6. MEASURING IMPACT & DEMONSTRATING VALUE - HOW TO ENSURE INTERVENTIONS STAY FUNDED

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.

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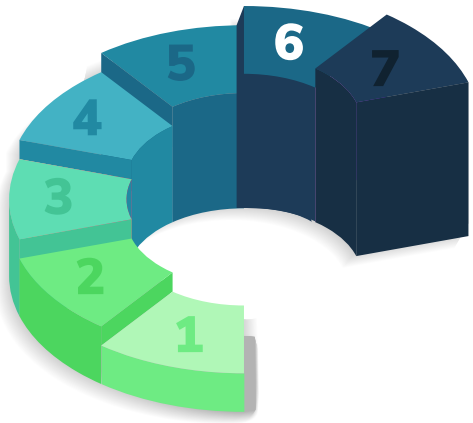
1. WHAT IS SMART CAPACITATING INVESTMENT?
2. HOW TO DEFINE THE HEALTH PROBLEM AND CHOOSE THE RIGHT INTERVENTION
3. HOW TO BUILD CROSS-SECTORAL ALLIANCES
4. CONNECTING WHAT PARTNERS VALUE TO OUTCOMES WORTH INVESTING IN
5. ATTRACTING & ENGAGING INVESTORS
6. MEASURING IMPACT & DEMONSTRATING VALUE
7. HOW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



Purpose of this brief

This brief aims to support decision-makers and practitioners in designing Smart Capacitating Investment (SCI) initiatives that remain credible, fundable, and scalable over time by demonstrating their value through robust impact measurement. While attracting initial funding is critical, health promotion and prevention initiatives often fail to sustain financing because their benefits are insufficiently measured, poorly communicated, or misaligned with funder decision cycles.

Different stakeholders require different forms of evidence to justify continued investment. Public authorities may need proof of population health gains, equity impacts, and long-term budget sustainability. Investors and funders look for credible outcome metrics, risk reduction, and evidence of value for money. Service providers need data that supports learning and operational improvement. Communities expect to see tangible improvements in lived experience.

SCI does not promote measurement for its own sake. Instead, it provides structured ways to define outcomes, select indicators, and generate evidence that makes prevention visible, comparable, and defensible in funding and policy decisions. This brief explains how to move to deliberate impact design ensuring that evidence supports renewal, scaling, and diversification of funding while safeguarding equity and public interest.

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What you will learn

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

- Define indicators that capture capacity building, prevention outcomes, and equity impacts, not just short-term outputs.
- Select indicators that are meaningful for funders, policymakers, providers, and communities.
- Use economic tools such as cost–benefit analysis and Social Return on Investment (SROI) to translate outcomes into decision-relevant value.

Concepts and rationale

For Smart Capacitating Investment (SCI) initiatives, measurement is not an optional technical add-on; it is the mechanism through which health promotion and disease prevention remain visible, credible, and fundable over time. Unlike acute or curative care, preventive and health-promoting interventions generate benefits that unfold gradually, cut across multiple sectors, and are often only partially captured in financial terms. When these effects are not systematically measured and communicated, prevention is easily displaced by short-term pressures, electoral cycles, and siloed budgeting practices.

Traditional evaluation approaches in health policy have tended to prioritise clinical outcomes or cost-effectiveness within the healthcare system. While these methods remain important, they are often insufficient for SCI initiatives because they overlook the broader forms of value that prevention creates. These include the strengthening of individual, community, and system capacity; improvements in equity and access; and positive spillovers into education, employment, social care, and community cohesion. As a result, interventions that are socially valuable and strategically important may appear weak or inconclusive when assessed through narrow evaluative lenses.

SCI therefore calls for proportionate and multidimensional evaluation grounded in core economic and public value principles. Decision-makers face scarcity and opportunity costs: investing in prevention means choosing it over other uses of public or philanthropic resources, which requires credible comparisons between alternatives. Efficiency matters, not only in terms of cost minimisation but in relation to the health and societal gains achieved. Equity considerations are central, since preventive interventions can either reduce or reinforce existing inequalities depending on who benefits and who bears the costs. Value for money must be assessed over time and across sectors, recognising that returns may not accrue to the same actors who invest upfront.

