

## EuroHealthNet Seminar

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# Smart investments? Let's talk prevention. Innovative financing and investments for health promotion.

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Hosted by:



Permanent Representation  
of the Federal Republic of Germany  
to the European Union  
Brussels



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## Introduction

EuroHealthNet organised a seminar on 'Innovative financing and investments for health promotion'. The aim was to address strategic investments for health promotion and disease prevention in Member States and at EU level. It focused on questions of how the shift to prevention and promotion can be financed; how available funds and untapped resources can be used for health promotion; and what actions within and outside the health system could support system change.

The organisers aimed to present new thinking and opportunities for learning on complex matters, evoke an interactive discussion, encourage exchange of best practices and policies, and facilitate experience between multi-level and cross-sector European, national and regional stakeholders.

The event was hosted by the Permanent Representation of the Federal Republic of Germany to the European Union in Brussels. A total of 121 participants from 22 countries took part.

**Nicoline TAMMSMA, president of EuroHealthNet and chair of the Policy Seminar**, opened the event by introducing the speakers and **co-chair, Caroline COSTONGS, director of EuroHealthNet**, and thanking the Permanent Representation of the Federal Republic of Germany to the EU for hosting the event.

Ms Tamsma noted that despite the importance of the role of health promotion and disease prevention in transitioning to more sustainable health systems, most countries continue to spend only about 3% of their health budgets on prevention. She added that the prevention budgets were the first to be cut during the financial crises.

**Vytenis ANDRIUKAITIS, European Commissioner for Health** delivered an [introductory video message](#). He noted that prevention and health promotion are topics very close to his heart and central to his approach to health. While research and development in the field of prevention are widely supported through the Horizon 2020 programmes and national innovation funds, matters become more complicated when it comes



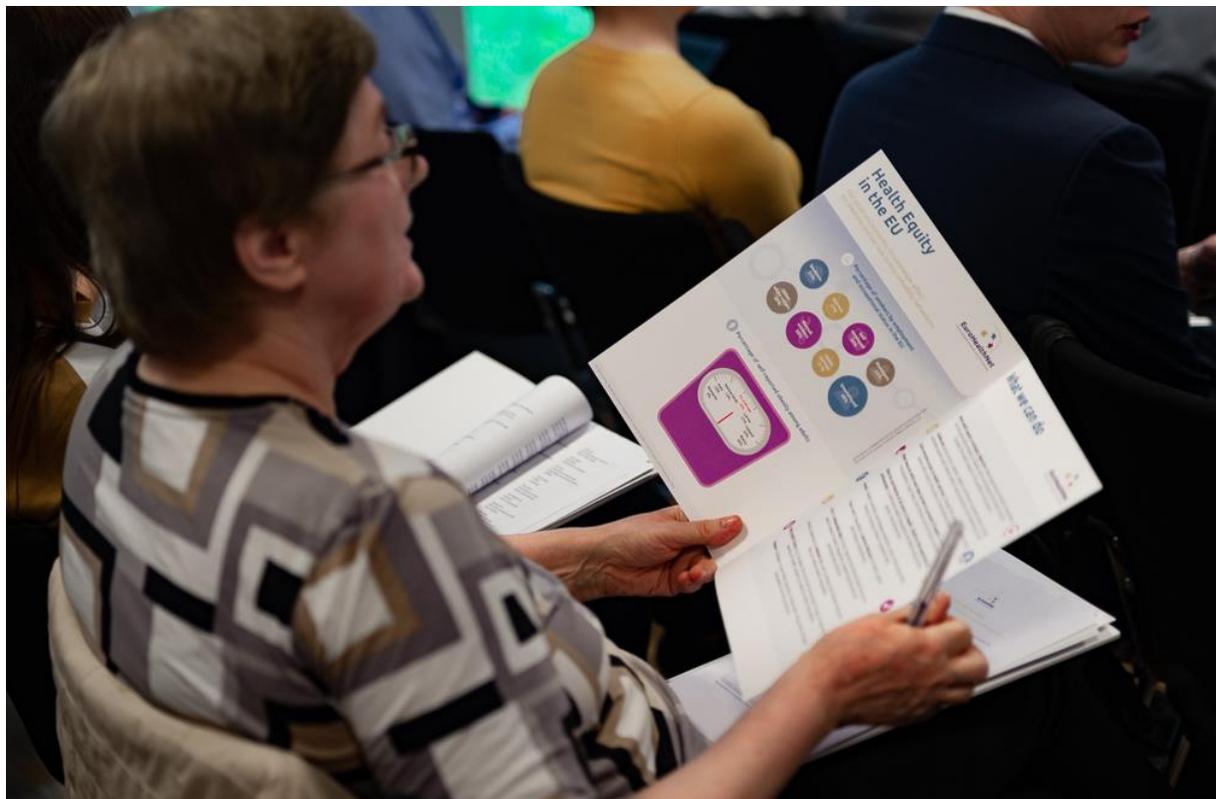
to investments in the roll-out of population-based prevention programmes. Andriukaitis stressed that a change in mindset is crucial to move away from the short-term focus on treatment.

