Invest4Health information brief

Broadening sources of finance for health promotion and disease prevention

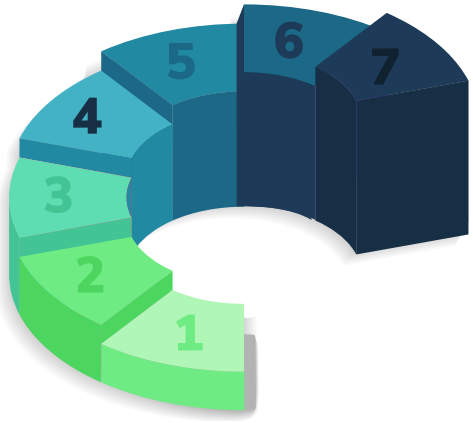
4. HOW TO CONNECT WHAT PARTNERS VALUE TO OUTCOMES WORTH INVESTING IN

Smart Capacitating Investment (SCI) involves **unconventional** investments, **financial or non-financial**, in health promotion and disease prevention. These investments may consist of **new resources or resources reallocated** towards enhancing health promotion and disease prevention. All forms of SCI aim to enhance individual and community capacity for healthier behaviours, address health determinants, and promote **sustainable change** while **reducing health inequalities**.

The implementation of Smart Capacitating Investment (SCI) for health promotion and disease prevention follows seven key steps, each outlined in a dedicated briefing.

Scan to find all briefs

1. WHAT IS SMART CAPACITATING INVESTMENT?
2. HOW TO DEFINE THE HEALTH PROBLEM AND CHOOSE THE RIGHT INTERVENTION
3. HOW TO BUILD CROSS-SECTORAL ALLIANCES
4. CONNECTING WHAT PARTNERS VALUE TO OUTCOMES WORTH INVESTING IN
5. ATTRACTING & ENGAGING INVESTORS
6. MEASURING IMPACT & DEMONSTRATING VALUE
7. HOW TO SCALE AND SUSTAIN SCI



Purpose of this brief

This brief supports decision-makers and practitioners in designing Smart Capacitating Investment (SCI) initiatives that make collaboration worthwhile for all partners involved. While cross-sectoral alliances are essential for health promotion and disease prevention, they only endure when each actor clearly understands what value they gain, what risks they take, and why participation makes sense within their own mandate.

Different sectors define value in different ways. Public authorities focus on equity, population outcomes, and budget sustainability. Financial actors look for risk management, predictability, and credible returns. Employers value productivity and workforce wellbeing. Communities value access, trust, and tangible improvements in daily life.

This brief explains how to translate diverse motivations into outcomes, financing mechanisms, and governance structures that enable win–win collaboration while protecting the public interest.

What you will learn

By the end of this brief, you will understand how to:

- Analyse how different sectors define and measure value (financial, social, operational, political).
- Identify incentive misalignments that undermine collaboration.
- Use incentive mapping tools to design shared objectives and contributions.
- Structure “win–win” scenarios across public, private, and civil society actors.
- Apply outcome-based and shared-savings mechanisms to align interests over time.
- Balance financial incentives with ethical safeguards and equity objectives.

Funded by the European Union

Concepts and rationale

Health promotion and disease prevention generate value across systems, but these benefits often accrue to different actors than those who invest upfront (sometimes called the "wrong pockets" problem).[1] For example, a workplace wellbeing programme may be funded by a public authority, while the financial gains flow primarily to employers (through reduced absenteeism) and insurers (through lower claims), without either contributing to the cost. Employers may benefit from a healthier workforce without contributing financially. Communities may bear behavioural or participation burdens without seeing short-term gains.

This structural misalignment is compounded by a related challenge: where costs and benefits fall on different actors, the consequences of not investing in prevention are often less visible or less immediate to those expected to fund it. Together, these dynamics help explain why prevention remains chronically underfunded.

Smart Capacitating Investment addresses this not by promising that "everyone wins automatically," but by explicitly designing how value is recognised, measured, and redistributed. This requires understanding that:

- Public authorities may prioritise cost containment, equity, and population outcomes.
- Investors and financial actors focus on risk, return, and predictability.
- Employers value productivity, reduced absenteeism, and workforce wellbeing.
- Communities prioritise access, trust, dignity, and lived improvements.

