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Funding and resourcing mechanisms for long-term strategies

An Accelerated Evidence Snapshot produced for the Tasmanian Government

September 2025

Funding and resourcing mechanisms for long-term strategies: An Accelerated Evidence Snapshot produced for the Tasmanian Government

Prepared by: Wanni Arachchige Dona S[a], Ananthapavan J[a], van Kemenade C[b], Frommer M[b], Mastersson N[b,c], Knight A[b], Petrunoff N[b,d] July 2025

[a]Deakin Health Economics, Institute for Health Transformation, Faculty of Health, Deakin University

[b]The Sax Institute

[c]Adjunct Associate Professor, School of Medicine and Public Health, The University of Newcastle

[d]Adjunct Associate Professor, Prevention Research Collaboration, Sydney School of Public Health, The University of Sydney

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Introduction

This Accelerated Evidence Snapshot was commissioned by the Tasmanian Government and prepared by Evidence Services at the Sax Institute. It forms part of The Australian Prevention Partnership Centre's *"Provision of Expertise and Support: To the Department's Development of a 20-Year Preventive Health Strategy"* (the Strategy) initiative.

Many preventive health strategies require a long time to demonstrate impact but often struggle to achieve long-term outcomes due to a lack of practical support for sustained implementation. Government strategy documents frequently outline high-level principles for preventive health. Unlike these guiding principles, enablers are the tangible tools, systems, and processes, such as governance, leadership and expertise, that make those principles operational, with funding and resourcing playing a central role.[1] However, while there is a range of financing and resourcing mechanisms available,[2–4] there is a notable gap in comprehensive, evidence-based guidance on how to choose and implement these funding mechanisms effectively across multiple sectors in the real world.[4]

This challenge is particularly acute in preventive health, where short-term funding and insufficient funding models often undermine long-term planning, fragment service delivery, limit responsiveness to community needs and prevent tracking of long-term impact. Short-term and insufficient funding also hinder efforts to achieve equity and sustained political support.

To address this, this review explores real-world funding and resourcing mechanisms, both within and beyond the health sector, that can support sustainable, long-term investment in preventive health. It draws on examples from public sectors facing similar complexities and challenges (e.g. education, early childhood, climate adaptation) and considers adaptable models from the private sector (e.g. co-investment, performance-based funding, innovation pipelines).

The aim is to move beyond abstract calls for investment and instead identify actionable, evidence-informed mechanisms that can underpin funding for the Strategy. By linking high-level principles with operational solutions, this review supports the development of practical, implementable options to guide policy, consultation, and planning, related to funding mechanisms to ensure the Strategy is grounded in what is achievable and sustainable over the long term.

Review aims

Aim 1: Describe the funding and/or resourcing mechanisms that have been utilised to fund complex and long-term cross-sectoral strategies/initiatives:

- The type of mechanism
- The sector(s) or organisation types that received or contributed the funding/resourcing
- The functions or activities that were funded or resourced
- Pros and cons or notable features

Aim 2: Describe the effect(s) of the funding/resourcing mechanisms and their relationship(s) with:

- Implementation characteristics
- Sustainability of funding
- Contextual factors

Methods

Search for peer-reviewed literature

We developed a search strategy using the three-step methodological approach originally proposed by Arksey and O'Malley and further refined by the Joanna Briggs Institute.[5,6] First, we conducted a pilot search in PubMed on 23 June 2025. Second, we tested the precision refined search terms by using the Search Refinery tool to see if the search terms could identify five "seed articles" and to remove terms that did not contribute to identifying any of these articles while adding large volumes of literature.[7–10] Third, we translated the final search strategy for the EconLit database using the validated Polyglot Search Translator on The Evidence Review Accelerator (TERA).[7–10] Fourth, the translated search was refined again after trialling the translated search in the EconLit database.

We then systematically searched two electronic academic databases, PubMed and EconLit. Appendices 1 and 2 provide the search terms and strings. We imported the results into Covidence systematic review workflow management software and removed duplicates.[11]

We screened the papers by title and abstract (TI/AB) using the inclusion and exclusion criteria outlined in Appendix 3. Approximately 10% of the total (2,103 records) were first screened by 'most relevant' as ranked by Covidence. Of them, 234 records underwent proportional screening, with six discrepancies discussed by authors SWAD and NP. Then, 8,634 records were screened using a combination of 'Most relevant' sorting, and 'Filters'[i] targeting Organisation for Economic Co-operation and Development (OECD) countries similar to Australia and cross-sector/funding terms. Covidence ordered the remaining records by most relevant using its artificial intelligence (AI) features, and the reviewer (SWAD) conducted the screening until irrelevant articles appeared. An additional 1,000 records were screened, and none met the inclusion criteria. The process resulted in a total of 9,690 (34% of the total records) screened records. SWAD and NP dual-screened 10% of the TI/AB screening (proportionate agreement = 97.4%; Cohen's Kappa = 0.39 (fair agreement)) after which the Covidence setting was updated to single-reviewer screening for TI/AB.

We completed full-text screening of the remaining 89 records, of which 10 studies underwent proportional screening by NP and SWAD. After proportional screening (Cohen's Kappa = 1 (perfect agreement)), the setting was updated to one reviewer. The PRISMA diagram of the flow of included studies is available in Appendix 4.

One author (SWAD or CK) performed the initial data extraction, which was subsequently reviewed and verified by a second author to ensure accuracy and consistency.

We supplemented the initial search results by conducting backward (i.e. checking references of systematic reviews) and forward (i.e. searching for related subsequent articles by the

[i] Filters used (one term at a time): cross-sector, multi sector, multi-sector, cross sector, cross-sector, inter sector, for purpose, whole of government, investment, funding mechanism, social impact investment, pooled funding, financing, Australia, Canada, New Zealand, United Kingdom, London, England, UK, Norway, Sweden, Scotland, Ireland, Netherlands, Denmark, Finland, United States, USA, U.S., OECD, Nordic.

same research group) citation searches of included papers. The same screening and data extraction procedures were applied throughout.

Search for grey literature

To identify grey literature, we conducted a prioritised online search across the following platforms and repositories in sequence: Google, Australian Government and State and Territory government health sites, Australian Government finance department and the NSW and Victorian Government finance departments. We also searched government health department websites for New Zealand, Canada and England, as well as World Health Organization websites relating to the management and financing of programs.

We assessed grey literature sources based on three key criteria: authorship credibility (e.g. affiliation with a reputable agency or institution), evidence strength (e.g. inclusion of referenced data, systematic reviews, or expert consensus), and relevance to the review aims.

Approximately ten webpages were screened for each of the following Google search terms: *"co-financing process evaluation", "funding model cross-sector", "social impact investment funding model cross-sector," "financing (and investment) for social (and health) outcomes", "investment in noncommunicable disease prevention".* These search terms were selected based on their relevance to cross-sector funding models and the limited availability of peer-reviewed evidence, and were informed by input from senior researchers on the team. We also searched within reports and weblinks provided by the research team lead.

This grey literature search yielded 25 articles, of which 11 were deemed relevant.

Two grey literature records were identified via the peer-reviewed literature screening. However, both were excluded because one was focused on low-income countries, and the other was not available in full text.

Data extraction

Table 1 lists the fields from the Covidence and grey literature data extraction template that was used to obtain all relevant information from the selected publications and sources.

