

MODULE SPECIFICATION



Academic Year (student cohort covered by specification)	2026-27
Module Code	3408
Module Title	Public Health for Eye Care: systems and evidence
Module Organiser(s)	Ian McCormick, Islay Mactaggart, Covadonga Bascaran
Faculty	Infectious & Tropical Diseases
FHEQ Level	Level 7
Credit Value	CATS: 30 ECTS: 15
Term of Delivery	Term 1
Mode of Delivery	For 2026-27 this module will be delivered by a combination of in-classroom face-to-face and remote teaching modes. Where specific teaching methods (lectures, seminars, discussion groups) are noted in this module specification these will be delivered by predominantly face-to-face sessions. There will be a combination of live and interactive activities (synchronous learning) as well as recorded or self-directed study (asynchronous learning).
Mode of Study	Full-time
Language of Study	English
Pre-Requisites	None, but an understanding/background in eye care is preferable.
Accreditation by Professional Statutory and Regulatory Body	None
Module Cap (Indicative number of students)	No cap
Target Audience	This module is a compulsory module for MSc Public Health for Eye Care. It is suitable for aspiring or established eye health care professionals of various cadres: Ophthalmologists, Optometrists, Researchers, Eye Care Programme Managers and other senior health workers involved in planning or delivery of eye care services.



Module Description	This module introduces students to the principles of global eye health, including global and national eye health strategy, policy and programmes. It covers the principles of epidemiology as applied to the major causes of blindness and explores the application of epidemiological study designs and evaluation of the strength of evidence in eye health. Skills needed to conduct field research in eye care will be taught, starting from defining research questions, selection of appropriate methodologies, and quality data collection process design. Research ethics principles and dissemination strategies are also covered.
Duration	10 weeks at 2 days per week
Timetabling slot	Term 1
Last Revised (e.g. year changes approved)	June 2025

Programme(s)	Status
This module is linked to the following programme(s)	
MSc Public Health for Eye Care	Compulsory

Module Aim and Intended Learning Outcomes

Overall aim of the module
The overall module aim is to: - facilitate understanding of principles of global and national public health programmes in eye care including the student's own eye health system - teach how epidemiological approaches and research methods are applied to eye health using examples from a variety of contexts - expose students to authentic field research experiences, and equip them with the skills to undertake rigorous, scientifically and ethically sound research in settings relevant to the student body

Module Intended Learning Outcomes

Upon successful completion of the module a student will be able to:

1. Critically evaluate global, national and local eye health policies and programmes
2. Analyse an eye care programme relevant to the student's setting, how it promotes equity of access, and its integration into the wider health system.
3. Appraise the epidemiological evidence around the major blinding diseases to inform equitable & inclusive planning & service delivery in different socioeconomic settings
4. Formulate clear research questions using the PICO principles, and link to research methodologies (both quantitative/qualitative), constructing SMART objectives
5. Design data recording forms (including ODK (Open Data Kit System)) appropriate to the research question and methodology and prepare data for analysis;
6. Reflect on how to promote diverse, inclusive and equitable partnerships to deliver ethically sound eye health research and research output dissemination strategies

Indicative Syllabus

Session Content

The module is expected to cover the following topics:

- Overview of global eye care policies affecting eye care programmes.
- Examine example eye care programmes world-wide within their health system with a view to understanding what factors encourage success/ failure and assess applicability to the student's own eye care programme.
- Principles of epidemiology as applied to the major causes of blindness;
- Asking the right research questions linking them to SMART objectives and methods;
- Features of the different epidemiological study designs to address eye health research questions;
- Overview of the evidence base around the major causes of blindness, including prevention and treatment;
- Interpretation of the strength of evidence from a range of different study types as applied to blinding eye disease.
- Practical aspects of running ophthalmic research in the field;
- Ensuring quality in research;
- Developing Standard Operating Procedures (SOPs);
- Ethical considerations that underpin all research;
- Designing a data recording form and developing an ODK form;
- Preparing data for analysis;

Session Content

- Qualitative research: overview of methods, techniques and analysis;
- Basics of writing for publication.

Teaching and Learning

Notional Learning Hours

Type of Learning Time	Number of Hours	Expressed as Percentage (%)
Contact time	120	40
Directed self-study	60	20
Self-directed learning	75	25
Assessment, review and revision	45	15
Total	300	100

Student contact time refers to the tutor-mediated time allocated to teaching, provision of guidance and feedback to students. This time includes activities that take place in face-to-face contexts such as lectures, seminars, demonstrations, tutorials, supervised laboratory workshops, practical classes, project supervision as well as where tutors are available for one-to-one discussions and interaction by email.