Aligning these perspectives requires explicit design choices: defining outcomes that matter to multiple actors, agreeing on how value is measured, and determining how risks and rewards are shared. Ethical considerations are central, particularly to avoid shifting risk onto communities or service providers with limited capacity.[2]

Practical steps

Step 1. Map incentives and value drivers

Purpose: Building on the stakeholder analysis in **Brief 3**, identify what each stakeholder values, what motivates their engagement, and how they define success, risk, and return. Detect where incentives clash and where alignment is possible through design choices.

Some tools you could use:

- **Stakeholder Map** from the SCI Investment and Finance Model Toolkit (see **Brief 5**)
- **Incentive Mapping Matrix** – links each stakeholder to expected benefits (financial, social, political), potential risks, and possible contributions.
- **Capability–Opportunity-Motivation Model for Behaviour Change (**the COM-B model) – assesses whether incentives are sufficient to trigger action.

Action: Systematically document what each stakeholder expects to gain, what they fear losing, and what would justify their involvement. Identify who contributes resources, who benefits, and who bears risk. Where imbalances exist, explore mechanisms to rebalance incentives (e.g. shared savings, co-investment, outcome payments). This step also helps anticipate ethical risks such as exclusion or unintended incentives and address them early.

Step 2. Design shared goals and outcomes

Purpose: Translate diverse incentives into a small set of common, measurable outcomes that partners can collectively support. This step builds directly on stakeholder engagement developed in **Brief 3**, and incentive mapping undertaken in Step 1 of this brief. Shared outcomes help ensure that collaboration is based on clear expectations and mutual benefits.

Some tools you could use:

- **Stakeholder Value Matrix** from the SCI Investment and Finance Model Toolkit (see **Brief 5**) - useful to understand the perspectives of investors, financiers, and commissioners, and to refine how the initiative is framed and positioned for different audiences.
- **Logic Model** - to set out specific activities and outputs of an intervention and link them with the need and intended outcomes.
- **Programme Outcome Design Guide** - to structure outcome definitions and identify potential outcome payers.
- **Outcome Mapping** - a planning, monitoring and evaluation approach focusing on behavioural and system changes influenced by a programme.

Funded by the European Union

Action: Define outcomes that matter across sectors (e.g. reduced hospital admissions, improved school attendance, workforce participation) and are clearly linked to the problem identified in **Brief 2**. Ensure these outcomes are jointly owned and meaningful to communities, not only institutional priorities. Where possible, limit this to a small number of shared outcomes (e.g. 2–4) to maintain focus and feasibility.

In practice, reaching agreement on shared outcomes requires structured conversation and negotiation among partners. This means creating space for actors to surface different expectations, constraints, and priorities, and to reconcile them through dialogue before committing to a common framework.

Well-defined shared outcomes form the foundation of the investment case and value proposition explored in **Brief 5**. Once the value proposition is established, relevant indicators, data sources, and monitoring responsibilities can be identified to track progress over time (see **Brief 6**).

Step 3. Understanding financing options

Purpose: Move from understanding stakeholder incentives (Steps 1–2) to identifying how these can be reflected in realistic financing and contractual arrangements. This step is about building a basic understanding of available options before selecting a specific model (see **Brief 5**).

Not all initiatives require complex financial structures, but all require clarity on how resources flow, how outcomes are rewarded, and how risks are managed.

Some tools you could use:

- **Guide for Financing Prevention and Health Promotion** – for an overview of different financial mechanisms
- **Unlocking funding for well-being, equity and healthy societies**

Action: Explore different types of financing and contractual approaches in light of your stakeholder configuration. Consider:

- How funding could be linked to outcomes (or not)
- Whether risks are borne by one actor or shared
- What level of complexity is feasible in your context

Use this step to narrow down the range of suitable approaches, which will then be explored in more detail in **Brief 5**.

Step 4. Monitor, adapt, and renegotiate

Purpose: Maintain incentives aligned over time as contexts change and relationships evolve.

Some tools you could use:

- Joint monitoring dashboards
- Adaptive governance frameworks
- Periodic reviews

Action: Establish regular moments to review outcomes, financial flows, and unintended effects. Use joint governance structures to adjust incentives, renegotiate terms, and address emerging imbalances before trust erodes. Ensure all partners and collaborators have visibility over progress and are involved in discussions on adjustments, to maintain alignment and trust.

