7. HOW TO SCALE AND SUSTAIN SMART CAPACITATING INVESTMENT?

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

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

What you will learn

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

- Consider Smart Capacitating Investment principles in policy and planning cycles.
- Start the transition from time- and budget-limited pilots towards sustained, system-level financing arrangements.
- Identify and consider pathways to overcome common institutional barriers to scale SCI, including legal, budgetary, sectoral siloes and organisational culture.

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Concepts and rationale

The health promotion and disease prevention investment gap and why it persists.

Despite clear evidence of value — with prevention, howing a median return of €14 for every €1 invested,[1] only about 3% of health budgets in the EU are spent on disease prevention and public health, compared to over 65% for curative care.[2]

This reflects a deeper structural and incentive misalignment: disease prevention generates value across sectors and over time, while health financing systems remain short-term, siloed, and oriented toward clinical events rather than long-term population health. Prevention is therefore not only an investment challenge but also a collective risk-management challenge. Like pensions, insurance, or social protection systems, prevention relies on shared investment today to reduce future risks and costs that would otherwise be borne by individuals, communities, health systems, and economies. Changing this requires a fundamental reorientation of how health promotion and disease prevention is understood, prioritised, incentivised, financed, and governed.[3]

EU institutional constraints and a challenging and shifting policy landscape

Understanding why this gap persists requires an honest look at the EU treaties and institutional architecture, primarily designed to promote economic integration, and the changing policy environment. For instance, Health Ministers meet once a year at EU level, compared to roughly monthly for finance ministers.[4] In June 2024, EU Health Ministers unanimously adopted conclusions calling for stronger EU policies on health promotion and disease prevention, and invited the European Commission to establish an EU Health Investment Hub. However, the EU '2024-29 Strategic Agenda' published shortly afterwards and guiding the EU institutions work, focused on security, competitiveness, and resilience, and did not include explicit references to health promotion or disease prevention.[5]

And while a healthy, productive population is ultimately central to European competitiveness, questions remain about the extent to which upstream public health and health equity will receive dedicated strategic attention and resources. Looking ahead, the EU4Health programme, which represented a significant expansion of EU investment in public health following COVID-19, will likely not continue as a standalone instrument in the EU's 2028–2034 Multiannual Financial Framework, with its resources to be integrated into a newly established European Competitiveness Fund.[6]

Windows of opportunity

Within these constraints, a strong entry point for SCI is the European Pillar of Social Rights (EPSR), which recognises health, social protection, education, housing, and inclusion as interconnected public responsibilities. Its implementation process, including the Social Scoreboard and European Semester process, already provides mechanisms through which SCI-relevant outcomes can be monitored and supported. This makes the EPSR a potential accountability framework for scaling prevention investment and protecting the social dimension of public policy against recurring pressures for simplification, deregulation, and short-term economic prioritisation.

These opportunities are not all equal, however, and it is worth distinguishing between them. Some represent binding financing instruments with real leverage: the European Social Fund Plus and the Cohesion Policy currently provide substantial funding for social inclusion, skills, and health-related investment, though their future is uncertain. Both are likely to be restructured under the 2028–2034 Multiannual Financial Framework into broader National and Regional Partnership Plans, potentially diluting their focus. Others, such as the European Green Deal and Nature Restoration Regulation, Europe's Beating Cancer Plan, the new EU Safe Hearts Plan, create genuine policy mandates for prevention-oriented investment across sectors. Finally, proposed initiatives on poverty and affordable housing represent important but softer opportunities; they signal political intent and address key health determinants, but carry no binding obligations or dedicated funding, limiting their immediate leverage for SCI.

Taken together, these frameworks support prevention-related objectives but their potential to drive sustained investment varies significantly.

Health policy has a role to play

Health policy has been slow to recognise and resource the full spectrum of what keeps people healthy. Too often health strategies remain focused on clinical pathways and acute care that are underpinned by medicalisation, even as evidence points overwhelmingly to social, environmental, and economic determinants as the primary drivers of health outcomes. Shifting this balance requires health policy to acknowledge and address the full spectrum of factors affecting our health. In practice, this means:

- explicitly recognising non-clinical interventions such as community health approaches, social prescribing or improving health literacy as legitimate, fundable components of health systems;
- aligning with environmental sustainability goals by supporting active travel, and climate-resilient urban design as prevention investments; and
- creating financing frameworks with space for outcome-based and cross-sector models, moving away from activity-based payment systems that systematically undervalue prevention.

Across Europe, some progress is visible. Finland,[7,8] has embedded health promotion through the Health in All Policies approach; the Netherlands has strengthened municipal responsibility for health promotion and prevention; and the United Kingdom has used social prescribing - linking patients to community-based, non-clinical support - and outcomes-based commissioning to mobilise community assets. These examples show system-level change is possible but depends on deliberate institutional design and sustained political commitment.