The division of notional learning hours listed above is indicative and is designed to inform students as to the relative split between interactive and self-directed study.

Teaching and Learning Strategy

The programme will be taught through a variety of teaching methods including: lectures, quizzes, articles or research papers to read and critically appraise, small group seminars, interactive online seminars, practical exercises and groupwork with peers. Live face to face teaching will be complemented with directed self-study and asynchronous learning material resource provision.

Formative assessments will complement the other taught components to ensure understanding of the material delivered and highlight areas where understanding is poor. Formative assessments may include presentations, essays, or involve critical review of published papers from epidemiological studies of common eye diseases using structured short answer questions or checklists.

Assessment

Assessment Strategy

The assessment for this module has been designed to measure student learning against the module intended learning outcomes (ILOs) as listed above. Formative assessment methods may be used to measure students' progress. The grade for summative assessment(s) only will go towards the overall award GPA.

The module will be summatively assessed through:

- 1 – individual presentations of health systems in a student's own context (or one of their choosing). (20%)
- 2 - groupwork development of a research question specific to a chosen scenario (different options are provided), construction of SMART objectives with data collection tools and spreadsheet preparation for analysis; this work will be presented and the data collection tools piloted in class. This component of the assessment will include a peer assessment on groupwork engagement and contribution. (30%)
- 3 - An end of module timed assessment consisting of short answer questions will provide the other 50% which will be conducted in person in LSHTM.

Summative Assessment

Assessment Type	Assessment Length (i.e. Word Count, Length in minutes)	Weighting (%)	Intended Module Learning Outcomes Tested
Individual Presentation	15 minutes	20	1,2
Groupwork and Presentations and peer reviewed assessment	20 minute presentation + Anonymous peer-to-peer assessment on engagement /contribution to groupwork	30	4,5,6
Timed Test (Short Answer Questions)	3 hours – in person exam	50	1-4, 6

Resitting assessment

Resits will accord with [Chapter 8a](#) of the LSHTM Academic Manual



Resitting assessment

Students with a GPA of <2.0 overall (combined between the three elements) will be deemed to have failed the assessment. Each of the elements will then be considered separately and students invited to resit the individual element(s) which received a grade of <2.

The Timed Test element will resit in the usual Term 1 resit window with the same type of assessment.

The Groupwork/presentations/peer review element will also be resat in the usual Term 1 resit window, with a task set analogous to the original assessment, but if it is the groupwork it will be adapted to be undertaken by a single student and presented to examiners. Even if more than one student fails this element of the assessment, the resit will be undertaken in isolation. No peer review element will be necessary as there is no risk of non-participation. Marks will be scaled accordingly, reflective of the usual LSHTM grade boundaries.



Resources

Indicative reading list

Everyone, please read:

1. WHO. World Report on Vision. <https://www.who.int/publications/i/item/world-report-on->
2. Burton MJ, Ramke J, Marques AP, et al. The Lancet Global Health Commission on Global Eye Health: vision beyond 2020. Lancet Glob Health. 2021;9(4):e489-e551. doi:10.1016/S2214-109X(20)30488-5
3. Global Action Plan 2014-2019. <https://www.who.int/publications/i/item/world-report-on->
4. WHO | Key components of a well-functioning health system. http://www.who.int/healthsystems/publications/hss_key/en/.
5. Eye Health Systems Assessment. <http://iceh.lshtm.ac.uk/files/2014/03/Eye-health-systems-assessment.pdf>.
6. Binagwaho A, Scott K, Rosewall T, et al. Improving eye care in Rwanda. Bulletin of the World Health Organization. 2015;93(6):429-434. doi:10.2471/BLT.14.143149
7. Du Toit R, Faal HB, Etya'ale D, et al. Evidence for integrating eye health into primary health care in Africa: a health systems strengthening approach. BMC Health Services Research. 2013;13(1):102-102. doi:10.1186/1472-6963-13-102
8. "Causes of blindness and vision impairment in 2020 and trends over 30 years, and prevalence of avoidable blindness in relation to VISION 2020: the Right to Sight: an analysis for the Global Burden of Disease Study" Lancet Glob Health. 2021 Feb; 9(2): e144–e160. doi: 10.1016/S2214-109X(20)30489-7

Other resources

<https://www.iapb.org>

<https://iceh.lshtm.ac.uk>

<https://cehjournal.orworld>



Teaching for Disabilities and Learning Differences

The module-specific site on Moodle provides students with access to slides used during the lecture. 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](#).

- Each session on the module has copies of the slides made available to students via the Moodle.
- All synchronous sessions are recorded so students wishing to listen again can work through the audio, and view the slides via the handouts to revise the session.
- Presentations have all been evaluated for accessibility to ensure equity of access to learning resources.