



## MODULE SPECIFICATION

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| <b>Academic Year (student cohort covered by specification)</b>     | 2022-23   |
| <b>Module Code</b>   | 1504  |
| <b>Module Title</b>  | Economic Analysis for Health Policy   |
| <b>Module Organiser(s)</b>   | Dr Laura Cornelsen; Dr Meghna Ranganathan   |
| <b>Faculty</b>   | Public Health & Policy  |
| <b>FHEQ Level</b>  | Level 7   |
| <b>Credit Value</b>  | <b>CATS:</b> 15<br><b>ECTS:</b> 7.5   |
| <b>HECoS Code</b>  | 100601  |
| <b>Term of Delivery</b>  | Term 2  |
| <b>Mode of Delivery</b>  | For 2022-23 this module will be delivered by predominantly face-to-face teaching modes.<br><br>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). |
| <b>Mode of Study</b>   | Full-time   |
| <b>Language of Study</b>   | English   |
| <b>Pre-Requisites</b>  | The Term 1 linear module, Introduction to Health Economics (1103), is a pre-requisite for this module   |
| <b>Accreditation by Professional Statutory and Regulatory Body</b> | None  |
| <b>Module Cap (Indicative number of students)</b>                  | 80  |
| <b>Target Audience</b>   | This module targets a wide range of audience from the applied policy maker to those with greater interests in the underlying economic theories and academic ambitions.  |
| <b>Module Description</b>  | Through a series of lectures and workshops, this module draws on a number of economic concepts including information, agency and incentives to analyse alternative ways of financing and organising health systems across high and low income settings. Through lectures you will be exposed to policy relevant examples and topics drawing on previous economic concepts   |

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|  | and learnings. The workshops are applied and practice based. You will meet experienced health economists and health systems experts throughout the course who will describe the technical aspects of drawing on economic arguments for health policy making. |
| <b>Duration</b>                                  | 5 weeks at 2.5 days per week   |
| <b>Timetabling slot</b>                          | D1   |
| <b>Last Revised (e.g. year changes approved)</b> | October 2020   |

| <b>Programme(s)</b>                                 | <b>Status</b> |
|---|---------------|
| This module is linked to the following programme(s) |               |
| MSc Public Health (Health Economics)                | Compulsory    |
| MSc Public Health                                   | Recommended   |
| MSc Control of Infectious Diseases                  | Recommended   |
| MSc Health Policy, Planning & Finance               | Recommended   |
| MSc Public Health (Environment & Health)            | Recommended   |
| MSc Public Health (Health Services Research)        | Recommended   |
| MSc Public Health for Development                   | Recommended   |

## Module Aim and Intended Learning Outcomes

| <b>Overall aim of the module</b>  |
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| The overall module aim is to: <ul style="list-style-type: none"> <li>• build on the economic theories and concepts introduced in Term 1, and apply them to analyse current issues and problems in health policy in developed and developing countries.</li> </ul> |

| <b>Module Intended Learning Outcomes</b>  |
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| Upon successful completion of the module a student will be able to: <ol style="list-style-type: none"> <li>1. Describe an alternative way of financing and organising health systems, and analyse them using the economic concepts of information, agency and incentives;</li> <li>2. Identify different market structures used in the delivery of health services and key health service inputs such as human resources, discuss their associated strengths and weaknesses (market and policy failures) and potential ways of mitigating these effects. These will include the role and functioning of regulation and contracting for health services;</li> <li>3. Explain the need for rationing in the health sector, and analyse different rationing mechanisms in terms of their implications for equity and efficiency;</li> <li>4. Apply the tools of equity analysis (benefit incidence analysis and measurement of equity) to analyse the distribution of resources in the health sector;</li> </ol> |

### Module Intended Learning Outcomes

5. Consider departures from the rationality assumption, through exposure to basic behavioural economics theories.

## Indicative Syllabus

### Session Content

The module is expected to cover the following topics:

- Introduction and overview
- Markets, competition and choice in health
- Models of health system financing and organisation and international comparisons
- Health care insurance
- Human resources for health
- Rationing
- Agency and Contracting
- Pay for performance
- Tools for equity analysis
- Regulation
- Behavioural economics

## Teaching and Learning

### Notional Learning Hours

| Type of Learning Time           | Number of Hours | Expressed as Percentage (%) |
|---------------------------------|-----------------|-----------------------------|
| Contact time                    | 45              | 30%                         |
| Directed self-study             | 45              | 30%                         |
| Self-directed learning          | 5               | 3%                          |
| Assessment, review and revision | 55              | 37%                         |
| <b>Total</b>                    | <b>150</b>      | <b>100%</b>                 |

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

Students participate in a combination of lectures and workshops. Lectures introduce concepts and ideas and clarify theories. Workshops use problem-based exercises and group discussions with the aim of supporting students' comfort with economic principles and models, and enable them to apply these principles to specific issues of health system organisation and financing. Students are encouraged to take an active role in their learning by selecting among the advanced readings and seeking out supporting materials where appropriate, in particular when researching their policy report.