Example 1: Koto-SIB: Finland's programme for tackling unemployment and social exclusion among immigrants

Finland piloted the Koto-SIB, a fast-track training and employment programme for immigrants, to improve labour market integration following the 2015 displacement crisis. The programme provides tailored training and job matching, linking participants with employers in sectors facing labour shortages.

It brings together public authorities, private investors, and service providers under a Social Impact Bond model, with a fund manager acting as a central coordinator. This intermediary plays a key role in aligning actors who do not ordinarily work in close partnership, by selecting providers, managing performance, and ensuring continuous coordination between stakeholders.

The financing structure creates strong incentives for collaboration. Investors provide upfront funding and are repaid only if agreed outcomes, such as reduced benefit dependency and increased tax revenues, are achieved. Meanwhile, service providers have the flexibility to adapt support to individual needs.

Funded by the European Union

Example 2: Aligning cross-sector incentives through a blended Social Prescribing Fund in England

In England, the proposed Social Prescribing Fund aims to scale up community-based health interventions by overcoming fragmented funding. It builds on the existing social prescribing system, where patients are referred to non-clinical activities to improve wellbeing.

The Fund brings together Integrated Care Partnerships (ICPs), the National Health Service, local authorities, businesses, philanthropists, and national investors through a blended financing model. Local partners are required to pool contributions, encouraging shared ownership and coordinated action. ICPs act as conveners, aligning stakeholders without directly holding budgets.

With a long-term investment horizon and shared wellbeing metrics, the model incentivises sustained collaboration and demonstrates how pooling resources can strengthen cross-sector partnerships.

Key messages and next steps

- **Aligning incentives across sectors rarely happens on its own** — it benefits from deliberate mapping of what each partner values and needs.
- **Identifying shared outcomes can help turn diverging interests into a common agenda** worth investing in.
- **Outcome-based and shared-savings models can create financial motivation to collaborate** — when designed with transparency and fairness in mind.
- Strong governance and honest evaluation help sustain trust over time, especially as partnerships evolve.

Where possible, investors and financiers are worth engaging early in this process, not just as funders, but as partners who can help shape outcomes that are both meaningful and investable (see also **Brief 3** on building cross-sectoral alliances).

Once incentives are aligned and shared outcomes defined, the next step is turning this into a concrete funding strategy. **Brief 5**: Attracting and Engaging Investors explores how to build the investment case and engage financial partners to fund your initiative.

If you are exploring how to strengthen or mobilise financing for prevention and health promotion and would value personalised support, please contact us.

See also:

The EuroHealthNet

Guide for Financing Prevention and Health Promotion

www.financing-guide.eurohealthnet.eu

References

1 Ruben Koekoek, Lucas Voesten, Jeantine van der Feest en Linda Kokke Innovative financing for prevention: from Healthcare costs to healthcare gains, Social Finance NL

2 Plankó S, Hulse E, Rutten-van Mölken M, et al. Social impact bonds: opportunities for funding health promotion and disease prevention. BMC Public Health. 2026 Mar 16;26(1):1329. doi: 10.1186/s12889-026-26916-1. PMID: 41840588; PMCID: PMC13104328.

About Invest4Health

The Invest4Health project developed alternative business and finance models for health promotion and disease prevention, including new ways of creating value, financing, governing, collaborating, and scaling. Together, the seven briefs aim to support policymakers, practitioners, and investors in understanding and applying Smart Capacitating Investment (SCI) to expand prevention and strengthen population health.

Read more about the project on www.invest4health.eu.

About these briefs

These briefs were developed under the Invest4Health project. Each dedicated briefing sets out the seven steps of implementing Smart Capacitating Investment (SCI) for health promotion and disease prevention.

Up next: **Brief 5** - Atrracting and engaging investors: How to fund the intervention

Find all Invest4Health briefs at eurohealthnet.eu/i4h-briefs

Funded by the European Union

This brief is part of a series produced under the Horizon Europe-funded Invest4Health project (Grant Agreement 101095522). UK participants in Horizon Europe Project Invest4Health are supported by UKRI: Bangor University (Grant number 10065737); University of Oxford (Grant number 10065737); Hywel Dda University Health Board (Grant number 10063637).

This brief was developed by EuroHealthNet, the European Partnership for Health, Equity, and Wellbeing, in collaboration with the Invest4Health Partnership. Learn more at www.eurohealthnet.eu.