MODULE SPECIFICATION

Academic Year (student cohort covered by specification)	2026-27
Module Code	2601
Module Title	Health Policy and System for Sexual and Reproductive Health
Module Organiser(s)	Genevieve Aryeetey (UG), Leonard Baatiema (UG), Kate Reiss (LSHTM), Desmond Dzidzornu Otoo (UG)
Faculty	EPH
FHEQ Level	Level 7
Credit Value	**CATS:** 15 **ECTS:** 7.5
Term of Delivery	Term 1
Mode of Delivery	Online
Mode of Study	Full-time
Language of Study	English
Pre-Requisites	None
Accreditation by Professional Statutory and Regulatory Body	None
Module Cap (Indicative number of students)	50
Target Audience	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.
Module Description	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.
Duration	10 weeks

Timetabling slot	Term 1
Last Revised (e.g. year changes approved)	August 2026

Programme(s) This module is linked to the following programme(s)	**Status**
MSc Sexual and Reproductive Health Policy and Programming	Compulsory

Module Aim and Intended Learning Outcomes

Overall aim of the module
The overall module aim is to: ● 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.

Module Intended Learning Outcomes
Upon successful completion of the module a student will be able to demonstrate: 1. Explain what “SRHR policy” is and identify key features of the processes of policy (identification, formulation, agenda setting and implementation). 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. 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). 4. Explain the importance of “systems software”, particularly in relation to resilience and readiness for change. 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	26	13
Directed self-study and group work	44	33
Self-directed learning	40	27
Assessment, review and revision	40	27
Total	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 4 recorded lectures; lectures will be linked to 4 specific seminars (in the same week) to discuss topics/issues in detail. Seminars will consist of presentations by lecturers, directed group work and 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. Seminars and recorded lectures will be accompanied by self-study and self-directed learning undertaken against a detailed set of learning objectives. . 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 (pre-recorded) and Q&A (live)	6.5
Seminar	8
Moderated discussion fora	11.5 (c. 1 hour each week + 20-25mins extra in weeks 2-9)
Total	26

Assessment

Assessment Strategy
The summative assessment for this module is by one written assignment, focusing on applying concepts to a "real world" situation. Students are asked to develop a policy brief on a health systems topic and a cover note, both using a structured format.

Students

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. Through the development of a policy brief, students will synthesize evidence, analyse policy options, and present clear, actionable recommendations tailored to relevant stakeholders.

Formative assessment methods are used to support and assess student's understanding of key module concepts.

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	50%	1,2, 3, 4 and 5

Resitting assessment
Resits will accord with Chapter 8a of the LSHTM Academic Manual. The resit will consist of a new written assignment on a new topic.

Resources

Essential reading

Health Policy:

Buse, K., Mays, N., Colombini M, Fraser, A., Khan, M. and Walls, H. and Walt, G. (2023) Making health policy. Chapters (1, 5 and 6).

Birkland, T., A. (2016) An introduction to the policy process. Tailor and Francis Group

Health Systems:

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

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

Indicative reading list *(if applicable)*

Health Policy and its application:

Uzochukwu, B., Onwujekwe, O., Mbachu, C. *et al.* The challenge of bridging the gap between researchers and policy makers: experiences of a Health Policy Research Group in engaging policy makers to support evidence-informed policy making in Nigeria. *Global Health* **12**, 67 (2016). https://doi.org/10.1186/s12992-016-0209-1

Oliver, K., Innvar, S., Lorenc, T. et al. A systematic review of barriers to and facilitators of the use of evidence by policymakers. BMC Health Serv Res 14, 2 (2014). https://doi.org/10.1186/1472-6963-14-2

Evidence, policy, impact. WHO guide for evidence-informed decision-making. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO

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.

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.