Table 1: Data extraction fields

Field	Description
Author year	Generated by Covidence
Title	Generated by Covidence
Study design	Types of research study designs used
Aim of the study/document	Aim(s), objective(s) or research questions of the research or document
Country	Place(s) where the study was conducted or document published
Population description	Gender, age, and other characteristics of the studied cohort
Number	Number of participants in cohort, or studies included in review
Name of the funding and/or resourcing mechanism(s)	The name of the type of mechanism, e.g. grant funding, joint budgeting, social impact investment, co-location of staff, in-kind contributions
Description of the mechanism	E.g. structure, delivery mode, length of the funding or resourcing
Who provided the funding or resources	E.g. government, private company
Sectors or organisation types that received the funding/resourcing	E.g. education at government level, workplaces at non-government level, schools at private sector, community-based organisations
Name of the initiative or strategy that the funding or resourcing supported	E.g. cross-sector xxx initiative
Functions or activities that were funded or resourced	E.g. administration, coordination, service delivery, workforce development, joint planning, evaluation
Pros or notable features of the funding/resourcing mechanism	E.g. flexibility, sustainability, complexity, low administrative burden, easy to coordinate, accountability

Field	Description
Cons of the funding/resourcing mechanism	E.g. inflexibility, unsustained, lacking complexity, high administrative burden, difficult coordination, lack of accountability
Effects/outcome of the funding/resourcing mechanism itself	E.g. positive/sustained implementation, negative, neutral impact
Outcomes in terms of the program/strategy	Specific outcomes or examples
Their relationship with: • Implementation characteristics • Sustainability of funding • Contextual factors	Specifics of how reported effects and outcomes related to various aspects related to Aim 2
Statistical results for outcomes or relationships	Results including confidence intervals, p-values if reported
Example case studies that used the funding mechanism	Detailed information on specific initiatives
Overall conclusion and other implications	Conclusion and implications as reported by the authors
Limitations and research gaps	Limitations and gaps as reported by the authors
Recommendations	Recommendations as reported by the authors
The paper/study answers: • Aim 1 (Yes or No) • Aim 2 (Yes or No)	Does the publication relate to the review's aims

Data synthesis

The review team (NP, the project manager, and NM, the project lead) checked data extracted by one reviewer (SWAD or CVK). SWAD then thematically analysed the extracted data to produce a narrative synthesis of the findings. The classification of funding mechanisms was discussed with the team members. The synthesis of findings was reviewed by the senior researchers, including the project lead (JA, NP, NM). All authors of the report contributed to the discussion.

Results

Characteristics of peer-reviewed literature

Of the 9,692 studies screened, twelve met the inclusion criteria. Three studies were systematic reviews,[2,3,12] four were conceptual or document analyses,[13–16] two were cohort or quasi-experimental analyses,[17,18] two were mixed-methods studies,[19,20] and one was a comparative analysis.[21] Table 2 lists the studies included in this review. Two focused solely on Australia,[15,19] one covered Australia, Canada, the United States, and Sweden,[2] one examined Australia, the United States and the UK,[14] two focused on the Netherlands,[20,21] one considered OECD countries,[17] three had a global focus including high-income countries,[3,12,13] and two focused solely on the UK.[16,18]

Table 2: Selected peer-reviewed studies for review

First author, year	Type	Country of focus
Borghi, 2024[12]	Systematic Review	Global focus (28% high-income countries)
Cepparulo, 2024[17]	Panel/cohort data analysis	EU (OECD) countries
Guter-Sandu, 2021[14]	Conceptual/Document analysis	Australia, UK, USA
Haynes, 2020[19]	Mixed-methods study	Australia
Kickbusch, 2018[13]	Conceptual/Document analysis	Global focus (64% high-income countries)
Koppenjan, 2022[20]	Mixed-methods study	The Netherlands
Kort, 2016[21]	Qualitative comparative analysis	The Netherlands
Mason, 2015[2]	Systematic Review	Australia, Canada, United States, Sweden, England, Northern Ireland
McGuire, 2019[3]	Systematic Review	Global focus (93% high-income countries)
Shiell, 2024[15]	Conceptual/Document analysis	Australia
Stokes, 2019[18]	Quasi-experimental analysis (retrospective cohort study)	UK
Tonge, 2021[16]	Conceptual/Document analysis	UK

Characteristics of grey literature

The eleven documents selected from the grey literature include a variety of types: two government discussion papers,[22,23] two strategic policy reports,[24,25] one conceptual framework with case studies,[26] two evaluation reports,[27,28] two review or guidance documents,[4,29] one thought leadership piece,[30] and one case study analysis using a collective impact framework.[31] Table 3 lists the studies included in this review. Six of the documents focus on Australia, including one specific to Victoria.[22,24,28–31] One is from New Zealand,[23] while the remaining four have a global or international scope, three with a specific emphasis on G20, G7, or OECD countries.[4,25–27,32]

Table 3: Selected grey literature sources for review

First author or organisation, year	Type	Country
Australian Government, The Treasury, 2017[22]	Government discussion paper	Australia
Australian Social Impact Investing Taskforce, 2020[24]	Strategic policy report	Australia
Barth, 2018[26]	Conceptual framework and case studies	Published in Belgium but includes case examples from OECD countries
Global Environment Facility Independent Evaluation Office (GEF IEO), 2018[27]	Evaluation report	Global
McDaid, 2016[4]	Review with case examples	Global (OECD countries included)
New Zealand Government, The Treasury, 2015[23]	Government guidance document	New Zealand
OECD, 2015[25]	Policy report	Global focus, with emphasis on G20 and G7 countries
PricewaterhouseCoopers (PwC) Australia, 2018[30]	Thought leadership report	Australia
ten20 Foundation, 2019[31]	Case study analysis of six initiatives using a collective impact framework	Australia
Urbis and Bridges Australia, 2023[28]	Evaluation report	Australia
Victorian Government, 2025[29]	Government guidance webpage	Australia (Victoria)

Classification of funding mechanisms

To classify the identified funding mechanisms, we adapted an existing framework developed by the New Zealand government.[23] The 'Cross-Agency Funding Framework Guidance for funding cross-agency initiatives' grouped funding mechanisms into three categories: cost recovery charges, pooled funding, and centrally determined funding. Cost recovery involves bilateral service agreements where one agency pays another for services; pooled funding involves multiple agencies contributing resources toward a shared goal, often for time-limited activities; and centrally determined funding is allocated by Ministers for system-wide initiatives, often involving mandatory contributions.[23] Funding mechanisms identified through this review that do not fall into the above three categories were grouped as 'Other (miscellaneous)' (see Table 4).

Table 4: Classification of funding mechanisms[ii]

Group	Funding mechanisms	Definition
1. Cost Recovery Charges	1.1 Public-private partnerships (PPPs)	Under this model government pays for the community's use of the infrastructure services through regular service payments to the private partner over the life of the contract for the delivery of the service/infrastructure
	1.2 Incentive payments (or Social Impact Bonds (SIBs))	Private investors cover the initial costs of delivering services and receive repayment from the government only if the agreed outcomes are successfully met
	1.3 Cross-charging	One agency financially penalises another for delays or failures in service delivery, to encourage performance and accountability
2. Pooled Funding	2.1 Pooled/joint/blended budgets	Multiple agencies or sectors combine or coordinate budgets to support shared goals or integrated service delivery
	2.2 Aligned budgets	Separate funding streams that are not physically combined but are coordinated across organisations to achieve shared goals through joint planning

[ii] Classification adapted from Cross-Agency Funding Framework Guidance for funding cross-agency initiatives developed by the New Zealand government.[23]

Group	Funding mechanisms	Definition
	2.3 Joint or lead commissioning/structural integration	One agency plans and commissions services on behalf of others, often under a formal agreement to integrate service delivery
	2.4 Co-financing/investment	Two or more parties contribute financial or in-kind resources to fund a shared initiative or project
3. Centrally Determined Funding	3.1 Block grants and transfers	Large, untied funding allocations from higher levels of government (e.g. federal to state) that support general services or priorities
	3.2 Targeted funds	Competitive or program-specific funds aimed at supporting priority areas or innovations, often through grants or seed funding
	3.3 National Partnership Agreements (NPAs)	Formal agreements between federal and state governments to co-fund specific programs or reforms with shared objectives
	3.4 Earmarked funding	Funds set aside for a specific purpose, program, or sector, with restrictions on how they can be used
4. Other (‘miscellaneous')	4.1 In-kind contributions	Non-cash resources such as staff, equipment, space, or services shared to support collaborative efforts
	4.2 Place-based resourcing models	Funding and resources are tailored to meet the unique needs of a specific geographic area or local population

Main findings

This section presents the findings for each group of funding mechanisms, as outlined in Table 4. It synthesises the detailed results reported in the data extraction tables in Appendix 5. Aims 1 and 2 are addressed within each group. For Aim 1, each mechanism is described in terms of its structure, contributing and receiving sectors or organisations, funded functions (e.g. activities or services), and key features including advantages and disadvantages. For Aim 2, the effects of each mechanism are examined and the relationships of these effects with implementation characteristics, funding sustainability, and contextual factors are considered. A case study is provided for each mechanism to illustrate Aims 1 and 2; these may or may not be linked, depending on the availability of data. The synthesis draws on both

peer-reviewed and grey literature, with peer-reviewed sources prioritised for case studies and grey literature used where peer-reviewed examples were unavailable.