He also stressed the need to think beyond national health budgets as a sole source of funding and highlighted the Croatian Healthy Living Programme that is being supported through the European Social Funds as an example. He mentioned other sources of possible funding, like national or regional economic development agencies, or private sources of investments into novel schemes like social bonds or 'payment by results'. He stressed more evidence is needed to raise the interest of

potential investors. He also mentioned the European Commission's (EC) Joint Research Council (JRC) Promotion and Prevention Gateway.

The commissioner said better implementation was needed and pointed to the European Commission's Steering Group on Health Promotion and DG SANTE's Best Practices portal. He emphasised the need to also look into the commercial determinants of health and ended by saying that EuroHealthNet's seminar represented a crucial first step in identifying avenues for funding of effective and successful disease prevention measures.

In four consecutive sessions, a variety of key stakeholders presented and debated ways of how smart investment shifts towards health promotion and disease prevention could be supported, designed and implemented.



## Session one: The need for the shift in funding to health promotion and disease prevention

Session 1 on 'The need for the shift in funding to health promotion and disease prevention' covered transitioning to the health systems of the future, looking into the social return on investment in public health linked to sustainable development.

### Transitioning to the health systems of the future: challenges and opportunities for health promotion

**Loukianos GATZOULI, Policy Analyst at DG SANTE**

Loukianos Gatzouli spoke on the issue of transitioning to the health systems of the future and challenges and opportunities it offers for health promotion. He opened with some figures from the 'State of Health in EU' report that demonstrated the high returns that can come from investing in prevention. He stated that investing in prevention and promotion must be integrated into a shift to new models of care and highlighted the various tools and resources that the EC provides to help with this.



Mr Gatzouli indicated, however, that current investments tend to support infrastructures and innovations that pay little or no regard to how these contribute to transforming care models. In his view, this is because it is easier for investors to see a return on investment from investing in hospitals and new diagnostics rather than health promotion and prevention.

He presented some potential sources of funding that can be applied to transform care models, like the European Structural and Investment Funds (ESIF), which include health promotion and disease prevention as an investment area. He also highlighted the European Investment Bank (EIB), which has invested, over the past decade, approximately 28 billion Euros in the health sector. There is a new European Fund for Strategic Investments (EFSI), which is a main channel to deliver on the Investment Plan for Europe and guarantees lending from the EIB and the European Investment Fund for SMEs. In his view, they offer an opportunity for public and private sectors to join in health investments that are deemed high-risk.

To conclude, Mr Gatzouli reiterated his main message that the greatest opportunity for health promotion and disease prevention programmes can be employed through working with other actors and imbedding them in larger scale, strategic investments that contribute to meeting health reform needs.