Within SCI, measurement is treated as a strategic function rather than a compliance exercise. Different actors rely on different forms of evidence, and evaluation must be capable of speaking to all of them without distorting priorities. Public authorities typically look for population-level outcomes, equity impacts, accountability, and long-term fiscal sustainability. Funders and investors require credible outcome metrics, signals of predictable performance, and reassurance that risks are being managed responsibly. Service providers need data that supports learning, quality improvement, and stable commissioning arrangements. Communities, meanwhile, value evidence that reflects lived experience, tangible improvements in daily life, and fair treatment.

No single evaluation method can satisfy all of these needs simultaneously. SCI therefore promotes fit-for-purpose evaluation, in which methods are selected and combined based on the nature of the intervention, the decisions at stake, and the maturity of the evidence base. Economic evaluation methods, such as cost-effectiveness or cost–benefit analysis, can support comparisons and resource allocation decisions when outcomes can reasonably be quantified or monetised. Social valuation approaches, including Social Return on Investment, help capture broader social, health, and equity value that would otherwise remain invisible. Multi-criteria approaches, such as Multi-Criteria Decision Analysis, make trade-offs explicit when multiple objectives and stakeholder priorities must be balanced.

The aim is not methodological sophistication for its own sake, but decision-relevant evidence that supports funding choices, enables adaptive learning, and safeguards the public interest. When designed well, evaluation strengthens investment readiness, underpins outcome-based financing, and provides both the narrative and the numbers needed to sustain long-term investment in health promotion and disease prevention.

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Practical steps

Step 1. Clarify the decision context and purpose of evaluation

Purpose: Ensure that measurement is designed to answer real funding, governance, and strategic questions, rather than producing data that is interesting but unused.

Some tools you could use:
- Decision-context analysis (who decides, when, and on what basis)
- Stakeholder analysis linked to evidence needs
- **Social Value E-guide for Public Health** by World Health Organization Collaborating Centre on Investment for Health and Well-being and Public Health Wales to understanding and capturing the social value of the interventions

Action: Clearly define why impact is being measured, whether to attract initial investors, trigger outcome-based payments, justify continued funding, compare alternatives, or support scaling, and specify who will use the evidence, at what moment, and for which decisions.

Step 2. Define outcomes that matter for sustainability

Purpose: Build a layered outcome framework that tracks progress at every stage, from initial engagement through to long-term impact, demonstrating why the intervention deserves continued investment.

Some tools you could use:
- Outcome hierarchy (outputs > short-term outcomes > long-term impact)
- SMART outcome framework
- Equity-focused outcome checklist
- Stakeholder and community workshops to validate outcome relevance
- Partnerships with local universities or research organisations
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Action: Define a shared set of outcomes across three time horizons. In the short term, engagement and process indicators, such as the proportion of the target group participating, are essential for monitoring whether the intervention is reaching those it is designed for. In the medium term, intermediate outcomes such as improvements in physical activity, school attendance, or mental wellbeing signal whether change is underway. In the long term, outcomes such as life expectancy, quality of life, and equity in access demonstrate broader and sustained impact. Ensure this outcome framework reflects health promotion and disease prevention alongside wider social and economic benefits, is jointly owned across sectors, and is meaningful to communities, not only to institutions.

Step 3. Select indicators and data sources pragmatically

Purpose: Balance ambition with feasibility so that measurement supports learning and funding decisions without overwhelming delivery capacity.

Some tools you could use:
- Indicator selection matrix (relevance × feasibility)
- Mapping of existing administrative and public health data
- Surveys, interviews, focus groups and routine monitoring systems
- Resource mapping templates

Action: Combine quantitative and qualitative indicators, and for each indicator specify clearly: who is responsible for data collection, in which system it will be recorded, and how frequently it will be gathered. This clarity is essential for embedding measurement into delivery rather than treating it as an afterthought.