Group 1 - Cost Recovery Charges

1.1 Public–private partnerships

Aim 1: Description, involved sectors, funded functions, and key features

Public–private partnerships (PPPs) are long-term contractual arrangements between public and private sector entities designed to finance, design, implement, and operate projects traditionally provided by the public sector.[16,17,20,21] PPPs include features such as private financing, performance-based payments, bundling, risk transfer, and collaboration.[20] For complex cross-sectoral strategies, PPPs mobilise private investment and expertise to deliver public services with shared risk and benefit.[17,20] Under this model government pays for the community's use of the infrastructure services through regular service payments to the private partner over the life of the contract.

PPPs typically involve partnerships between government departments (e.g. health, transport, housing), private investors, infrastructure firms, and sometimes philanthropic actors. They are commonly used in sectors requiring large-scale investments or infrastructure, such as hospitals, community health hubs, or co-located service centres.[16,17,20,21] Through PPPs, funding is allocated towards service delivery, infrastructure development, long-term maintenance, project management, and risk management.[16,17,20,21]

Case study: Public Private Partnership in England

In England, during the COVID-19 pandemic, the National Health Service (NHS) worked with private hospitals to keep important treatments like cancer surgery going. The government also set up temporary "Nightingale Hospitals" with help from private companies that provided buildings and equipment. These partnerships showed how the public and private sectors can work together in a crisis to ensure people still get the care they need (Tonge et al., 2021).

The key advantages of PPPs include leveraging private capital for public goals, enabling innovation in service delivery, and transferring financial and operational risks to private partners.[17] They also allow for combining public and private resources and joint decision-making.[21] However, they can be complex to negotiate, create challenges in governance accountability, and may impose rigid contract terms that reduce responsiveness to changing community needs.[16,20,21]

Aim 2: Effects and links to implementation, sustainability, and contextual factors

PPPs have shown mixed but context-dependent effects on the implementation of cross-sectoral strategies. In successful cases, they enhanced infrastructure capacity, increased innovation and service delivery (e.g. on-time and on-budget delivery), and improved performance through learning and experience.[17,20] When governance was clearly articulated

and roles were well-aligned between public and private partners, implementation was smoother. However, rigid contractual terms occasionally constrained responsiveness to evolving service needs.[21] PPPs may create hidden liabilities and long-term fiscal risks if used to circumvent budget constraints without proper safeguards.[17]

In terms of funding sustainability, PPPs offer long-term financial commitment by spreading costs over contract periods, often 20–30 years. This allows public agencies to initiate large-scale projects without immediate capital outlays. Yet, this long-time horizon can also reduce budget flexibility, especially during emergencies or shifting political priorities.[20]

Case study: Design-Build-Finance-Maintain (DBFM) infrastructure PPP in Dutch Infrastructure Projects

In the Netherlands, over 20 infrastructure projects were delivered through Design-Build-Finance-Maintain (DBFM) contracts. These PPPs showed strong performance: cost overruns were lower (13.6%) compared to traditional projects (27.8%), and projects were delivered faster, with an average 18.9% time gain. Positive effects were linked to strong implementation features, including bundled contracts, risk-sharing, and performance-based payments. Over time, trust and governance improved, enhancing outcomes. Early projects faced high transaction costs due to unclear risk allocation, but this was corrected in later phases. Sustainability was supported through long-term financing and lifecycle maintenance. However, deadlines on payments discouraged innovation in some cases. Success was also shaped by consistent public sector support, stable procurement frameworks, and institutional level learning across projects (Koppenjan et al., 2022).

Contextual factors that influence PPP effectiveness include political commitment to long-term collaboration, regulatory environments that enable private investment, and economic conditions (e.g. high debt reduces attractiveness to private investors). PPPs were more successful where institutional frameworks ensured transparency, enforced contract performance, and allowed stakeholder engagement.[16,17,20,21]

1.2 Incentive payments

Aim 1: Description, involved sectors, funded functions, and key features

Social Impact Bonds (SIBs), also known as Social Benefit Bonds, fall under the scheme of Pay-for-Success (PFS), which is a performance-based funding model in which service providers or intermediaries receive payments only if specified outcomes are achieved.[14,24,25,28,30] They are often used to fund preventive interventions that reduce future government costs; “SIBs signify a new paradigm of PPPs in the wake of the financial crisis, one that privatises the risks and shares the gains”.[14] SIBs differ from traditional PPPs by linking investor repayment to the achievement of social outcomes, rather than infrastructure delivery,[20] thereby shifting performance risk entirely to private investors.[13,14] SIBs have emerged as a new way of bringing in private money to public services.

SIBs typically involve state governments, social service providers (often non-government organisations (NGOs) or charities), and impact investors. Private investors provide upfront capital to fund the service or program and are repaid by the government through a performance-based structure or pay a return on investment based on the savings. Intermediary organisations may also be involved in structuring the deal and managing performance monitoring.[14,24,25,28,30] SIBs fund a wide range of activities, including service delivery, prevention programs, education, housing, health care, evaluation, coordination, outcome tracking, technical assistance, capacity building, data infrastructure and integration, impact measurement, administrative support, care coordination, telehealth, workforce development, contract management, and policy development.[14,24,25,28,30]

SIBs have several benefits, including but not limited to incentivising outcomes, attracting private capital, promoting innovation, supporting co-investment, and improving accountability through outcome-based payments and rigorous impact measurement.[14,24,25,28,30] However, SIBs are complex to design and implement, involve high transaction costs, require strong data systems and regulatory frameworks, and may present barriers for smaller organisations due to administrative burden, limited capacity, and challenges in managing financial risk.[14,24,25,28,30]

Case study: SIB in the UK Multidimensional Treatment Foster Care for Adolescents

In 2007, the UK Department of Health supported outcome-based financing through its Social Enterprise Investment Fund, which included SIB-funded projects. One such initiative was the Multidimensional Treatment Foster Care for Adolescents (MTFC-A) programme. The programme targeted 95 adolescents aged 11–14 years exhibiting behavioural issues, with the goal of improving their outcomes through intensive, home-based behavioural interventions. The SIB structure allowed private investors to fund service delivery upfront, while outcome payments were made by the government based on the achievement of pre-agreed results. This model enabled service innovation and reduced risk for the public sector while strengthening accountability through outcome tracking (Kickbusch et al., 2018).