## The social return on investment in public health as a driver for sustainable development

**Sumina AZAM, Head of Policy at WHO Collaborating Center for Investing in Health and Well-being, Public Health**

Sumina AZAM, Head of Policy at WHO Collaborating Center for Investing in Health and Well-being at Public Health Wales spoke on the social return on investment in public health as a driver for sustainable development. To set the scene, she reminded the audience that while Wales is a small country with ‘just’ 3 million people, its health demands keep increasing due to e.g. ageing populations and to entrenched poverty. It has become clear that ‘business as usual’ approach is not sustainable.



As part of the ‘Wales we Want’ initiative, the Welsh government polled people on what they thought were the most critical issues that the government should focus on. Climate change emerged as the top concern. This led to legislation for Sustainable Development, in the form of the ‘Well-being for Future Generations Act’, which outlines seven key strategic goals that all ministries must work towards to improve economic, environmental and cultural well-being. The goals require the government to think about how they can collaborate and act preventatively. They provided the public health sector with an opportunity to profile itself as a leader with an important role to play in delivering the Wales that its citizens wanted. The contribution that the public health’s sector can make was captured in a technical and an executive report and in a series of infographics, which distil the evidence and shows what works and is good value for money. The infographics are used at the local level to influence change.

In her presentation, Ms Azam focused on the WHO Health Evidence Network’s Evidence Synthesis Report 51: “A review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020”. The report reflects how health and wellbeing are drivers and enablers of sustainable development and vice-versa. The report’s aim was to develop, collect and share information and tools on how best to invest in better health, reduce inequalities, build stronger communities and resilient systems in Wales, Europe and worldwide.

## The momentum of health promotion and disease prevention

**Michael PADGET, OECD Health Division**

Michael Padget from the Organization for Economic Cooperation and Development (OECD) spoke on using the momentum of health promotion and disease prevention. Setting the scene, he noted that on average, OECD countries spend almost 10% of GDP on health. In many countries, however, there are inefficiencies in this spending, leading to diminishing returns on investment. Data reflects, for

example, that 12% to 56% of hospital emergency department visits are inappropriate, while administrative expenditure on health varies more than sevenfold, with no obvious correlation with performance. One of the ways to change the paradigm is to think about prevention.

The evidence reflects that prevention policies to tackle behavioural risk factors, like alcohol prevention policies, can be both cost-effective and cost-saving over the long term. While widely recommended across the OECD region, spending levels remain very low (2.8% of total health spending, of which almost half goes to health monitoring). While health care spending was relatively resistant during the economic downturn, spending on prevention took a dip. A range of information setting out the evidence for health promotion (policy briefs and policy insights on e.g. harmful alcohol consumption, obesity, unhealthy diets and physical activity, antimicrobial resistance, and pollution and the environment) is available on the [OECD website](#).



## Discussion

The audience discussed making critical choices in where to invest as a matter of priority. Since health issues are complex and not solely based on rational balance-book derivations, the public health community may need to get more strategic and vocal in which areas the investments are needed the most. The message from the panel of speakers was clear – the momentum for ‘smart’ health promotion and disease prevention is gathering now. Transitioning to the health systems of the future, despite numerous challenges to overcome, offers high potential for the social return on investments, while simultaneously acting as a driver for sustainable development.



## Session two: How to ensure clever use of available funds for health promotion?

Session 2 on “Ensuring clever use of available funds for health” invited presentations from three speakers focusing on European Investment Funds, bonds and loans, and encouraging shift in investment in health infrastructure to investments in public health and social services.

### European Investment Funds as potential smart mechanisms for investments in health promotion in Europe

**Lieve FRANSEN, European Policy Centre; co-author of the report of the High-level Task Force on Investing in Social Infrastructure in Europe**

Lieve Fransen, representing the European Policy Center spoke on the European Investment Funds as potential smart mechanisms for investments in health promotion. Ms Fransen introduced her co-authored report “Boosting Investment in Social Infrastructures: A proposal for a NEW DEAL for Europe”, which focused on the areas of healthcare and other key determinants of health - education and life-long learning, affordable, accessible and energy-efficient housing. Her presentation focused mostly on supporting the recommendation to invest in people, strive for ‘upward convergence’ in the EU around investments in social infrastructure. Evidence up-to-date shows that levels of investment in social infrastructure remain under 1% of GDP, suffering from cuts during the economic crisis.



