the module</b>
The overall module aim is to: <ul style="list-style-type: none"> <li>Equip students to study or work in health policy or health systems arenas with an understanding of the relevance of policy and systems to enhancing sexual and reproductive health and rights (SRHR), at local, national, international levels.</li> </ul>

<b>Module Intended Learning Outcomes</b>
Upon successful completion of the module a student will be able to demonstrate: <ol style="list-style-type: none"> <li>1. Explain what “SRHR policy” is and identify key features of the processes of policy (identification, formulation, agenda setting and implementation).</li> <li>2. Identify the key actors within SRHR policy making contexts, and understand some mechanisms of power and influence over policy change and how these intersect with contextual factors.</li> <li>3. Define the concept of a “health system”, and its core objectives, elements and functions and how health systems configurations shape service delivery (particularly with respect to SRH delivery).</li> <li>4. Explain the importance of “systems software”, particularly in relation to resilience and readiness for change.</li> </ol>



5. Critically apply an understanding of the factors that shape policy making and implementation within health systems to identify solutions to SRHR challenges.

## Indicative Syllabus

### Session Content

The module is expected to cover the following topics:

- Introduction to Health Policy and Systems Research (HPSR) and the differences between policy and systems research/understanding.
- What is SRHR policy?
- Introduction to the Policy Stages model and Policy Analysis Triangle (Walt and Gilson)
- Key actors in SRHR policy and the different forms of power influential to SRHR policy making;
- The political nature of policy making in reproductive health and rights
- Policy-making tools and theories: Agenda setting, stakeholder mapping and analysis tools
- The context of changing global health policy environment relevant for SRH (including UHC, sustainable development, climate change; application of Shiffman theory).
- Implementing policy within a health system (including Application of Lipsky's Street Level Bureaucracy theory).
- What is a health system? Components, functions (governance, financing, WHO's building blocks)
- Contextual influences on health systems functioning (configurations of actors, institutions, global contexts like climate change). "Systems software" and its importance for building resilient health systems.

## Teaching and Learning

### Notional Learning Hours

Type of Learning Time	Number of Hours	Expressed as Percentage (%)
Contact time	22	15
Directed self-study and group work	44	29



Self-directed learning	44	29
Assessment, review and revision	40	27
<b>Total</b>	150	100

### Teaching and Learning Strategy

Teaching will be by recorded lectures, live zoom question and answer (Q&A) sessions, Moodle discussion groups, and online live seminars.

There will be a minimum of 6 recorded lectures; lectures will be linked to 6 specific seminars (in the same week) to discuss topics/issues in detail.

Seminars will consist of directed group presentations by students (e.g. critique/presentation of readings; short presentation on key topic/case studies) to the whole class, and facilitated discussion. There will also be one plenary seminar reviewing the module content and a further seminar session linked to the assessment.

All lectures will be recorded and posted on the online learning platform for offline viewing and/or audio. PDF versions of slides will be posted for all lectures.

4x sets of self-study and self-directed learning will be undertaken against a detailed set of learning objectives using the materials provided, in alternate weeks to the lectures/seminars, picking up on topics presented at those. Module tutors provide asynchronous support for students by replying to students' questions in open online discussion forums and facilitating discussion. Each self-directed session will include a moderated Moodle discussion forum where students can post their questions, concerns and discussion points in their own time.

Indicative Breakdown of Contact Time:

Type of delivery	Total (hours)
Lecture	6
Seminar	8
Moderated discussion fora	8
Total	22

## Assessment

### Assessment Strategy

The summative assessment for this module is by written assignment in two parts, focusing on applying concepts to “real world” situations, covering:

Part A: Health Policy

Part B: Health Systems.

The assessment is designed to get students to apply their understanding of the policy development process, the important role that actors play and how that is informed by the context, the content and the overall process. Secondly it will require students to apply systems thinking to an issue related to strengthen the health system to deliver high quality sexual and Reproductive health services.

### Summative Assessment

Assessment Type	Assessment Length (i.e. Word Count, Length of presentation in minutes)	Weighting (%)	Intended Module Learning Outcomes Tested
Coursework	2,500 words (submitted in two parts of 1250 words each)	100%	All

### Resitting assessment

Resits will accord with the LSHTM's [Resits Policy](#)

For individual students resitting a group assessment there will be an approved alternative assessment as detailed below.

Assessment being replaced	Approved Alternative Assessment Type	Approved Alternative Assessment Length (i.e. Word Count, Length of presentation in minutes)
N/A		

## Resources

### Indicative reading list (*if applicable*)

Health Policy and its application:

Aniteye, P. ; Mayhew, SH. ; Shaping legal abortion provision in Ghana: using policy theory to understand provider-related obstacles to policy implementation. *Health research policy and systems*, (2013).11 (1), DOI: 10.1186/1478-4505-11-23

Colombini, M. ; Mayhew, SH. ; Hawkins, B. ; Bista, M. ; Joshi, SK. ; Schei, B. ; Watts, C. ; ADVANCE Study Team,; Agenda setting and framing of gender-based violence in Nepal: how it became a health issue. *Health policy and planning*, (2015).31 (4), 493-503. DOI: 10.1093/heapol/czv091.