Aim 2: Effects and links to implementation, sustainability, and contextual factors

The literature produces mixed findings on incentive payments. SIBs generally have positive effects on implementation where outcomes are clearly defined and achievable, but some face implementation challenges.[13,14,24,25,28,30] SIBs show better outcomes when they are equipped with strong design features with strong coordination and alignment between stakeholders, stakeholder engagement without unequal power dynamics and robust data systems.[28]

In terms of sustainability, SIBs bring in new capital and temporarily ease fiscal pressure on governments. However, their sustainability is contingent on a recurring flow of the agreement and institutional support. Some governments lack the capacity or appetite to scale SIBs due to complexity and the need for robust data infrastructure.[13,14,28]

Contextual enablers include a supportive political climate, cross-agency alignment, and public openness to innovation in funding. Barriers include limited investor confidence, high transaction costs, and difficulty in attributing causality in complex social outcomes.[13,14,24–26,28,30]

Case study: Augsburg Social Impact Bond (Germany)

The Augsburg SIB, launched in 2013, aimed to help unemployed youth under 25 transition into sustained employment. Funded by €0.3 million from private investors and coordinated by the social enterprise Juvat, the program delivered tailored support such as apprenticeship access and life-skills coaching. The Bavarian Government served as the outcome funder, reimbursing investors only if predefined targets were met. The initiative successfully placed 22 participants into stable employment and highlighted how outcome-based funding can drive results when paired with clear coordination. However, challenges included slow response times from public agencies, complex stakeholder reporting, and varying levels of partner engagement, all of which influenced implementation quality and long-term sustainability. The case shows that strong collaboration and administrative readiness are critical for the success of SIBs under complex funding arrangements (Barth et al., 2018).

1.3 Cross-charging

Aim 1: Description, involved sectors, funded functions, and key features

Cross-charging is a mechanism whereby a cross-sector financial penalty is incurred for non-achievement of a pre-specified target.[2,3] In other words, cross-charging compensates sectors that incur an external cost from another sector's poor performance. It is commonly used between health and social care to incentivise discharge planning and avoid cost shifting.[2,3] However, some cases involved in this mechanism have included the justice and housing sectors. Funding is commonly used to reimburse services, particularly for shared care arrangements or as penalties for delayed discharges. Cross-charging can deter cost-shifting and promote timely service delivery. However, it may also strain interagency relationships and create perverse incentives if not carefully structured.[2]

Case study: England cross-charging policy

A before-and-after evaluation of England's cross-charging policy revealed that the implementation of legislation, under which local councils were financially penalised with daily charges when they were solely responsible for delays in discharging patients from hospitals, was associated with an acceleration in the existing downward trend in delayed discharges (Mason et al., 2015).

Aim 2: Effects and links to implementation, sustainability, and contextual factors

Cross-charging mechanisms have a neutral effect or no clear effect. They often hinder collaboration due to competitive behaviours and the absence of joint accountability. They also do not support sustainable collaboration, as it encourages cost-shifting rather than shared responsibility. Cross-charging mechanisms show a negative relationship with contextual factors because existing financial and legal structures often incentivise cost-shifting rather than cooperation.[2]

Case study: England cross-charging policy

The before-and-after evaluation of England's cross-charging policy mentioned under Aim 1 for cross-charging above revealed that the implementation of legislation, under which local councils were financially penalised with daily charges when they were solely responsible for delays in discharging patients from hospitals, was associated with a faster decline in delayed discharges. However, it led to unintended negative outcomes. Anecdotal evidence indicated that financial incentives resulted in overly hasty hospital discharges and increased readmissions (Mason et al., 2015).

Group 2 - Pooled Funding

2.1 Pooled budgets

Aim 1: Description, involved sectors, funded functions, and key features

Pooled budgets involve the formal combination of financial resources from two or more sectors into a single fund. These funds are jointly managed and governed to support integrated service delivery and shared objectives.[2–4,18,30] Pooled budgeting typically includes formal agreements outlining contributions, responsibilities, and governance arrangements across participating organisations. Common partners in pooled budgets include health departments, local governments, social care agencies, and sometimes education, housing, or justice sectors.[2–4,12,18]

Pooled budgets often support integrated service delivery (e.g. for older people or those with complex needs), shared case management, community infrastructure, and multidisciplinary teams. They also fund evaluation, planning, monitoring, and joint data systems.[2–4,12,18]

Pooled budgeting supports cross-sector collaboration by enabling coordinated service delivery, shared accountability, and more efficient investment in preventative and community-based care.[2–4,18] Pooling resources across health and non-health sectors can increase available funding for health and support more targeted investment in interventions that promote health outside the conventional health system.[3] Pooled funding allows flexible resource allocation, promotes holistic planning, and improves integration. However, it also poses challenges such as complex financial management, misaligned accounting systems, administrative burden, and differing organisational cultures.[2,3]

Case study: Better Care Fund (BCF) - pooled budgets from NHS and local authorities

BCF is a pooled funding initiative that requires local Health and Wellbeing Boards to combine portions of their health and social care budgets, aiming to stimulate integrated care delivery. Rather than introducing new money, it reallocated existing funds from NHS Clinical Commissioning Groups and Local Authorities. The mechanism focused on incentivising out-of-hospital care, particularly through case management for high-risk patients, and included performance-based funding tied to targets like reducing emergency admissions and delayed discharges. Implemented nationally in 2015/16, with some areas adopting earlier, the BCF was designed to promote collaboration across sectors and improve care efficiency" (Stokes et al., 2019).

Aim 2: Effects and links to implementation, sustainability, and contextual factors

Pooled budgets have been found to positively impact the implementation of integrated services, particularly when governance arrangements are established and power is shared across partners. They support holistic, person-centred care models by removing financial silos and encouraging joint accountability.[2,3,12] Successful implementation requires strong relational infrastructure and agreed-upon rules for decision-making.

Regarding funding sustainability, the evidence is mixed. Pooled budgets offer a level of continuity by consolidating existing streams into a single, flexible fund with adaptive mechanisms, but sustainability is not always guaranteed, as some are a small proportion of the total pooled fund and for a limited duration.[18] Contextual factors influencing their success include supportive legislative frameworks, a history of local collaboration, and shared policy goals.[2]

Case study: Better Care Fund, England (Continued from Aim 1)

The Better Care Fund (BCF) brought together over €5 billion from the NHS and local government to support integrated health and social care services in England. Its implementation was most effective in areas with established partnerships and co-developed governance, where trust and shared decision-making helped drive service alignment. Evaluations reported benefits such as reduced hospital admissions and improved continuity of care. However, in places where institutional trust was weak or accountability unclear, delivery remained fragmented and the impact on outcomes was limited. Sustainability varied: some local authorities reinvested savings to expand the fund, while others faced budget cuts that jeopardised long-term improvements. Overall, the BCF demonstrates the potential of pooled budgets to drive meaningful system change, particularly when supported by strong political will and collaborative relationships (Stokes et al., 2019).

2.2 Aligned budgets

Aim 1: Description, involved sectors, funded functions, and key features

Aligned budgets refer to separate financial streams that remain under the control of each partner organisation but are directed toward shared goals through joint planning and coordination.[2–4] Unlike pooled budgets, the funds are not physically combined but synchronised for collaborative delivery. In practice, these aligned budgets are eventually pooled for full integration.[4] No information was available on the activities that would be funded or the pros and cons of this mechanism.

Case study: Joint budgets for children's services in Swindon, England, UK

In Swindon, the local council and NHS initially aligned their funding to deliver integrated children's services, aiming to reduce teenage pregnancies, the number of children in care, and youth unemployment. Enabled by Section 75 of the 2006 NHS Act, this collaboration later formalised into a pooled budget agreement, with the council contributing £20 million and the NHS £8 million. This joint funding model compelled both sectors to agree on shared priorities and outcomes. Complementing this, over 200 NHS staff were seconded into multi-disciplinary "integrated locality teams", enhancing service coordination across health, education, and youth support (McGuire et al., 2019).

Aim 2: Effects and links to implementation, sustainability, and contextual factors

Aligned budgeting, where separate agencies coordinate their funds toward shared goals, has shown potential to improve service integration and reduce duplication. Success depends on strong governance, clear roles, and established collaboration between sectors. Jurisdictions with experience in joint planning and robust performance monitoring are better able to align budgets and deliver results. In contrast, limited administrative capacity and poor coordination weaken implementation.

