Health Policy and Practice: Bridging Evidence and Decision-Making

Summer Institute

Ilia State University (ILIAUNI), Tbilisi, Georgia • 18–20 July 2026 • English-language

Program Overview

Participants	Dates	Duration	Group size
Master's & PhD students, Alumni, and Public Health Professionals. Prerequisite: prior background in health policy, public health, or a related field (see Prerequisites below).	18–20 July 2026	2.5 days ≈16 contact hours	Maximum 25 participants 2–3 parallel case groups of up to 8

Course Description

This 2.5-day short course introduces practical tools for health policy analysis and evidence-informed decision-making. Participants apply a seven-step **Policy Spine** — from problem definition through stakeholder mapping, policy-option generation and appraisal, evidence review, governance and financing, implementation, to recommendation and M&E.

Participants are organized into working groups of up to 8 on the first day of the course. Each group chooses one real policy problem at the start of Day 1 and works on it throughout the course. Every lecture is paired with an applied session in which the group adds one new analytical layer to their case — a problem statement, a stakeholder map, an option grid, an evidence summary, a governance/financing lens, and finally a recommendation with M&E indicators. By the end of Day 3, each group has produced a working draft of a 1–2-page **policy brief** built on work already done throughout the course.

Four structured practical exercises — problem framing (Day 1), stakeholder mapping (Day 2), SWOT/option grid (Day 2), and a governance/financing lens (Day 3) — are sequenced so that applied work directly follows the relevant lecture. A dedicated session on evidence appraisal distinguishes **data quality** (accuracy, completeness, consistency of raw data) from **evidence quality** (relevance of the data to the claim, methodological rigor of the source, and provenance), and introduces common pitfalls such as selective reporting.

The course draws on current regional practice. Guest lecturers share first-hand perspectives — Martina Merten (CAREC Health Program) on *closing gaps in workforce capacity: targeted policies strengthened through quality education and continuing education*, and Sukhrob Saliev (Tashkent Westminster International University) on *the financial policy of Universal Health Coverage — a pilot in Uzbekistan*. The program culminates in a **Mock Ministry Panel**, in which each group delivers a short oral defense of its policy brief to a panel of senior faculty and receives structured, rubric-based feedback (see Mock Ministry Panel — Format below).

Prerequisites and Pre-Course Preparation

To keep the 2.5-day format feasible, participants are expected to already have:

- Basic familiarity with the WHO health-system building blocks (service delivery, workforce, information, medicines, financing, governance).
- Elementary quantitative literacy — descriptive statistics and reading a 2×2 table.
- Experience reading a peer-reviewed article or policy report.

Learning Objectives

By the end of the course, participants will be able to:

1. **Apply the Policy Spine to a case.** Describe the seven steps of the Policy Spine and use them to structure analysis of a real-world policy problem. (Deliverable A.)
2. **Write a focused problem statement.** Produce a three-part problem statement — What? For whom? Why now? — for a group-specific policy problem. (Deliverable A.)
3. **Map stakeholders.** Construct a stakeholder map identifying key actors, their interests, and power positions relative to a policy decision. (Deliverable B.)
4. **Identify policy options.** Identify at least two realistic policy options for the group's case. (Feeds Deliverable C.)
5. **Appraise evidence.** Distinguish data quality (accuracy, completeness, consistency) from evidence quality (relevance, methodological rigor, provenance); recognize selective reporting. (Deliverable D.)
6. **Compare options.** Compare policy options using SWOT logic. (Deliverable C.)
7. **Recognize feasibility considerations.** Recognize how governance and financing considerations shape the feasibility of a policy recommendation. (Deliverable E.)
8. **Identify implementation risks.** Name common implementation risks in health-policy reform, using regional examples from Eastern Europe and Central Asia. (Deliverable E.)
9. **Produce and defend a policy brief.** Write a 1–2-page policy brief using the provided template, and deliver a 10-minute oral defense before a simulated Ministry panel. (Deliverable E.)

The Policy Spine

Participants work in groups of up to 8, each group working exclusively on one policy problem throughout the course. Depending on cohort size, 2 or 3 groups run in parallel, each with a different policy problem. Each session adds a new analytical layer to the same case.

① Problem	② Stakeholders	③ Options	④ Evidence Appraisal	⑤ Governance & Financing	⑥ Implementation	⑦ Recommendation & M&E

Format: 40% concepts / 60% application. Max 1 slide per 4–5 minutes of lecture.

Day 1 — 18 July 2026 — Introduction to Health Systems and Health Policy

Policy Spine: Steps ① → ② — Problem definition and first stakeholder framing.

