
Health Policy Analysis and System Reform Training Course for Senior Officials

5 – 9 July 2027
London - Premier Inn Victorya





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Ref: 376_23250 **Date:** 5 – 9 July 2027 **Location:** London - Premier Inn Victorya **Fees:** 4300 GBP

Programme Summary

Health policy analysis and system reform is the subject of this one-week training course for senior officials, hospital executives and health-system planners, ending in a reform brief for one policy priority. Health policies often fail between approval and delivery, because evidence, financing and stakeholder interests were never tested together. The programme moves from principles, through diagnosis of system performance, to the design of a reform option, then to application on one live priority. Mars Training Centre UK delivers this programme on health policy analysis and system reform for senior decision makers.

The Business Case

When reforms are launched on political momentum alone, ministries and hospital groups face stalled implementation, resistance from clinicians and payers, and spending that does not reach patients. Leaders who can diagnose a system, compare policy options on evidence and map who gains and loses are better placed to sequence reform, defend the choice to a cabinet or board and correct course early.

- Implementation Risk: Falls as stakeholder positions and delivery constraints are tested before approval.
- Resource Allocation: Improves as options are compared on cost, coverage and equity.
- Policy Coherence: Rises as financing, workforce and service decisions are aligned.

Principles and Evidence Base

- WHO health system building blocks: Session 1 uses the six blocks to describe how a system is organised and where it is weak.
- Universal health coverage: Session 2 applies its dimensions of population, services and financial protection to rank system gaps.
- Policy cycle: Sessions 3 and 4 follow agenda setting, formulation, adoption, implementation and evaluation.
- Walt and Gilson policy triangle: Session 3 uses context, content, process and actors to explain why reforms succeed or stall.

Intended Participants

- Senior officials who prepare health policy proposals for ministers and cabinets.
- Hospital and health-authority executives who must implement national or regional reforms.
- Planners who allocate budgets, workforce and facilities across a health system.
- Advisers who evaluate reform proposals from donors, insurers or consultants.



The programme suits health ministries, public hospital groups, social insurance bodies and development agencies, and works well with mixed groups in which policy, finance and clinical leaders must agree one reform direction.

Learning Outcomes

1. Participants will be able to diagnose the performance of a health system against its building blocks.
2. Participants will be able to evaluate policy options against coverage, equity, cost and feasibility criteria.
3. Participants will be able to construct a stakeholder map that predicts support and resistance.
4. Participants will be able to design a reform option with financing, workforce and service delivery components.
5. Participants will be able to prioritise reform steps under budget and capacity limits.
6. Participants will be able to justify a reform brief to ministers, boards and funders.

Programme Structure

Day 1: Health Policy Analysis Principles and System Diagnosis

How is a health system organised, and where does it underperform?

- Six Building Blocks Assessment Grid
- Health Outcome and Access Indicators
- Governance and Accountability Mapping
- Policy Cycle Stage Review
- Problem Statement Template

Day 2: Coverage, Financing and Equity Diagnosis

Who is left out, and what does protection from health costs require?

- Coverage Cube of Population, Services and Costs
- Pooling, Purchasing and Revenue Review
- Equity Gap Analysis by Group and Region
- Workforce and Facility Distribution Map
- Evidence Quality Appraisal Checklist

Day 3: Designing Reform Options and Reading Stakeholders

Which reform options fit the evidence, and who will support them?

- Policy Triangle Analysis
- Stakeholder Power and Interest Matrix
- Option Appraisal Scoring Sheet
- Cost and Impact Estimation Worksheet
- Implementation Risk Register



Day 4: Sequencing, Delivery and Evaluation Design

How is a chosen reform phased, resourced and tracked?

- Reform Sequencing Roadmap
- Legislative and Regulatory Pathway Outline
- Delivery Unit and Accountability Arrangements
- Monitoring Indicator Set
- Communication Plan for Clinicians and Public

Day 5: Applying Health Policy Analysis to One Priority

Is the reform brief ready for decision makers?

- Applying the Session 1 Diagnosis to the Chosen Priority
- Testing the Session 3 Options Against Stakeholder Positions
- Checking the Session 4 Roadmap Against Budget Limits
- Rehearsing the Ministerial Briefing Challenge
- Completing the Reform Brief

Methodology

The programme uses a policy clinic built on anonymised national and hospital-level cases from several health systems, including data extracts, budget summaries and stakeholder interview notes. Participants work in small teams as ministry advisers, hospital executives and financing leads, and carry one priority from problem statement to recommendation while peers challenge each assumption.

- Suggested activity: Scoring three reform options against coverage, equity and cost criteria.
- Suggested activity: Mapping stakeholders for a hospital payment change and predicting objections.
- Suggested activity: Presenting a two-page recommendation to a panel acting as a cabinet committee.

Capstone Output

Each participant completes a reform brief for one health priority. It holds a system diagnosis, a scored comparison of options, a stakeholder map, a phased roadmap and monitoring measures. The brief is used to brief a minister or board, to open discussion with funders and to track delivery after approval, so the decision stays open to review.

Frequently Asked Questions

Is health policy analysis suitable for officials without a clinical background?

Yes. Health policy analysis is taught in plain language for officials, executives and planners who prepare or implement reform. It assumes familiarity with your own health system, not clinical or statistical training.



Which models does health system reform rest on in this training?

Health system reform in this training rests on the WHO building blocks, universal health coverage, the policy cycle and the Walt and Gilson policy triangle.

How is the reform brief from health policy analysis used at work?

You use the reform brief to brief a minister or board, open talks with funders and track whether the agreed reform steps are delivered.

How does health system reform differ from a hospital management programme?

Health system reform centres on national or regional policy choices, financing and coverage, while a hospital management programme centres on running one facility day to day.