Sustainability was mixed. While some areas leverage alignment for longer-term planning, many efforts are time-bound and lack enduring political or institutional support. Contextual factors, such as legal frameworks and trust between agencies, are critical in determining whether aligned funding achieves the expected impact.[4]

2.3 Joint or lead commissioning

Aim 1: Description, involved sectors, funded functions, and key features

Joint commissioning involves separate budget holders jointly identifying a need and agreeing on a set of objectives, then commissioning services and tracking outcomes. The commissioning itself can be done through a joint authority board or through one agency taking commissioning responsibility, and with or without pooled budgets.[3] The lead commissioner is one partner leading the commissioning of services after a jointly agreed set of aims.[2]

Joint or lead commissioning is broader than co-funding and emphasises shared governance, strategic planning, and outcome alignment.[2] Joint commissioning bodies have included education providers, mental health services, and community NGOs and supports similar activities to other funding mechanisms. Benefits include stronger alignment of goals, and more holistic service planning. However, joint commissioning can suffer from weak authority structures, role confusion, or conflicts over control.[2]

Mason et al., (2015) uses the term “structural integration”, which is similar to joint commissioning, where health and social care services are combined under a single management with integrated finances.[2] Examples include Care Trusts in England, Integrated Health and Social Services Boards in Northern Ireland, and Social Health Maintenance Organisations in the US.[2]

Case study: North-West London Integrated Care Pilot

McGuire et al., 2019 reported that “North-West London Integrated Care Pilot utilised lead commissioning, in tandem with the additional alignment of financial incentives whereby participating organisations agreed to share any savings that materialised from the pilot for joint re-investment”. More details can be found elsewhere (McGuire et al., 2019).

Aim 2: Effects and links to implementation, sustainability, and contextual factors

Joint or lead commissioning models strengthen implementation by enabling partners to co-design services, align procurement processes, and monitor shared outcomes. This reduces duplication and facilitated smoother transitions between service types.[2] Effective implementation depends on clarity of roles, robust governance, and access to integrated data systems.

Sustainability outcomes are generally positive, where joint commissioning has become embedded in local planning processes. Joint arrangements encourage collective ownership and reinvestment of savings. However, sustainability is threatened in cases where short-term contracts or siloed reporting practices re-emerge after pilot phases.[3]

Case study: Lead Commissioning in Oxfordshire, England

In Oxfordshire, a lead commissioning model using pooled health and social care budgets was introduced to improve service coordination and reduce delayed hospital discharges. While there were initial reductions in delays, these were not sustained over time. Implementation was constrained by limited control over service access, fragmented governance, and misaligned performance frameworks. Although the model enabled some early efficiencies, long-term effectiveness was limited without broader structural and cultural alignment. This case highlights that lead commissioning can support short-term improvements but faces significant challenges in delivering sustained impact without deeper integration across systems (Mason et al., 2015).

Key contextual factors include pre-existing partnerships, commissioning capability, risk of power imbalances, and enabling legislation.[2,4]

2.4 Co-financing

Aim 1: Description, involved sectors, funded functions, and key features

Co-financing involves the contribution of funds or resources from multiple entities, such as government bodies, development agencies, philanthropic organisations, or the private sector, toward a shared project or initiative. This can include a mix of funding mechanisms discussed above, such as grants, loans, guarantees, equity, or in-kind support.[3,12,27]

Common participants in co-financing arrangements include national or local governments, international development agencies (e.g. the Global Environment Facility), and NGOs or community- based organisations. Incentives for private sector involvement could be a return on investment, such as sharing any savings from the investment that can be materialised.[3] The mechanism is especially common in environmental sustainability and prevention-focused initiatives.[3,12,27] Resources are typically used to support project implementation, capacity development, monitoring and evaluation, innovation, and technical assistance.

Co-financing broadens the funding base and promotes shared ownership of outcomes.[3,12] It can enhance project scale and legitimacy and reduce reliance on a single funding source. However, administrative coordination can be complex, and timelines or reporting standards may differ across funders.[3,12]

Case study: Global Environment Facility (GEF) Co-Financing Model

GEF-supported projects frequently leverage co-financing from multiple sectors to address environmental challenges. For instance, a GEF-funded project on sustainable land use in Southeast Asia involved financial contributions from the national agriculture ministry, private agroforestry firms, and local environmental NGOs. Funding was used to support training, monitoring, and on-the-ground implementation. While the co-financing model allowed for a comprehensive, multi-stakeholder approach, partners reported administrative burdens in harmonising reporting standards and timelines. The project otherwise demonstrated how co-financing can bridge sectoral silos and enhance innovation (GEF IEO 2018).

Note: This case study is from Southeast Asia, but McGuire et al. (2019) discussed co-financing in the context of the combined funding mechanisms above in high-income countries.

Aim 2: Effects and links to implementation, sustainability, and contextual factors

This approach enables broader program reach and strengthened shared ownership, especially in health and environmental sectors.[3,12,27]

The effectiveness of co-financed projects often depends on the quality of coordination across partners. Where funders have clearly defined roles and worked from a joint plan, outcomes

are more consistent. In contrast, differences in timelines, reporting systems, or governance structures sometimes lead to inefficiencies or delays.[3,27]

Sustainability is variable. In cases where co-financed programs are integrated into national systems or budget cycles, they are more likely to continue beyond the initial investment. However, where funding remains project-bound or lacks domestic ownership, programs typically end once donor support is withdrawn.[12,27]

Case study: Global Environment Facility Environmental Projects

The GEF co-financed environmental projects alongside national governments, combining international grants with in-kind local support. In countries where domestic funding was aligned with GEF investments and embedded into national strategies, projects had more lasting outcomes. But where coordination or follow-up planning was weak, programs lost momentum after the external funding ceased (GEF IEO, 2018).

Group 3 - Centrally Determined Funding

3.1 Block grants and transfers

Aim 1: Description, involved sectors, funded functions, and key features

Block grants and transfers are centrally determined funding mechanisms where funds are allocated from higher levels of government (e.g. federal to state or local) with broad spending discretion. In Australia, these include mechanisms like Goods and Services Tax (GST) and National Health Reform Agreement transfers.[15] For example, the GST revenue collected by the Commonwealth in Australia is distributed to States and territories as a united general-purpose payment, functioning as a form of block grant.[33]

These mechanisms are most often applied in the health, social services, and education sectors, where consistent service delivery is needed across regions. For example, under the National Health Reform Agreement, states receive ongoing funding for hospital and health services based on an activity-based funding formula.[15]

Advantages of block grants include flexibility at the implementation level, capacity to adapt to local priorities, and support for long-term service planning. However, disadvantages include that the broad scope can reduce accountability for specific outcomes, and formula-based distribution may not reflect the complexity of local needs. Furthermore, the disconnection between the funder and the implementing agency can reduce responsiveness to emergent issues.[15] A practical example is the Go Goldfields initiative in Victoria, which used centrally administered funding to support cross-sector service coordination, along with other funding sources.[31]

Case study: Go Goldfields (Victoria)

Go Goldfields used centrally administered funding from Regional Development Victoria and philanthropic partners, managed by the local council. Though not labelled a block grant, it supported staffing, coordination, and cross-sector service delivery across child, family, and health sectors. Implementation benefited from flexibility and community governance, but when council governance weakened, funders increased oversight, limiting local control. This reduced momentum and highlighted how the effectiveness of flexible central funding depends on stable local leadership and strong funder-community relationships (ten20 Foundation, 2019).