Ms Fransen questioned ways and areas in which funds are currently being invested - much of the investment made goes to richer areas rather than those that need it most. While investments in digital technologies are important, this must be complemented by investments in the users of the technologies. Currently a large part of social infrastructure investments is financed by local authorities, but many of those projects are too small to attract private equity investors. It was recommended, therefore, to bundle projects, blend financial instruments and build capacity and technical know-how among local authorities and key actors. Private investors are often not familiar with the area of social infrastructure; guidance on how to navigate this investment area would be essential.

To this end, national promotional banks and institutions could also play a bigger role, and thematic or regional investment platforms in this area could be developed. To conclude with, Ms Fransen noted that the health promotion and disease prevention community could play a role in the development of such guidelines. Since spending trends in the social area decreased by an average 20%, an important observation was made that social infrastructure will form a part of the InvestEU – new investment plan for Europe. This is an opportunity for private investment to complement public investment.

## How investments in health infrastructure could shift to investments in health and social services

**Thomas KERGALL, Council of Europe Development Bank**

Thomas Kergall from the Council of Europe Development Bank (CEB), Directorate for Technical Assessment & Monitoring, gave a presentation on the Bank's work around 'smart investments' that offer support to EuroHealthNet's theme of innovative financing and investments in health promotion.

Mr Kergall spoke about the CEB's work in financing a range of social projects that promote the social rights of Europeans, through project loans or private financing facilities. He highlighted its dedication to broaden the scope of investments in the health sector to also include health promotion and prevention services. Mr Kergall presented a range of examples where the bank is providing programme loans to financial intermediaries or budget support to national or regional authorities to finance actors that provide services to vulnerable populations like the homeless, refugees, victims of domestic violence, or elderly people . The bank helps those investing in health and social services shape their projects by e.g. looking at their strategic framework, helping them to develop their plans, undertaking feasibility studies and/or providing trust funds. Amongst the examples cited was the reconstruction of a children's hospital in Belgrade to promote outpatient care. Concluding remarks noted that while effort is made to include financing softer measures to capital investments, the issue of the sustainability of the loans architecture requires further discussion.



## Funds, bonds and contracts - methods to realise the promise of prevention economics?

**Fredrik LINDENCRONA, Swedish Association of Local Authorities and Regions (SALAR)**

Fredrik Lindencrona from the Swedish Association for Local Authorities & Regions (SALAR) spoke about potential of funds, bonds and contracts as methods to realise the promise of the prevention economics. Mr Lindencrona began by stressing the role that improving mental health has and can continue to play in promoting economic growth and well-being. Currently, governments' spendings associated with mental ill health are 4% of GDP, and this figure is set to raise in the future. Improvements in mental health do not result



solely from investments made through health systems; there are a wide range of ‘hidden resources’ that lie within e.g. education, social, family, labour, government and organisation systems. This means there are many resources available to improve mental health, but they are hidden in the vocabulary of social infrastructure. Critical strategic shifts are therefore needed to redefine the ‘why, when, what, and who’ of interventions that seek to improve health. When 400 leaders in the field of mental health and disability were recently asked what they considered the greatest barriers to achieving the UN Sustainable Development Goals, most (26%) selected ‘inappropriate structures and processes for cross-systems management’.

Mr Lindencrona acknowledged that encouraging actors to work together on more effective systems-based preventative actions that can lead to better social and health outcomes is complex. The main considerations are: who gains, who pays, and how? This differs for each actor involved, depending on their perspective. It makes it necessary to pinpoint what will be changed and identify outcomes that matter for every sector. It is also difficult to engage external investors since it is unclear what kinds of savings can be made over what time, and whether social investment plans are monetisable and realisable. Mr Lindencrona outlined the roles and the critical elements needed for it to work, like training leaders to think about the ‘whole system first’ and investing in the technical assistance required to support the different steps in the process.