### 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 assessment for this module will be online.

The assessment will be in the form of an applied policy analysis. Students will apply the concepts and theories they have been exposed to in this module by writing an essay on a particular health reform in their country of choice. They will be asked to describe an inefficiency or inequity in their chosen health system and analyse the impact of a health policy reform to address it.

### Summative Assessment

| Assessment Type | Assessment Length (i.e. Word Count, Length of presentation in minutes)                 | Weighting (%) | Intended Module Learning Outcomes Tested |
|-----------------|--|---------------|--|
| Coursework      | Written report (maximum 3300 words including tables, excluding figures and references) | 100%          | 1,2, 3, 4, & 5                           |

#### Resitting assessment

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

### Resources



### Indicative reading list

Guinness L and Wiseman V. 2011. Chapter 8 Health care markets and efficiency. In Guinness L and Wiseman V. eds. Introduction to health economics. Maidenhead: Open University Press.

Hanson K (2011). Delivering health services: incentives and information in supply-side innovations. In Smith RD and Hanson K, eds. Health systems in low-and middle-income countries: an economic and policy perspective. Oxford: Oxford University Press.

Gaynor, M., R. Moreno-Serra, et al. (2012). Can competition improve outcomes in UK health care? Lessons from the past two decades, J Health Serv Res Policy 17(1).

Mills, A Martinez-Alvarez M, Ranson K. Chap 13: The Design of Health Systems. (p. 597-635) In Merson MH, Black RE, Mills AJ. Global Health: Diseases, Programs, Systems and Policies. 4 ed. Sudbury MA: Jones and Bartlett, 2018

Forder, Robinson and Hardy Chapter 4 Theories of Purchasing, In Ed Figueras J, Robinson R, Jakubowski E, eds. Purchasing to Improve Health System Performance. Maidenhead: Open University Press; 2005.

Rosenthal, M.B. and R.A. Dudley, Pay-for-performance: will the latest payment trend improve care? JAMA, 2007. 297(7): p. 740-4.

B McPake, A Scott, and I Edoaka Chapter 2 "A framework for analysis", in Analyzing Markets for Health Workers: Insights from Labor and Health Economics, 2014 World Bank Publications  
<http://eresearch.qmu.ac.uk/4135/1/eResearch%204135.pdf>

Folland, S., Goodman, A., Stano, M.: The Economics of Health and Health Care (Pearson New International Edition, 7th Edition). Prentice Hall, New Jersey 2014 Chapter 8 "Demand and Supply of Health Insurance", section "Risk and Insurance". Read the section "Risk and Insurance", pages 164-167 only

Mossialos, E.; Dixon, A.; Figueras, J. and Kutzin, J. Chapters 6 and 12 (and Chapters 2 & 3) if you have time): Voluntary Health Insurance. Funding health care: options for Europe. (2003) Open University Press, Maidenhead <http://www.euro.who.int/document/e74485.pdf>

Kutzin, J.: Health financing for universal coverage and health system performance: concepts and implications for policy. Bull World Health Organ. 2013; 91: 602-611  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3738310/pdf/BLT.12.113985.pdf>



Webster J, Lines J, Bruce J, Armstrong Schellenberg JRM, Hanson K (2005) Which delivery systems reach the poor? A review of equity of coverage of ever-treated nets, never-treated net, and immunisation to reduce childhood mortality in Africa. *Lancet Infectious Diseases* 5:709-17

Sheikh K, Saligram P, Hort K (2015) What explains regulatory failure? Analysing the architecture of health care regulation in two Indian states. *Health Policy and Planning*, 30, 1: 39-55

Levitt and List, Homo economicus evolves

<http://science.sciencemag.org/content/319/5865/909.full>

## Teaching for Disabilities and Learning Differences

The module-specific site on Moodle gives students access to lecture notes and copies of the slides used during the lecture. Where appropriate, lectures are recorded and made available on Moodle. All materials posted on Moodle, including computer-based sessions, have been made accessible where possible.

LSHTM Moodle is accessible to the widest possible audience, regardless of specific needs or disabilities. More detail can be found in the [Moodle Accessibility Statement](#) which can also be found within the footer of the Moodle pages. All students have access to "SensusAccess" software which allows conversion of files into alternative formats.

Student Support Services can arrange learning or assessment adjustments for students where needed. Details and how to request support can be found on the [LSHTM Disability Support pages](#).