Aim 2: Effects and links to implementation, sustainability, and contextual factors

The effects of block grants and transfers are influenced heavily by their implementation structure and alignment with local capacity. Shiell et al. (2024) found that flexibility in these grants supports tailoring of services, but outcomes are variable depending on local coordination and administrative capabilities.[15]

Implementation characteristics such as strong governance and planning capacity have a positive relationship with effective use of block grants. Conversely, lack of clarity in roles or poor integration with local decision-making processes can hinder effectiveness.[15,27,31]

In terms of funding sustainability, block transfers provide a relatively stable base of support when embedded in intergovernmental agreements. This stability has enabled long-term investments in service infrastructure. However, uncertainties around indexation, political priorities, or renegotiation cycles can threaten continuity, especially where changes in government priorities occur.[15]

Contextual factors include the broader federal-state fiscal relationship, population distribution, and political dynamics. For instance, regions with higher health burdens may find that fixed formula allocations do not match their complex needs. The Funding Community-Led Place-Based Practice report (2019) also notes that while government funds, including block transfers, are a vital backbone for place-based initiatives, their centralised nature can sometimes conflict with community-led priorities if not matched with appropriate governance models.[31]

Case study: GEF Co-Financing (Global)

GEF-supported projects often relied on centrally controlled co-financing from national ministries, functioning like internal block transfers. These contributions funded integrated environmental programs across sectors such as agriculture and health. Projects with strong national planning integrated funding into budgets and sustained outcomes. Others faced delays due to poor coordination and mismatched timelines. The case highlights that centrally allocated transfers can support cross-sector work when embedded into national systems with aligned governance and implementation capacity (GEF IEO, 2018).

3.2 Targeted funds

Aim 1: Description, involved sectors, funded functions, and key features

Targeted funds are centrally determined, non-recurrent funding mechanisms established to support specific populations, interventions, or innovations. Examples have included the Social Enterprise Development and Investment Fund (SEDIF), the Try, Test and Learn Fund (TTL), and various Department of Foreign Affairs and Trade (DFAT)-backed impact investment initiatives.[22] These mechanisms are typically managed by Commonwealth departments such as the Department of Social Services (DSS) and DFAT, and disbursed through grant rounds, outcome-linked contracts, or social investment partnerships.[12,22]

Targeted funds are usually allocated to NGOs, social enterprises, or intermediary organisations, and support functions such as pilot implementation, workforce development, shared measurement systems, and evaluation. In some cases, they also contribute to backbone coordination and community governance.[31]These funds are valued for their capacity to stimulate innovation, address service gaps, and test scalable solutions. However, they are often short-term and administratively intensive.[12] While targeted funds can strengthen specific components of multi-sector collaboration, they are rarely sufficient for sustaining integrated or long-term system reform.

Case study: The Hive (Mt Druitt, NSW)

The Hive is a place-based initiative in Mt Druitt, Sydney, focused on improving early childhood outcomes through collective impact. It targets children from pre-birth to eight years old in a region marked by high disadvantage. The initiative is supported by targeted funding, including $100,000 annually from each of the ten20 and Sabemo foundations, and $150,000 from the NSW Government, creating a $350,000 annual backbone budget. These funds are specifically allocated to support operations and staffing. Additional targeted grants supported the launch of early childhood education projects, reflecting how strategic, outcome-focused funding can drive collaboration and system change in high-need communities (ten20 Foundation, 2019).

Aim 2: Effects and links to implementation, sustainability, and contextual factors

Targeted funds have shown positive effects on implementation when used to strengthen specific service areas or fill strategic gaps. For example, The Hive in Mt Druitt used targeted early education funding to support community engagement, improve ECEC enrolments, and strengthen data and measurement systems.[31]

However, many initiatives report challenges with sustainability, particularly when backbone roles or core infrastructure were not funded alongside program components. Several funders expected community capacity to absorb responsibility post-funding, which often did not occur.[12] Additionally, tight reporting frameworks sometimes constrained adaptive implementation and limited the ability of place-based initiatives to respond to emerging needs.[31]

Contextual enablers of success included strong local leadership, established trust between sectors, and alignment between community priorities and funding objectives. Where these were absent, initiatives struggled to achieve integration or maintain momentum after the funding ended.[12]

Case study: The Hive (Mt Druitt, NSW)

The Hive in Mt Druitt used targeted early education funding and it enabled measurable gains in early childhood engagement and the development of shared measurement systems. However, as government and philanthropic funding periods came to an end, the initiative faced uncertainty around maintaining staffing and coordination roles. This case highlights the importance of aligning targeted program funding with long-term infrastructure and governance investment to support cross-sector continuity (ten20 Foundation, 2019).

3.3 National Partnership Agreements

Aim 1: Description, involved sectors, funded functions, and key features

NPAs are formal arrangements through which the Australian Commonwealth Government provides time-limited, tied funding to state and territory governments to support nationally significant reforms. Such funding arrangements exist in other countries. For example, in the US, the public health system has relied heavily on categorical funding, a form of tied, time-limited grant similar to NPAs, which is allocated for specific objectives and requires reporting and compliance with federally determined priorities.[15] These agreements outline shared objectives, deliverables, and reporting requirements. While the funding originates from the federal or country level, it is typically received and administered by state-level (or jurisdiction-level) departments, particularly in sectors such as health, education, housing, and Indigenous affairs.[15]

In the health sector, NPAs have supported a range of public health interventions. For example, through the NPA on Preventive Health, states implemented programs focused on reducing tobacco use, improving nutrition and physical activity, and strengthening local prevention infrastructure. These activities often involved cross-sector delivery in partnership with local governments, schools, NGOs, and health services.[15]

NPAs promote coordination between governments, set clear expectations for outcomes, and direct funding toward nationally agreed priorities. However, challenges include the administrative burden they place on service providers, State-level choice constrained by national funding priorities, and short funding horizons that make it difficult to plan for long-term impact. As noted by Shiell et al. (2024), many initiatives established under NPAs were not sustained after funding ended due to a lack of integration into ongoing budgets.[15]

Case study: National Partnership Agreement on Preventive Health

The National Partnership Agreement on Preventive Health (NPAPH) provided over $800 million in funding to support state and territory-led initiatives targeting chronic disease prevention. It used a performance-based model, allowing flexibility for local implementation while aligning national goals. The agreement supported programs in areas like obesity, smoking, and physical activity, and encouraged innovation through incentive funding. Though later discontinued, it remains a key example of how national partnerships can drive coordinated public health action across jurisdictions (Shiell et al., 2024).

Aim 2: Effects and links to implementation, sustainability, and contextual factors

NPAs enable coordinated public health action across jurisdictions. Through the preventive health NPA, states deliver programs on smoking cessation, healthy eating, and physical activity.[15]

The effectiveness of NPA-funded programs depends heavily on how well they are implemented. Strong leadership, clear planning, and cross-sector collaboration leads to better outcomes. Where coordination is weak or roles were unclear, the impact of the funding is limited.[15]

Sustainability is a major challenge. While NPAs fund valuable programs, few are embedded into core budgets. As a result, most activities end with the funding, even when evaluations show positive early outcomes.[15]

For contextual factors, in areas where federal and state priorities are aligned and trust exists between partners, NPAs help strengthen long-term partnerships. Where alignment is weak, the funding is seen as inflexible and imposed, limiting local engagement and ownership.[15,29]

Case study: National Partnership Agreement on Preventive Health (NPAPH)

National Partnership Agreements, such as the NPAPH described above, showed mixed effects in achieving long-term preventive health outcomes. While the upfront funding enabled coordinated, large-scale public health programs, success depended heavily on each State's implementation capacity. Jurisdictions with strong governance, existing infrastructure, and clear accountability mechanisms were better positioned to deliver results. In contrast, areas with fragmented systems or limited data capability struggled to meet performance requirements. Where programs were locally adapted and supported by strong performance tracking, outcomes improved. However, the short funding timelines and absence of sustained investment undermined continuity. Sustainability was further challenged when funding ceased, revealing a reliance on temporary national support rather than embedded, long-term structures. Contextual factors, such as political commitment, federal-state relations, and interagency coordination, played a critical role in shaping both implementation and lasting impact (Shiell et al., 2024).