Day 1 objective: Participants can describe the health policy cycle and contribute to drafting their group's problem statement, using the Policy Spine Step ① template provided by the faculty.

Day 1 output (Deliverable A): Problem statement (½ page) using the template — submitted end of day.

Time	Session / Activity	Instructor(s)	Duration
15:00–15:15	**Welcome, introductions, and course overview.** Orientation to the course structure and deliverables.	Elene Zhuravliova George Gotsadze	15 min
15:15–16:15	**Overview of health systems and health policy.** Determinants of policy development and the policy-making cycle (focused core material).	Nino Mirzikashvili	1 h
Coffee break | 16:15–16:30 | 15 min			
16:30–17:15	**Group formation + APPLIED EXERCISE — Problem framing (Step ①).** • Participants are organized into groups of up to 8; each group chooses its policy problem. • Using the template (provided by the faculty), each group drafts a three-line statement: What? For whom? Why now? • Plenary share-out and faculty feedback.	Nino Mirzikashvili Veriko Mirtskhulava	45 min
17:15–18:00	**Guest Lecture — Closing gaps in workforce capacity.** How targeted policies can be strengthened through quality education and continuing education.	Martina Merten CAREC Health Program	45 min

Day 2 — 19 July 2026 — Policy Analysis and Evidence-Informed Decision-Making

Policy Spine: Steps ② → ③ → ④ — Stakeholders → Policy options → Evidence appraisal.

Day 2 objective: Participants produce a stakeholder map, identify two to three policy options, and complete an evidence-informed SWOT/option grid for their assigned case.

Day 2 outputs (Deliverables B, C, D): Stakeholder map (1–1½ pp), SWOT/option grid (1–1½ pp), evidence summary (½–1 p) — all submitted end of day.

Time	Session / Activity	Instructor(s)	Duration
10:00–11:15	**Introduction to policy analysis in healthcare.** Recap and case framing (where are we on the Spine?); stakeholder analysis — theory and mapping tools; introduction to the policy brief format.	Akaki Zoidze	1 h 15 min
Coffee break | 11:15–11:30 | 15 min			
11:30–12:45	**PRACTICAL EXERCISE — Stakeholder Mapping (Step ②).** • Using template, groups map actors, interests, power, positions, and coalitions for their case. • Plenary debrief: groups compare stakeholder landscapes across cases.	Akaki Zoidze Nino Mirzikashvili	1 h 15 min
Lunch | 12:45–13:45 | 1 h			
13:45–14:15	**Generating policy options (Step ③).** Where do policy options come from? A short, structured checklist for deriving 2–3 realistic alternatives from the problem and stakeholder analysis.	Akaki Zoidze	30 min
14:15–15:30	**Evidence for Health Policy: from Data to Decisions (Step ④).** • Data quality vs evidence quality — criteria and common confusions. • Using research findings in policy arguments. • Common pitfalls: evidence misuse and selective reporting.	Veriko Mirtskhulava	1 h 15 min
Coffee break | 15:30–15:45 | 15 min			
15:45–16:45	**Group work — building the evidence summary.** Each group identifies and summarizes 3–5 key pieces of evidence relevant to its case, classifying each by data quality and evidence quality. Output feeds directly into the Evidence section of the Day 3 policy brief.	Veriko Mirtskhulava Nino Mirzikashvili	1 h
16:45–18:15	**PRACTICAL EXERCISE — SWOT / Option Grid (Step ③ × ④).** • Groups compare their 2–3 options, informed by evidence and stakeholder landscape. • Brief discussion of economic, political, and social trade-offs. • Plenary debrief.	Akaki Zoidze Veriko Mirtskhulava	1 h 30 min

Day 3 — 20 July 2026 — Governance, Financing, Implementation and Policy Brief Defense

Policy Spine: Steps ⑤ → ⑥ → ⑦ — Governance & Financing → Implementation → Recommendation & M&E.

Day 3 objective: Participants apply governance and financing considerations to their case, assemble their policy brief from work already done, and present recommendations before a simulated Ministry panel.

Day 3 output (Deliverable E): Policy brief (1–2 pp,) + 5–7-slide defense, presented at 17:15.