## Discussion

The discussion focused on arguments that investors need to finance health promotion and prevention services and social infrastructure. Speakers noted that investors must become aware that the future of health does not lie in hospitals and the number of hospital beds. Other, more progressive, effective and competitive ways must be found to improve health outcomes for citizens. To this end, however, banks must gain a better insight and decide whether it makes sense to invest in services. For example, it was noted that they need to find ways to specify and calculate the risks involved; language like QALYs and DALYs do not work for the financial sector. While this is a difficult area, progress can be made, since banks look for projects that can provide a return, which needn’t be enormous. The answers, again, lie in the development of good, integrated strategies. It was also stressed that seeking private investment to fund services is not the same as privatising services; the public sector must evolve to provide guidance and stewardship.

## Session three: How to set up innovative structures for funding health promotion?

Session 3 on 'Setting up innovative structures for funding health promotion' looked at national level challenges and opportunities in investing in health, such as the German Health Prevention Act, and increases in funding dedicated to health promotion and addressing health inequalities.

Welcoming the audience in the premises of the **Permanent Representation of the Federal Republic of Germany to the EU**, **Ortwin SCHULTE, Health Attaché** stressed that the theme of the Seminar is an important issue for Germany, which is clearly illustrated by the German Prevention Act.

### The German Prevention Act and increase in funding dedicated to health promotion and addressing health inequalities. Challenges and opportunities for setting up innovative structures

**Birgit COBBERS, German Ministry of Health and Frank LEHMANN, German Federal Centre for Health Promotion and Education, BZgA**

Birgit Cobbers from the German Ministry of Health and Frank Lehmann from the German Federal Centre for Health Promotion and Education (BZgA) talked about the setting up and implementation of the German health Prevention Act. Due to persisting health inequalities in Germany, and considering the multiple socio-economic causes of these, Germany has concluded that a health-in-all-policies strategy was needed. After a long negotiation, the 'Prevention Act' was passed by the German parliament on 17 July 2015. The goal of the Prevention Act is to contribute to reducing socially determined health inequalities via disease prevention and health promotion. It does so by ensuring that benefits and services provided by the health insurance funds contribute to primary prevention and health promotion, especially to reduce any social and gender-based inequalities in health opportunities. As of 2016, health insurance funds are obliged to spend €7 per insured person (about € 500m in total) on prevention and health promotion.



The elements of the act include (i) a national prevention conference which includes health and social insurance bodies, the 16 states, and other relevant actors; (ii) a national prevention strategy and Federal Framework recommendations, and (iii) a prevention report which documents and evaluates results every four years.



The Prevention Act is implemented at three levels: Macro (population), meso (setting) and micro (individual). Initial evaluation shows strengthened coordination structures for health promotion in socially disadvantaged groups in 16 German federal states, more of a 'Health in All Policies' approach, more practices implemented and better structures for reaching vulnerable groups. Work still needs to be done to

involve lead structures such as charities or ministries of education and cultural affairs, and to expand beyond the social insurance sector.

## Discussion

Congratulating Germany on such an innovative move, the audience discussed some of the factors behind a seemingly successful development of the Prevention Act. The drivers and barriers for setting up of the Act, the process from the concept stage, funding and structure to the adoption phase where among the questions raised. Some of the lessons learnt so far were that municipalities have a clear need to be equipped with skills and capacities to implement interventions targeting vulnerable people. Furthermore, the Act and related processes led to a large increase in financial resources for health promotion, broad adoption of recommendations regarding tackling inequalities and the settings approach, and the implementation of the new structures of cooperation at Federal level and in the states. While some challenges exist, those could be overcome by the mutual commitment of the state, insurers and the most concerned stakeholders.



## Session four: How to encourage Member States to take specific actions within their powers to advance investment shifts?

Session 4 explored existing EU level tools to monitor macro-economic policies as an enabling condition for investment in health and well-being, using Structural Reform Support Services supporting the transition to health promoting systems, as well as contribution of the European Structural Investment funds.