3.4 Earmarked funding

Aim 1: Description, involved sectors, funded functions, and key features

Earmarked funding refers to government or legislated funds set aside for specific purposes, often derived from taxes or levies on products linked to public health harms, such as tobacco or alcohol. The central government typically allocates these funds to support prevention-focused activities in health and related sectors.[4]

This type of funding often supports large-scale public health campaigns, capacity building, and research infrastructure. In Europe and Australia, for example, revenues from tobacco and alcohol taxes have been directed toward chronic disease prevention, health promotion initiatives, and local delivery of health education programs.[4]

Earmarked funds provide a steady and predictable resource stream, especially when tied to specific tax instruments. They can help build long-term prevention capacity and raise the political profile of public health. However, McDaid and Park (2016) note that their rigidity can limit responsiveness to emerging issues. Earmarked funds may also displace existing funding rather than supplement it, and there are concerns about sustainability if revenues decline due to successful interventions (e.g. reduced smoking rates) or policy changes.[4]

Case study: VicHealth (Australia)

VicHealth, created in 1987, was funded through an earmarked tobacco tax to support health promotion in Victoria. However, following a legal challenge from the tobacco industry, the earmarked levy was removed, and VicHealth's funding is now determined annually by the Victorian Ministry of Finance. Despite this shift, legislation requires that at least 30% of its budget be allocated to health promotion, which is a benchmark that was exceeded in 2014-15. (McDaid and Park, 2016).

Aim 2: Effects and links to implementation, sustainability, and contextual factors

Earmarked funding has led to expanded preventive programs, improved public health infrastructure, and greater investment in upstream interventions.[4] For instance, when funds are tied to tobacco control, jurisdictions are able to support cessation programs and public awareness campaigns at scale.

The effects are stronger when implementation is led by capable public health agencies with clear planning and partnerships. Where governance is weak or funding management unclear, earmarked resources are sometimes underutilised or spent ineffectively.[4]

While earmarked funds offer stability, their dependence on specific revenue sources can be a vulnerability. McDaid and Park (2016) highlight that reduced consumption (a public health goal) can shrink revenue, making long-term planning difficult unless other funding mechanisms are integrated. Political support, tax policy design, and public attitudes towards health-related levies influenced whether earmarking is successful.[4]

Case study: The Kaste Programme (Finland)

The Kaste Programme in Finland used earmarked and co-financed funding to support cross-sector collaboration in health and social services. It enabled the broad implementation of wellbeing initiatives, especially where strong leadership and interdepartmental coordination were already in place. In regions with weaker governance, implementation was patchy and harder to sustain. Some municipalities integrated the work into core budgets, but others struggled once central funding ended. The case shows that funding effects depend heavily on local capacity, planning, and long-term political support (McDaid et al., 2015).

Group 4 - Other

4.1 In-kind contributions

Aim 1: Description, involved sectors, funded functions, and key features

While often highlighted in collaborative strategies, in-kind contributions represent only a small part of what is typically expected in traditional research funding schemes. Successful agencies entering major grant programs are generally required to provide substantial in-kind support as an important element of their co-investment. In-kind contributions often refer to non-monetary resources such as staff time, office space, equipment, data, or logistical support provided by partner organisations instead of financial transfers. These are often foundational in collaborative or community-led initiatives.[31]

The sectors involved are government agencies, community-based organisations, NGOs, and philanthropic actors who commonly contribute in-kind support. This is particularly prevalent in early-stage, pilot, or place-based strategies. In-kind contributions support coordination roles, office space, co-location, information sharing, and shared governance structures. They often underpin the “backbone” of collaborative structures.

The strengths of in-kind support include enabling quick mobilisation of effort, reducing transactional costs, and demonstrating goodwill. However, it can obscure true resource needs and result in under-recognised workloads for partner agencies.[31] The Australian Prevention Partnership Centre is an example of an in-kind contribution, along with other funding sources that supported knowledge mobilisation.[19]

Case study: In-kind contributions in The Australian Prevention Partnership Centre

The Australian Prevention Partnership Centre received in-kind contributions from government, academic, and non-government partners, including staff time, office space, data access, and leadership roles. These contributions supported activities such as knowledge mobilisation and capacity-building, forming part of a broader co-financing model. While partners valued the collaborative model, some reported unclear governance structures and limited influence on decision-making (Haynes et al., 2020).

Aim 2: Effects and links to implementation, sustainability, and contextual factors

In-kind contributions enhance program delivery by fostering collaboration, building shared infrastructure, and embedding long-term relationships across sectors.[3,19,31]

Implementation outcomes are generally positive when contributions are well-coordinated and aligned with program goals. However, limited clarity over roles or inconsistent delivery from in-kind partners can create inefficiencies or burden the few paid staff. In some cases, over-reliance on unpaid contributions strains sustainability and affects delivery timelines.[31]

In-kind support often strengthens partnerships and built long-term capabilities, but initiatives struggle when contributions are not formalised or when institutional change leads to a loss of support.[19]

Contextual factors such as organisational stability, local leadership, and trust between sectors influence outcomes. Where relationships are strong, in-kind support works well. But in unstable environments or when funders changed priorities, the effects diminish.[3]

Case study: Logan Together (Queensland)

Logan Together is a community-led initiative in Queensland aimed at improving outcomes for children and families through collaborative, place-based action. A distinctive feature of the initiative is its reliance on in-kind contributions from government agencies, community organisations, and philanthropic partners. These contributions included shared staff, shared office space, leadership time, and data-sharing platforms. Rather than relying solely on direct funding, the initiative was resourced through shared ownership and ongoing partnership investment.

This in-kind model supported sustained implementation by fostering deep cross-sector relationships and allowing for flexible, locally tailored responses. It enabled continuity even during funding gaps and helped build collective commitment to long-term goals. However, challenges arose when roles were poorly defined or contributions were inconsistent, which occasionally created strain on coordination and expectations. The initiative's success was closely tied to local leadership, a strong culture of collaboration, and mutual recognition of the value of non-financial support. Overall, Logan Together demonstrates how well-structured in-kind contributions can support lasting implementation and outcomes, particularly when embedded in a context of shared purpose and trust (ten20 Foundation, 2019).

4.2 Place-based resourcing models

Aim 1: Description, involved sectors, funded functions, and key features

Place-based resourcing is not a funding mechanism; it refers to a central organisation or function ("backbone") that coordinates and facilitates place-based, cross-sectoral initiatives, managing the resources. It includes dedicated staff, shared infrastructure, and administrative support to enable collective impact.[29,31]

Backbone roles are often filled by NGOs, local councils, or government-appointed intermediaries. They coordinate across service providers, community stakeholders, and funding bodies. These mechanisms fund strategic coordination, community engagement, joint data analysis, planning, and facilitation. Some also support capacity building and outcome monitoring.

Backbone support structures increase coherence, reduce duplication, and promote collective problem-solving. However, they are often underfunded and lack long-term commitment, which can weaken their ability to drive sustained change. Questions around neutrality, representation, and reporting lines can also emerge in complex systems.[31]

Case study: Logan Together (Queensland)

Logan Together is a place-based early childhood development initiative in Queensland. A dedicated backbone team housed within a university supported multi-agency collaboration by facilitating shared goals, data use, and community co-design. The backbone model helped align services and fill gaps in coordination across sectors. However, sustainability was based on the continuity of philanthropic funding and government support. The case illustrated both the strategic value and fragility of backbone structures in cross-sector initiatives (ten20 Foundation, 2019).