Time	Session / Activity	Instructor(s)	Duration
10:00–11:15	**Governance for health policy.** Accountability, transparency, participation; regulatory and institutional frameworks; linking governance to implementation feasibility.	Zurab Tchiaberashvili	1 h 15 min
Coffee break | 11:15–11:30 | 15 min			
11:30–12:15	**Financing structures and policy choices.** Overview of health-financing types; role of public and private sectors; public–private partnerships situated as one financing option among others.	Andrew Urushadze	45 min
12:15–13:00	**Guest Lecture — Financial Policy of Universal Health Coverage: Pilot in Uzbekistan.** Why financing structures shape policy choices; UHC design and implementation experience.	Sukhrob Saliev Tashkent Westminster International University	45 min
13:00–13:45	**APPLIED EXERCISE — Governance & Financing lens on your options (Step ⑤).** Using a short template, each group rates its 2–3 policy options on feasibility across governance and financing dimensions and identifies the preferred option to carry into the brief.	Andrew Urushadze Sukhrob Saliev	45 min
Lunch | 13:45–14:45 | 1 h			
14:45–15:30	**Implementation challenges in health policy (Steps ⑥ and ⑦).** Policy reform and system transformation — regional cases from EECA; role of implementers and frontline institutions; building M&E indicators.	Andrew Urushadze	45 min
Coffee break | 15:30–15:45 | 15 min			
15:45–17:15	**POLICY BRIEF PREPARATION — structured group work.** Groups assemble already-produced outputs (problem, stakeholders, options, evidence, governance/financing, implementation risks, recommendation, M&E) into a 1–2-page brief and a 5–7-slide deck. Faculty circulate as coaches; each group also consults the assessment rubric to self-check before the panel.	Veriko Mirtskhulava Nino Mirzikashvili	1 h 30 min
17:15–18:00	**MOCK MINISTRY PANEL — Policy Brief Defense.** • Each group: 10-minute presentation + 5-minute panel Q&A. • Panel delivers rubric-based verbal feedback immediately after Q&A. • See Mock Ministry Panel — Format section below.	Zurab Tchiaberashvili Akaki Zoidze Andrew Urushadze	45 min
18:00–18:30	**Course wrap-up, evaluation, and certificate ceremony.**	Nino Mirzikashvili Veriko Mirtskhulava	30 min

Student Deliverables

#	Output	Content	Deadline	Format / Template
A	**Problem Statement**	Three-line problem framing for the case (What? For whom? Why now?)	End of Day 1	½ p
B	**Stakeholder Map**	Actors, interests, power levels, positions, and coalitions for the case	End of Day 2	1–1½ pp
C	**SWOT / Option Grid**	Structured comparison of ≥2 policy options using SWOT logic	End of Day 2	1–1½ pp
D	**Evidence Summary**	3–5 key pieces of evidence; quality and relevance assessment	End of Day 2	½–1 p
E	**Policy Brief + Defense**	Problem, options, evidence, governance/financing fit, recommendation, M&E indicators; supported by slide deck	Day 3, 17:15	Brief 1–2 pp + 5–7 slides

Mock Ministry Panel — Format

- Group size: up to 8 participants; 2–3 groups in total (depending on cohort size).
- Each group presents a 10-minute oral defense of the policy brief using 5–7 slides.
- Panel Q&A and verbal, rubric-based feedback, delivered to each group immediately after its Q&A: 5 minutes per group.
- Panel composition: 3 senior faculty acting in simulated Ministry-of-Health roles to model plausible policy-maker challenges.
- Assessment is group-level and formative (no individual grade). A short self-reflection worksheet is completed after the panel.

Assessment Rubric — Policy Brief + Oral Defense

Each criterion is rated on a 4-point scale: *1 = underdeveloped, 2 = emerging, 3 = proficient, 4 = strong.* Used formatively by the Mock Ministry Panel; also useful as a self-check during Day 3 brief preparation.

Criterion	What we look for
Problem definition	Clear, specific, and bounded problem statement; named target population; explicit urgency ("why now"); visible link to the Policy Spine Step ①.
Stakeholder analysis	Relevant actors identified; interests and power positions are plausible; coalitions and opposition mapped; stakeholder logic is traceable into option design.
Use of evidence	3–5 pieces of evidence cited; data quality and evidence quality clearly distinguished; known pitfalls (e.g., selective reporting) acknowledged.
Option comparison logic	At least two realistic options; SWOT / trade-off reasoning applied consistently; economic, political, and social considerations made visible (without requiring formal cost-effectiveness analysis).
Feasibility of recommendation	Governance and financing fit considered; implementation risks named; plausible M&E indicators proposed; the recommendation is defensible to a Ministry-level audience.
Oral presentation clarity	Clear structure; 5–7 slides used purposefully; presentation stays within 10 minutes; group fields panel questions using evidence and the analysis already produced.