Potential approaches to scaling and sustaining SCI

The EU policy landscape described in Section 3 contains both opportunities and constraints. Together they suggest that scaling SCI is not primarily about identifying new funding streams, but about embedding health promotion and disease prevention as a governing principle across policy, budgeting, and investment decisions. Doing so requires deliberate action at multiple levels simultaneously.

The approaches below draw on the collective learning from the Invest4Health project - across its testbeds, tools, and policy work - and are not a prescribed sequence. They are a set of mutually reinforcing levers that decision-makers and practitioners can draw on depending on their context, mandate, and entry point, whether at European, national, regional, or organisational level. What matters is identifying where the greatest opportunity lies in your context, and building from there.

A. Identify and embed SCI opportunities within existing policy, planning cycles, and cross-sector mandates

Purpose: Ensure SCI is not treated as a standalone project logic but embedded into how policies, strategies, and plans are designed, funded, and reviewed, and anchored in the mandates of multiple sectors, not only health.

What tends to work: Identify the policy cycles that already shape decisions in your context, such as local development plans, health and wellbeing strategies, social inclusion plans, education strategies, climate or urban plans, or national reform programmes, and map where prevention and health promotion objectives already appear, even implicitly.

Community participation should be embedded throughout this process. Citizens, patients, community organisations, and civil society actors are not only stakeholders but can also act as co-producers of governance legitimacy, helping shape priorities, design solutions, and monitor implementation. Invest4Health experience suggests that participation is most effective when it is structured, adequately resourced, and built into governance arrangements from the outset rather than added as a consultation exercise later.

Aligning with existing policy frameworks significantly reduces resistance and accelerates progress. The Invest4Health West Wales testbed illustrated this well: when the Welsh Government released a national social prescribing framework in 2023, the testbed was able to align its goals with national policy, giving it institutional legitimacy and a clearer path forward.

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Once you have identified relevant policy entry points, clarify which objectives your initiative contributes to beyond healthcare, such as employment, educational attainment, social cohesion, urban regeneration, or environmental sustainability and explicitly link these outcomes to the mandates of the responsible departments or organisations. The Invest4Health testbed experience consistently showed that engaging decision-makers across sectors is one of the hardest and most critical steps.

In Skåne, while municipalities were actively engaged, securing longer-term commitment from regional decision-makers on shared governance proved difficult. In North Rhine-Westphalia, employers and insurers expressed interest but hesitated to commit without clearer evidence, defined responsibilities, and pre-existing solutions. The lesson is that cross-sector alignment requires explicitly communicating a strong value proposition connecting your initiative to what each sector is already mandated and incentivised to do.

At local or organisational level, this may involve integrating SCI principles into strategy documents, or convening cross-departmental working groups to identify shared goals and co-benefits. At regional or national level, it means embedding SCI into inter-ministerial strategies supported by formal coordination mechanisms, shared outcome indicators, and medium-term expenditure frameworks so that prevention investments are reviewed alongside other public investments.

B. Institutionalise SCI in budgeting, commissioning and financing processes

Purpose: Move SCI from time-limited or pilot funding into routine financial and commissioning systems.

What tends to work: Review existing funding streams, commissioning rules, relevant legislation, and budget structures to identify where prevention investments are already being made so they can be leveraged further, as well as where they are constrained by short-term or siloed funding.

The Invest4Health testbed experience showed that reallocation of existing public resources that are suboptimally used is often the most realistic and lowest-friction starting point. In West Wales, pooling three separately managed programmes under shared governance, without creating new money, has been adopted as routine practice and helped to reduce transaction costs.

More complex models, such as outcome-based financing or blended public-private investment, are worth exploring but require greater institutional readiness, clearer governance, and more time than a project setting typically allows. At regional or national level, procurement, grant programmes, or reimbursement systems can be adapted to allow outcome-based payments or co-investment models where feasible.

Wherever possible, link SCI to existing funding instruments rather than creating entirely new mechanisms. In some contexts, pooled financing mechanisms such as Social Outcomes Funds may provide a practical bridge between pilot funding and longer-term institutional investment by allowing multiple sectors to co-invest in shared outcomes.

C. Build ownership, governance and institutional capacity

Purpose: Ensure organisations and governments have the skills, structures, and authority to design, manage, and scale SCI over time.

What tends to work: Initiatives that successfully sustain themselves almost always have at least one individual or organisation with a genuine stake in the survival of what has been built, the capability to keep developing it, and the relationships to advocate for its continuation. This ownership needs to be named and nurtured during the initiative itself, not assumed to emerge afterwards. Equally important is a transition facilitator: someone with enough mandate, relationships, and institutional memory to hold the process together across sector boundaries and funding cycles.

