



Health System Strengthening and Health Financing Course: Strategic Purchasing and Provider Payment

28 June – 2 July 2027

Paris - Right Bank business hotel



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Ref: 1305_22345 **Date:** 28 June – 2 July 2027 **Location:** Paris - Right Bank business hotel **Fees:** 23500 SAR

Introduction:

Health system strengthening and health financing course on strategic purchasing and provider payment is a five-day course for ministry planners, payer purchasing teams and health cluster and hospital executives, ending with a Health System Performance Review and Financing Reform Options Paper for a case health system. Many health systems still pay providers for volume, leave pools fragmented and expose households to high out-of-pocket spending. Nominees already plan services, negotiate provider contracts or steer reform files, and the course is taught through case studies of contrasting health systems. CoreConcept Training Center delivers this course on health system strengthening.

Course Objectives:

- Diagnose a health system against the six building blocks and its goals of health gain, responsiveness and fair financing using a performance indicator set
- Analyse revenue raising and risk pooling arrangements and quantify the effect of fund fragmentation on equity and financial protection
- Design a benefit package and coverage rules along the population, service and cost-share dimensions of universal health coverage
- Compare capitation, case-based diagnosis-related group payment, global budgets, fee-for-service and pay-for-performance and select a blended payment mix for a purchaser
- Align primary care networks, service quality monitoring, workforce and information flows with purchasing contracts
- Prepare a Health System Performance Review and Financing Reform Options Paper with sequencing and stakeholder management for a case health system

Target Audience:

- Ministry of health planning and policy units responsible for financing strategy and system performance reporting
 - Payer and health insurer purchasing teams responsible for provider contracts, tariffs and benefit rules
 - Health cluster and network executive teams accountable for population coverage, primary care and integrated pathways
 - Hospital executive teams that negotiate budgets and payment terms with purchasers
 - Health reform and transformation units that design and steer financing and governance changes
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Course Outline:

Day 1: Health System Building Blocks and Performance Diagnosis

- Six Health System Building Blocks and Their Interactions Map
- Health System Goals of Health Gain, Responsiveness and Fairness
- Stewardship, Resource Generation, Financing and Provision Functions Review
- Health System Performance Assessment Indicator Set by Function
- Current-State Health System Diagnostic Scorecard for Case Systems

Day 2: Health Financing Functions, Pooling and Coverage Design

- Revenue Raising Mix of Taxation, Contributions and Out-of-Pocket Payments
- Risk Pooling Arrangements and Fragmentation Across Multiple Health Funds
- Coverage Cube of Population Breadth, Service Depth and Cost Shares
- Benefit Package Design with Explicit Inclusion and Exclusion Rules
- Financial Protection Metrics for Catastrophic and Impoverishing Health Spending

Day 3: Strategic Purchasing and Provider Payment Methods

- Purchaser-Provider Split and Strategic Purchasing Decision Rights
- Capitation Rate Setting with Age and Risk Adjustment
- Diagnosis-Related Group Case-Based Payment and Coding Incentives
- Global Budgets, Fee-for-Service and Blended Payment Mix Design
- Pay-for-Performance Contracts with Quality Indicators and Payment Withholds

Day 4: Primary Care Networks, Service Quality, Workforce, Information and Reform Governance

- Primary Care Network Gatekeeping and Integrated Care Pathway Design
- Access and Quality Dimensions in Provider Contract Monitoring
- Health Workforce Density Gaps and Skill-Mix Planning Overview
- Health Information System Data Flows Feeding Purchasing Decisions
- Regulatory Instruments, Accountability Lines and Reform Political Economy

Day 5: Case Study: Health System Performance Review and Financing Reform Options Paper

- Case Health System Building Block Diagnostic and Indicator Review
 - Case Payer Pooling Structure and Benefit Package Gap Analysis
 - Case Provider Payment Redesign Options and Incentive Testing
 - Reform Sequencing Roadmap with Stakeholder and Transition Risk Mapping
 - Performance Review and Financing Reform Options Paper Completion
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Skills You Will Gain:

- Health System Performance Diagnosis
- Health Revenue and Pooling Analysis
- Benefit Package Design
- Financial Protection Measurement
- Provider Payment Mechanism Selection
- Purchasing Contract Design
- Integrated Primary Care Alignment
- Health Financing Reform Sequencing

Why Attend This Course:

- Deliver a Health System Performance Review and Financing Reform Options Paper to the ministry, payer board or cluster executive committee that sponsors reform
- Decide which provider payment mix and benefit rules suit a given pool, provider network and policy goal
- Avoid payment reforms that reward volume, shift costs to households or trigger provider resistance late in implementation
- Brief planning, purchasing and finance colleagues on financing functions and payment incentives with shared diagnostic templates

Conclusion:

Back at work, the participant hands the ministry planning unit, payer board or cluster executive committee a Health System Performance Review and Financing Reform Options Paper that sets out the system diagnosis, the pooling and benefit gaps and the payment redesign options with their sequencing. Decision-makers use it to choose which reform option to pilot and which contracts to renegotiate first. After the first contracting cycle under the chosen option, the unit should review financial protection indicators, provider behaviour under the new payments and any unintended cost shifting.

Frequently Asked Questions FAQ:

What should participants know before a health system strengthening and health financing course?

Participants should already work in health planning, purchasing, insurance or provider executive roles and be familiar with their own system's funding flows. Bringing summary data on spending sources, provider payment terms or benefit rules from their organisation helps them apply the case studies.

How does a health system strengthening and health financing course differ from a public health or health technology assessment course?

It concentrates on how money is raised, pooled and used to buy services and on the payment incentives providers face. Public health courses focus on disease burden and surveillance, while health technology assessment courses focus on cost-effectiveness modelling of individual medicines and devices.

Why does health system strengthening put so much weight on strategic purchasing and provider payment?

Provider payment decides what hospitals and clinics are rewarded for. Linking payments to population needs and performance information, rather than volume alone, is the main lever a purchaser has to improve access, quality and financial protection without simply adding money.

What do participants take back from a health system strengthening and health financing course?

Participants take back a Health System Performance Review and Financing Reform Options Paper for a case health system, with a building block diagnostic, pooling and benefit gap analysis, payment redesign options and a reform sequencing roadmap that can be adapted to their own system.