### European Semester and monitoring macro-economic policy for investment in health and well-being

**Stefan ISZKOWSKI, Policy Officer Unit “Employment and social aspects of European Semester”, DG EMPL, European Commission**

Stefan Iszkowski, Policy Officer in the Unit “Employment and social aspects of European Semester” of DG EMPL, [talked](#) about the European Semester and monitoring policy for investment in health and well-being. He stressed that one of the crucial issues in Europe is the current demographic trend, which sees a continuous increase in the old-age population ratio. Productivity is more crucial than ever, as labour supply is



decreasing, and ageing will put increasing pressure on spending, especially related to social and health care. Unmet need for medical care is becoming a progressively common issue for many citizens. Europeans are also concerned about the current social situation, in particular around unemployment, social inequalities and social protection. Many consider employment and social policies poorly managed and they believe that not everyone has the same chance to succeed in life and that the next generation will face even more difficulties than the current one.

Mr Iszkowski continued by stating that the European Commission, aware of the current issues and expectations from Europeans, introduced the European Pillar of Social Rights (EPSR) and its Social Scoreboard as a mechanism to increase the impact of the EU Semester as a coordination tool for social, health and well-being policies. One of the EPSR principles states that "everyone has the right to timely access to affordable, preventive and curative health care of good quality", and many others touch upon key determinants of health and equity, such as equal opportunities and access to the labour market, fair working conditions, and social protection and inclusion.

While implementation of country specific recommendations around topics such as active labour market policies and employment protection legislation are taken up relatively easily by member states, issues remain especially in key areas such as education, health and long-term care, and long-term sustainability of public finances including pensions. Any advocacy and monitoring effort

towards the national level implementation in these fields is therefore key to face emerging challenges to Europeans health and well-being.

## How can Structural Reform Support Services support the transition to health promoting systems?

**Simone MARINO, Policy Officer Unit “Labour Market, Education, Health and Social Services”, Structural Reform Support Service, Secretariat-General, European Commission**

Simone MARINO, Policy Officer at Secretariat-General of the European Commission (Labour Market, Education, Health and Social Services unit), introduced the Structural reform support service (SRSS). The service has a mandate to (i) support Member States (MS) with the preparation, design, and implementation of growth-enhancing reforms; (ii) provide tailor-made support on the ground; (iii) steer and coordinate technical support provided by the EC.



The technical support provided is based on request from any MS and covers the entire process of reform, from design to completion. The service unit has a budget of over 142 million Euro (2017-2020) to support MS, is adopted on a voluntary basis and with no co-funding needed from MS. It can provide financial support when related to structural reforms identified by the European Semester process. For any other priority identified by MS, it can provide with ad-hoc technical expertise.

In practice, the SRSS engages in a dialogue with MS around technical support needs and to agree on cooperation and support plans. The SRSS can engage in any policy area identified by a MS as a reform priority, which include many areas relevant to health and equity, such as governance, labour marked policies and laws, welfare, pension, and healthcare systems, and education and vocational training among others. Specific health examples include support for cancer screening programmes, primary healthcare reform, reform of long-term care systems, universal coverage and centralised procurement.

## Contribution of the ESI Funds to interventions aiming at health promotion and structural health reforms

**Agnieszka MARKOWSKA , Associate Policy Advisor, Milieu Ltd**

Agnieszka Markowska talked about the contribution of the European Structural and Investment (ESI) Funds to interventions aiming at health promotion and structural health reforms. She introduced the 2-year ESI Funds for Health project, funded by the EU Health Programme and coordinated by Milieu Ltd, with support from EuroHealthNet.



The project focuses on six health themes: access to health services, reform of health systems, e-health and digital health technologies, research and innovation for health, disease prevention and health promotion, planning and training of the health workforce. ESI Funds for Health aims (i) to complement the existing knowledge on the ESIF 2014-2020 investments in the health sector; (ii) to assess how these contribute to implementing EU health policy goals (particularly reducing health inequalities and supporting structural reforms); (iii) to further develop capacities of the relevant actors in EU MS and regions to support the effective implementation of ESIF for health. It will do so via data gathering and analysis, experience exchange and capacity building, exploring how to bring on a transition from "hard" (e.g. infrastructure) to "soft" investments (e.g. active inclusion and improvement of employability).

