

Concept Note – Building a Guide to Financing Health Promoting Services

Introduction

EuroHealthNet, in collaboration with WHO Europe - Coalition of Partners and International Union for Health Promotion and Education (IUHPE), is developing a Guide to Financing Health Promoting Services. The guide will be a tool for health planners and policymakers to develop health promoting services that benefit health and wellbeing for all, presented through a range of cross-sectoral case studies. The guide also pays attention to new financial measures and identifies how to use available funds and untapped resources to improve health equity. We aim to build the capacity of the public health community to access new funds, such as the upcoming InvestEUⁱ programme and to understand the language of the finance and investment world.

Rationale

The continued rise in the levels of chronic diseases throughout Europe has implications socially, economically, and politically. This growth is combined with restrictions on public health budgets and widening health inequalities. There is an urgent need to strengthen sustainable health promoting services that are rooted in the social determinants of health, and which recognise the specific needs of vulnerable groups and improving health equity. Health inequalities are best understood as “the systematic and avoidable differences in health outcomes between social groups such that poorer and / or more disadvantaged people are more likely to have illnesses and disabilities and shorter lives than those who are more affluentⁱⁱ.” In developing health promoting services, we need innovative and systemic thinking in terms of finance as well as the types of programmes, actions, and projects that are implemented and the beneficiaries of these services.

We know through EuroHealthNet’s work leading the national health promotion landscape reportsⁱⁱⁱ of the Joint Action *Chrodís Plus* that the focus within national health budgets has remained on curative interventions and that there is a significant lack of funding for health promotion and primary disease prevention^{iv}. The amounts spent on prevention and promotion in Europe roughly correspond to the World Health Organisation average of around 3% of national health sector budgets being spent on public health. In addition, the report of the High-Level Task Force on Investing in Social Infrastructure in Europe has identified a funding gap of 150 Billion EUR per year in the EU. Social infrastructure investment includes health, housing, social care, and education^v. These are important determinants of health. They require sustainably funded health promoting services to improve the health and wellbeing of all citizens.

The need to understand financing tools for health

The concern for health planners and service providers is how to address this funding gap. What additional possibilities are out there to fund health enhancing services that have long term results in a sustainable way. There are already a range of financial instruments available for innovative financing, such as from taxation or insurance funds, or through impact investing, social outcome contracting, or crowdfunding. The question is which of these work for which kind of health promoting services, service providers, frameworks, and contexts, and ultimately which is best for equitable health outcomes across the social gradient.

Traditional financing schemes are available for the construction of buildings and hard infrastructure, predominately through loans or central grants. However, arranging finance for health promoting services (involving human resources) is not as straightforward. It is this imbalance, between physical infrastructures, 'soft' services and investments, that we are seeking to redress. Innovative financial methods can be a tool to help in this endeavour but returns on any investment need to be calculated carefully. The shift to health promotion and disease prevention within community services will save money for stretched health budgets and enable people to be treated closer to their home. The potential savings could be used to pay investors a return on their investments. However, this is a daunting prospect for health planners and service providers who are not experienced in working with such financial tools or instruments. They need guidance in this process.

The Guide to Financing Health Promoting Services will help. It will present case studies that aim to demonstrate and help assess the potential and feasibility of adopting innovatively funded actions, programmes, or services. The guide will provide operational guidance to line managers, decision makers and lead practitioners who are responsible for the design, organisation and overseeing of the delivery of public health and health promoting services at different levels (local, regional, and national). It will target health planners and decision makers who deliver services and influence policies in other sectors that contribute to health and wellbeing, and other professionals, who want to increase or update their knowledge on the topic as well as learn about cross-sectoral opportunities to promote health.

Objective

The online guide supports the WHO European Action Plan for Strengthening Public Health Capacities and Services (EAP/PHS). The guide will illustrate in a practical hands-on manner, how to design, organise, and implement health promoting services, with particular attention paid to background context, organisational structure, quality assurance and performance measurement, and transferability. The key criteria will be on the different processes and procedures of financing. The innovative aspect of the guide is its focus on new finance instruments and how to identify and use available funds and untapped resources for improving health equity. The guide will also include public health focused investment criteria for potential investors or financial managers. The criteria aim to bridge the gap between the public health field and the financial investment field.