Dossou J, Cresswell JA, Makoutodé P, et al. 'Rowing against the current': the policy process and effects of removing user fees for caesarean sections in Benin. *BMJ Global Health* 2018;3:e000537.

Colombini, M. ; Ali, SH. ; Watts, C. ; Mayhew, SH. ; One stop crisis centres: A policy analysis of the Malaysian response to intimate partner violence. *Health research policy and systems*, (2011).9 (1), DOI: 10.1186/1478-4505-9-25

Ridde, V. From institutionalization of user fees to their abolition in West Africa: a story of pilot projects and public policies. *BMC Health Serv Res* 15, S6 (2015).

Llamas, A. ; Mayhew, S. ; "Five hundred years of medicine gone to waste"? Negotiating the implementation of an intercultural health policy in the Ecuadorian Andes. *BMC public health*, (2018).18 (1), DOI: 10.1186/s12889-018-5601-8.

Surjadjaja, C. ; Mayhew, SH. ; Can policy analysis theories predict and inform policy change? Reflections on the battle for legal abortion in Indonesia. *Health policy and planning*, (2010).26 (5), 373-384. DOI: 10.1093/heapol/czq079

Health Systems:

Warren, CE. ; Hopkins, J. ; Narasimhan, M. ; Collins, L. ; Askew, I. ; Mayhew, SH. ; Health systems and the SDGs: lessons from a joint HIV and sexual and reproductive health and rights response. *Health policy and planning*, (2017).32 (suppl), iv102-iv107. DOI: 10.1093/heapol/czx052. (Editorial)



Colombini, M.; Alkaiyat, A.; Shaheen, A.; Garcia Moreno, C.; Feder, G.; Bacchus, L.; Exploring health system readiness for adopting interventions to address intimate partner violence: a case study from the occupied Palestinian Territory. *Health policy and planning*, (2019).35 (3), 245-256. DOI: 10.1093/heapol/czz151

Mayhew, SH. ; Warren, CE. ; Ndwiga, C. ; Narasimhan, M. ; Wilcher, R. ; Mutemwa, R. ; Abuya, T. ; COLOMBINI, M. ; Health systems software factors and their effect on the integration of sexual and reproductive health and HIV services. *LANCET HIV*, (2020).7 (10), e711-e720. DOI: 10.1016/S2352-3018(20)30201-0

Mayhew, SH. ; Sweeney, S. ; Warren, CE. ; Collumbien, M. ; Ndwiga, C. ; Mutemwa, R. ; Lut, I. ; Integra Initiative,; Colombini, M. ; Vassall, A. ; Numbers, systems, people: how interactions influence integration. Insights from case studies of HIV and reproductive health services delivery in Kenya. *Health policy and planning*, (2017).32 (suppl\_), iv67-iv81. DOI: 10.1093/heapol/czx097.

These health policy and health systems resources from the current in-house courses (to be reviewed):

Buse, K., Mays, N, Walt, G. (2012). *Making Health Policy*. Second Edition. Maidenhead, Berkshire: Open University Press [chapters 1, 4, 7] [NB: Third edition possibly available from 2022]

de Savigny D and Adam T (eds) (2009). *Systems Thinking for Health Systems Strengthening*. [online] Geneva: Alliance for Health Policy and Systems Research, WHO.

Balabanova D, McKee M and Mills A (2011). 'Good health at low cost' 25 years on. What makes a successful health system? London: LSHTM.

Mills A (2014). Health care systems in low- and middle-income countries. *N Engl J Med*. 370 (6):552-7.

McPake B (2012). Human resources and the health sector. In: Smith R & Hanson K, eds (2012). *Health Systems in Low- and Middle-income Countries: An Economic Policy Perspective*. Oxford: Oxford University Press.

World Health Organization (2008). *The World Health Report 2008. Primary Health Care (Now More Than Ever)*. Geneva: WHO



Smith R & Hanson K (Editors) (2012). Health systems in low and middle-income countries. An economic and policy perspective. Oxford: Oxford University Press.

Backman G, Hunt P, Khosla, R et al. (2008). Health systems and the right to health: an assessment of 194 countries. *Lancet*, 372, 2047–2085.

Gilson L (2003). Trust and the development of health care as a social institution. *Social Science and Medicine* 56(7): 1453-1468.

### **Other resources**

A full list of essential, recommended and further reading is given for each session

## **Teaching for Disabilities and Learning Differences**

The module-specific site on Moodle provides students with access to course materials, including any lecture notes and copies of the slides used during lectures (live and pre-recorded). All lectures are recorded and made available on Moodle as quickly as possible. All materials posted up on Moodle areas, including computer-based sessions, have been made accessible where possible.

The LSHTM Moodle has been made accessible to the widest possible audience, using a VLE that allows for up to 300% zoom, permits navigation via keyboard and use of speech recognition software, and that allows listening through a screen reader. All students have access to “SensusAccess” software which allows conversion of files into alternative formats.

For students who require learning or assessment adjustments and support, this can be arranged through the Student Support Services – details and how to request support can be found on the LSHTM Disability Support pages.