Use existing administrative and public health data where possible, but do so with caution. Attributing outcomes to a specific intervention using real-world data requires careful methodological consideration, including approaches such as external control groups, inversed probability weighting, or other techniques to distinguish the effect of the intervention from other factors. Where such rigour is not feasible, be transparent about the limitations of the evidence.

Introduce new data collection only where it adds clear decision value. Distinguish leading indicators (early signals of change) from lagging indicators (final outcomes), and establish regular learning cycles, structured moments for those responsible for delivery and follow-up to review findings, discuss what is working, and adjust accordingly.

Step 4. Choose an appropriate evaluation approach

Purpose: Match evaluation methods to the complexity, maturity and the investment logic of the SCI initiative (defined in **Brief 2**).

Some tools you could use:
- Cost–benefit analysis when outcomes can reasonably be monetised, while recognising its limits for complex social value
- Social Return on Investment (SROI) to capture broader social, health, and equity value
- Multi-Criteria Decision Analysis (MCDA) when multiple objectives and stakeholder priorities must be balanced

Action: Select one or more measurement approaches that reflect the type of value your intervention creates, align with funder and stakeholder expectations, and are feasible given available data and resources, while avoiding unnecessary complexity that does not meaningfully improve decision-making.

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Step 5. Address counterfactuals and uncertainty explicitly

Purpose: Strengthen credibility and avoid overstating impact

Some tools you could use:
- Before–and-after comparisons
- Comparison groups or matched controls
- Sensitivity and scenario analysis
- Assumption registers

Action: Be transparent about what would likely have happened without the intervention, and where uncertainty remains. Decision-makers value honesty and robustness over inflated claims.

Step 6. Integrate evaluation into governance and funding cycles

Purpose: Ensure evidence supports continued financing and adaptive management, not just reporting exercise.

Some tools you could use:
- Joint monitoring dashboards shared across partners
- Periodic review and learning cycles
- Outcome-linked payment triggers
- Deliberative forums to interpret results collectively

Action: Embed evaluation results into funding reviews, contract renewals, and governance discussions. Use evidence to adapt interventions and financing arrangements over time, rather than treating evaluation as a one-off exercise.

Example 1: Social outcomes contract for a preventive and healthy workplace (Sweden)

In Sweden, a social outcomes contract was developed to support preventive workplace health measures aimed at reducing sick leave and improving employee wellbeing. The initiative brought together local public authorities, service providers, and financing partners under an agreement where payments were linked to the achievement of predefined social and health outcomes rather than to the delivery of activities alone. Impact measurement was embedded directly into the financing model. Performance indicators, such as reductions in sickness absence and improvements in work ability, were used to assess the effectiveness of the intervention. The results of this assessment determined whether outcome-based payments were made, ensuring that funding was aligned with demonstrated results and shared accountability among all partners.

Key messages and next steps

- **Prevention stays funded when its value is measurable, credible, and visible, communicated in the right language to the right audiences.**

- In SCI, **measurement is a strategic tool for sustainability and learning, not a compliance exercise**. Building responsibilities, data systems, and learning cycles into delivery from the start makes the difference.

Further reading

- Apostolos Tsiachristas, Rositsa Koleva-Kolarova, Sarah Wordsworth, et al. Invest4Health Deliverable 4.1 Multidimensional performance measurement toolset for SCI models (SCI), 2025
- Koleva-Kolarova, R., Hulse, E., Németh, B. et al. Towards a Multi-sectoral Approach to Population Health: A Scoping Review of Cross-sectoral Evaluations of Health Interventions. Appl Health Econ Health Policy 24, 479–497 (2026). https://link.springer.com/article/10.1007/s40258-025-01023-1

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

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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 6** - Measuring impact & demonstrating value: how to ensure interventions stay funded

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

See also:

The EuroHealthNet

Guide for Financing Prevention and Health Promotion

www.financing-guide.eurohealthnet.eu

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