Initial findings show that there currently are 6,414 health projects using structural funds, of which 221 are the INTERREG (inter-regional) projects. The largest theme in terms of number of projects and spending is disease prevention and health promotion (33% of the total spending), while reform of health systems comes second (23%). The project has also identified interesting initiatives funded across Europe. A health promotion initiative on Healthy Living is being implemented in Croatia, with the aim of increasing life expectancy, reducing mortality, and improving life quality via awareness raising and education related to prevention of non-communicable diseases. There is also an ongoing implementation of a reform of the mental care system in the Czech Republic to improve connection between hospital and out-patient services, with the objective of shifting the focus to the community care and reducing social exclusion of people with mental illnesses.

Next steps for the project will be to consider how it can stimulate further uptake of ESI Funds for health promotion and health system reform and whether there are administrative capacities in place to absorb these funds.

## Discussion

Following presentations and critical analysis of some concrete examples of countries and settings that attempt using EU funds and supporting tools to transition to a more health promoting health systems and reforms of other health-supporting structures, the audience briefly discussed how further uptake and priorities' shaping process can be stimulated and enabled, in particular in light of the new EU long-term budget (2021-2027).

## Discussion and concluding remarks

In her closing remarks, **Caroline COSTONGS, EuroHealthNet Director**, stated that the Seminar's discussions confirmed a perception that the future of health systems will be determined by prevention and community-based services that link people and professionals, and shape the conditions enabling for more health equity and wellbeing for all.

She then further concluded that we need to make sure that funding agencies and investors also see the need to follow suit. In order to make this possible, we have to help make finance decision makers, managing authorities of funds, public and private investors more health literate. To this end, the public health community is expected to play their role as advocates, guidelines' makers, evidence-brokers and information multipliers that revive essential data on cost-saving and effectiveness of prevention.

Public health community and professionals need to become more finance literate and engage with the financial sector. To greatly advance public health's Health-in-All-Policies approach, financial policy should be considered as well. This is what constitutes 'smart' investments and 'innovative' prevention strategies - funding instruments, financial institutions and health insurers could help make the change. The German Prevention Act is a good example for that.

More intermediaries are needed that can help build bridges between health promotion on the ground and public/private investors and other funding sources. How exactly can we identify the kind of project we need investment in? How can we make them 'attractive' in the eyes of banks and investors? How can we link and/or bundle projects in case health promotion interventions are perceived too small-scale, risky or superficially 'unrentable' for long-term investments?

EuroHealthNet has created a help desk for such support and for the public health community's use, but we are not able to do that by ourselves solely. It is everybody's business to create enabling conditions for 'smart' investments in health promotion and disease prevention.



Finally, it is essential to talk about building capacities among various stakeholders, also in ways to engage with European tools and instruments. The European Semester has increasingly become an economic and social policy tool that concretely impacts various health determinants in EU Member States. The support services should be better used. The next European Social Fund programmes (the ESF+, including the new Health programme) are essential for further tackling health inequalities.

EuroHealthNet will take the issue of innovative investments for health promotion and disease prevention further and is teaming up with other social infrastructure organisations (social services network EASPD, social housing Europe, lifelong learning platform, older peoples platform AGE, and homeless network FEANTSA) into a European Steering Board. In this way we have a collective voice and a point of contact at European level in order to engage with financial institutions and the InvestEU programme, and connect with member organisations in member states.





# EuroHealthNet

EUROPEAN PARTNERSHIP FOR IMPROVING HEALTH, EQUITY & WELLBEING

Our mission is to help build healthier communities and tackle health inequalities within and between European States.

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, promoting health, preventing disease, and reducing inequalities.

EuroHealthNet supports members' work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

EuroHealthNet's work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership's activities.

The partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.

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