Output

The tool will contain nine case studies that focus on novel approaches to financing of sustainable health promoting services. Each of the case studies will be described and explained, by providing tangible examples of enabling conditions for a practice to emerge, how they were designed, funded, implemented, and evaluated. The three main stages of each case study are Design – Organisation – and Implementation. The steps are iterative and not strictly linear:

1. **Design** - this step will contain information on the importance of framing the service within historical, cultural, contextual and financial background and includes a health equity audit.
2. **Organisation** – this will include tips on how to take stock of the resources and stakeholders available, including a range of investors and funding instruments, time and workforce; and how to identify further resources if needed.

3. **Implementation** – this step will outline how to prepare a workplan including objectives, tasks, timeline and evaluation. In case of novel funding of services, the details of how the payback mechanisms for investors work.

The case studies will provide guidance on identifying opportunities and practical ideas on how to tackle barriers to success. The guide will also contain information about the scale and transferability of the case studies.

Health promoting services

The specific needs for programmes, services or actions that enhance health and reduce health inequalities will vary from context to context as do the cultural, social, and legal frameworks. Health promoting services however can be generally defined as any activity organised by a public service or other organisation/institution which enable people to increase control over, and to improve, their health and which goes beyond a focus on individual behaviour towards a wide range of social, and environmental interventions. The provision and organisation of these services can take place at various levels (national, regional, local) and in different settings. They are usually integrated into other activities in those settings (like schools, workplaces, communities etc.). Health promoting services need to be prepared to react and adapt to different contexts and challenging environments within rapidly changing political situations and actors. It is in this context that we are looking for case studies of innovatively funded health enhancing programmes, services, or actions.

Innovative Finance

Innovative finance refers to a variety of mechanisms to raise funds through, for example, micro-contributions, taxes, insurance funds, public or private impact investments, or existing market-based financial instruments. The idea is to create new funding streams by identifying new sources (in addition to the existing public funds) or by engaging new partners and improving the efficiency and impact of funding available. The majority of innovative financing is used to fund projects that are lacking public budgets or bring additional funding to a new context or setting. The aim is to encourage or blend new resources, partners, and new ways of working, and make use of these resources more effectively. Types of innovative finance include, but are not limited to:

- Social impact bonds - a form of payment between the public and private sector. The private sector provides up front funding and are paid by the public sector through saved resources. Other types of bonds include: charitable bonds, community investment bonds, and revenue participation.
- Revenue Participation - investments where the financial return is calculated as a percentage of the investee's future revenue streams and bridges between debt and equity and aims to reflect some of the characteristics of both.
- Crowdfunding - a way of sourcing funding for new projects from a broad group of individual donors. The most common types of crowdfunding include: peer-to-peer lending, rewards-based crowdfunding, donation-based crowdfunding, or revenue-sharing.

Method – template to submit a case study

The documentation of the action, programme, or service will be made via a template containing questions about different aspects of the case study. The template is divided in six broad sections specified below:

- a) Historical background and context
- b) Organisational structure
- c) Financing of the health promoting service
- d) Workforce
- e) Quality assurance and performance measurement
- f) Transferability

These broad sections will be supported with guiding questions.

Your contribution is valued

If you have a case study you would like to share with us, please contact Lina Papartyte at l.papartyte@eurohealthnet.eu to discuss and request a case study template.

We can potentially cover some of your expenses such as translation costs etc.

Deadline to express your interest and to receive a good practice template is 8th of March 2018. Deadline for submission is mid April.

EuroHealthNet

Brussels, 18 February 2019

ⁱhttps://ec.europa.eu/commission/sites/beta-political/files/budget-june2018-what-is-investeu_en.pdf

ⁱⁱ Whitehead, M (1990) The concepts and principles of equity and health. WHO Office for Europe, Copenhagen.

ⁱⁱⁱ JA Chrodis Plus (2018) Health Promotion and Primary Prevention in 21 European countries: a comparative overview of key policies, approaches, gaps and needs

^{iv} McDaid, D. (2018). Using economic evidence to help make the case for investing in health promotion and disease prevention.

^v Fransen, L., Del Bufalo, G., & Reviglio, E. (2018). Boosting Investment in social infrastructure in Europe. rapport de la task-force de haut niveau sur les infrastructures sociales en Europe),«discussion paper, (74).