In many contexts, mutual organisations, pension funds, insurers, and social economy actors can be valuable partners because their long-term orientation, experience with collective risk-sharing, and relative independence from electoral cycles make them well placed to sustain prevention investments beyond project funding.

Closely related to ownership is the question of governance. The Invest4Health testbed experience makes one lesson particularly clear: governance and capacity-building cannot be left until implementation is underway.

In Galicia, leadership changes within the regional health authority caused significant delays because the governance conditions were not yet sufficiently embedded. In Skåne, the testbed found that building shared governance infrastructure including stakeholder mapping, readiness gap analysis, collaborative platforms, had to precede rather than follow the financing conversation.

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The practical implication is to invest early in three things:

1. a shared and accessible definition of what SCI means in your context;
2. clear governance arrangements defining who decides, who pays, who monitors, and who is accountable;
3. and designated individuals or teams with explicit responsibility for coordination and continuity.

Alongside ownership and governance, invest deliberately in capacity-building across sectors. The testbed experience consistently shows that staff at all levels, from project coordinators to senior decision-makers, need practical support to understand investment logic, design outcome frameworks, navigate cross-sector collaboration, and engage with unfamiliar financing instruments.

At higher levels, establish permanent coordination units or steering bodies and ensure these structures are protected from political and funding cycles.

D. Create pathways from pilots to sustained system adoption

Purpose: Ensure SCI becomes part of how the system operates, not just a tool applied in specific circumstances.

What tends to work: From the outset, define what "success at scale" would mean in your context, particularly how many beneficiaries could be supported through the SCI, as well as which institutions would need to adopt or fund the intervention long term. The Invest4Health testbed experience reveals a structural gap here: in a project setting, stakeholders contribute without firm commitments to act as receivers of project results or to continue the work after funding ends. This must be addressed deliberately and early, not at the final project stage. Explicit transition plans from project funding to routine financing are essential, including early identification of the organisations that will ultimately own, commission, finance, or deliver the intervention once project support ends.

Ultimately, the most durable pathway to sustained adoption is embedding SCI not as a named programme but as a governing principle, a way of thinking about health promotion and disease prevention that informs how decisions are made and investments are appraised across sectors. What matters is not the terminology but the underlying logic: long-term value creation, cross-sector benefits, shared risk, and equity becoming part of how public institutions plan, budget, and account for their decisions. When that happens, health promotion and disease prevention are more likely to be sustained and scaled — not as an initiative, but as a way of governing and business as usual.

E. Use evidence and evaluation strategically to support scale

Purpose: Ensure that scaling decisions are based on learning and credibility, not only advocacy and intention.

What tends to work: Embed evaluation requirements into funding and policy frameworks from the outset, focusing on decision-relevant evidence rather than overly complex studies. The Invest4Health testbed experience highlights a recurring tension: the outcomes that matter most, like improvements in child health, reductions in hospital admissions, or long-term cost savings, take months to years to materialise, while funding cycles demand results much sooner.

The practical response is to develop a layered outcome framework that tracks engagement and process indicators in the short term, intermediate outcomes in the medium term, and broader impact over time. In West Wales, the team worked with health economists to develop predictive economic modelling of risk factors, allowing the project to demonstrate potential long-term savings without waiting decades for longitudinal data. Evaluation should also capture community and relational assets, such as trust, participation, and local capacity, which often enable long-term health outcomes and system change.

Use evaluation results actively in policy reviews, budget negotiations, and strategy updates. Transparent use of evidence, including acknowledging what did not work, builds credibility with funders and decision-makers over time.

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Key messages and next steps

Scaling and sustaining Smart Capacitating Investment is ultimately **a governance and political challenge, as much as a financing one**. The following messages reflect what the Invest4Health experience and the broader European policy landscape suggest about what it takes to move health promotion and disease prevention from the margins of public planning into its core.

- **Health promotion and disease prevention are both investments and forms of collective risk management**. SCI helps make the value created across sectors and over time more visible, measurable, and actionable.
- **Scaling SCI rarely requires building from scratch**. The most effective entry points tend to be existing policy cycles, budget processes, and cross-sector mandates that can be reframed around long-term health promotion and disease prevention investment.
- **Governance and ownership must be built early and include public institutions, communities, civil society, and other long-term partners**. The conditions that allow an initiative to persist and grow need to be in place long before the end of any piloting period to ensure sustainability.
- **Reallocation of existing sub-optimally used resources is often the most realistic starting point**. More complex financing models are worth pursuing, but they require institutional readiness, staff capacity, and time.
- **Embedding SCI as a way of governing, rather than a named tool or programme, is what makes change durable.** When long-term value creation, shared risk, and equity become part of decision-making, health promotion and disease prevention can be sustained at scale.
- **Mutuals, social economy actors, insurers, pension funds, and other long-term partners can help bridge the gap** between project funding and sustained system adoption.

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

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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.

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

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