Aim 2: Effects and links to implementation, sustainability, and contextual factors

Place-based resourcing models have enabled sustained community engagement, supported backbone development, facilitated systems change, and improved coordination among services.[29,31] Place-based resourcing models have shown that stronger implementation characteristics lead to better outcomes. Initiatives with stable governance, locally embedded leadership, and strong relationships with funders are more likely to deliver sustained and community-driven change. In contrast, when roles are unclear or coordination across funders is poor, implementation slows, and efforts are harder to maintain.[31]

Sustainability remains a challenge. Initiatives with long-term, flexible funding see greater progress, while those dependent on fragmented or short-term support struggle to hold momentum. Even successful programs face uncertainty when transition planning is absent.[31]

Strong cultural authority, political support, and aligned funder values enable deeper engagement and system change. Conversely, shifts in government priorities or a lack of policy support often disrupts progress.[31]

Discussion

This review highlights that the effectiveness of funding and resourcing mechanisms in preventive health depends on their ability to support cross-sector collaboration, long-term planning, local responsiveness, and equity. Mechanisms that are collaborative, flexible, and sustained are best suited to drive systemic prevention across complex policy domains.

Similar to the findings of our review, a central insight of the Health Taxonomy report is that there is no single way to fund or structure cross-sector strategies. Instead, initiatives typically use a combination of mechanisms, such as grants, pooled budgets, in-kind contributions, co-investment, and fee-for-service arrangements, tailored to their specific goals and context.[32] This perspective was echoed at the recent 2025 International Health Economics Conference in Bali, where two authors of this report (JA and SWAD) relayed that experts agreed that there is no one-size-fits-all funding model exists for preventive health. Viewing the detailed findings in Appendix 5 (Table 5.3), including some of the quantitative findings on effects of the funding mechanisms not reported in the main narrative findings in the body of the report, can support interpretation of the relationships between implementation, funding mechanisms, and contextual factors.

Funding mechanisms which have been effective for funding preventive health have included pooled budgets, which consolidate resources across sectors to support shared objectives and enhance coordination,[18] joint commissioning, which facilitates co-design and collaborative planning among agencies,[3] and place-based models, which leverage shared infrastructure and local leadership to achieve collective impact.[31]

In contrast, cross-charging mechanisms which have commonly been utilised to support hospital discharge arrangements, may hinder collaboration by promoting adversarial relationships and cost-shifting, especially where accountability is not shared.[2]

Long-term stability is essential for effective preventive health funding. Mechanisms that support this include block grants, such as those under Australia's National Health Reform Agreement, which provide consistent funding and adaptability over time,[15] PPPs, which enable multi-decade contracts and upfront private investment to ensure continuity in infrastructure and service delivery,[20] and earmarked funding, which offers targeted, sustained support for specific services and infrastructure needs.[4]

Short-term mechanisms such as SIBs and targeted funds can drive innovation and outcome-focused delivery but often lack the structural support needed for long-term integration.[26,31] SIBs may be ill-suited to preventive health due to long timeframes, complex causal pathways, and diffuse outcomes. Their reliance on narrowly defined metrics can exclude broader systems-level change and disadvantage smaller providers.[34]

Local empowerment is an important contextual factor. Mechanisms such as place-based funding, block grants, and in-kind contributions enable communities to tailor services to local needs and foster a sense of ownership.[19] In contrast, PPPs and SIBs may face challenges in adapting due to rigid contracts and investor expectations.[13]

Ultimately, success in prevention depends on context, policy alignment, and the adaptability of funding mechanisms. The Health Taxonomy Report (2021) emphasises that improving

health requires collaboration across sectors like housing, education, employment, and justice.[32] It also stresses the importance of trusted relationships, shared priorities, and flexible governance. Resources go beyond money, they include staff time, data systems, infrastructure, and leadership. Sustainable change requires long-term commitment and supportive structures (e.g. governance mechanisms and data gathering) that make cross-sector collaboration both possible and effective.

Implications for policy and practice

While these insights offer guidance for policy and practice, they demonstrate that no single funding mechanism suits all contexts. Effective preventive health funding must be fit-for-purpose, supporting collaboration, sustainability, and responsiveness. Policy makers should prioritise mechanisms that embed shared governance, enable flexible implementation, and promote equity, especially for community-based and culturally responsive providers.

A clear definition of what is being funded is essential. Funding may target:

- Infrastructure (e.g. health centres, digital platforms, health screening/advice services)
- Operations (e.g. data systems, technical support)
- Service delivery (e.g. prevention, coordination)
- Education (e.g. workforce development)
- Monitoring and evaluation research (e.g. piloting innovations, impact measurement, conducting assessments of process and implementation factors)

Success depends not only on funding programs but also on investing in foundational infrastructure such as relationships, shared data systems, and collaborative governance, as often seen in place-based initiatives.

Blended approaches, such as pooled budgets combined with place-based resourcing and central coordination, are particularly effective. These models align services, support shared planning, and enable long-term change. The choice of mechanism(s) should reflect the purpose, scale, duration, agency relationships, desired outcomes, and risk tolerance.

Clear expectations are also critical. Funding mechanisms should go beyond financial support to include governance, infrastructure, and access to benefits. For example:

- Block grants support consistent public health delivery.
- Earmarked funding ensures reliable vaccine supply.
- Joint funding can unite sectors, share resources, and respond effectively to crises (e.g. COVID-19).

A key expectation is the distribution of operational and financial risk. Mechanisms should allow for shared responsibility and adaptable relationships between funders and implementers. While large-scale central funding may lack responsiveness, it can offer programmatic flexibility.

Accountability and risk management are vital. Controls may include performance-based penalties or outcome-linked agreements. In pooled or co-financing arrangements, accountability can be built into partner agreements. In the not-for-profit sector, investments may be tied to social outcomes.

However, many models are complex, with high transaction costs and administrative burdens. Joint funding often requires navigating different organisational cultures and legal frameworks. While efficiency is expected, it is not always achieved. In some cases, models may be used for fiscal circumvention rather than genuine effectiveness.

Evidence gaps and limitations

While the *Health Taxonomy Framework* offers useful guidance for selecting funding mechanisms, overlaps between categories, such as pooled funding and co-investment, can complicate classification. For example, pooled funds with shared risk are a form of co-investment, but not all co-investments involve pooling.

A major gap identified is the lack of empirical evaluations, especially those assessing funding flows, efficiency, and outcomes relative to investment. There is limited longitudinal research, few qualitative case studies, and minimal analysis of long-term impacts. Definitions of key terms (e.g. co-financing, co-production) are often unclear, and the absence of standardised outcome metrics leads to inconsistent data and reliance on self-reporting.

Additionally, the effects of funding mechanisms are difficult to isolate from other contributing factors, making it challenging to draw generalisable conclusions. Coverage of implementation processes in the literature is also sparse, further limiting practical insights. Investment in monitoring and evaluation of investments in long term preventive health strategies which are sustained via various funding mechanisms or combinations of them could consider longitudinal study designs and advanced data analysis techniques suited to identifying the contributions of various elements in complex funding models with varying contextual and implementation factors to improve the understanding of what works for funding long term preventive health strategies and in what situations.

Appendices

Appendix 1 – Search terms

Concept	Search terms
Sectors	"health," "cross-sector(al)", “private sector”, “not for profit”, “for purpose” “whole of government”, “whole of society”, “multisector(al)”, “intersector(al), “philanthropic”, “social sector”, “human services” civil*society*, collaborat*, community*sector*, co*govern*, cross*boundary*, cross*cut*, cross*disciplin*, cross*sector*, for*purpose*, health, human services, integrat*, inter*agency*, inter*sector*, macro*, multi*agency*, multi*sector*, multi*system*, NGO*, non*profit*, not*for*profit*, partnership*, philanthrop*, population*, private*sector*, social*sector*, system*approach*, system*wide*, third*sector*, whole*of*government*, whole*of*society*
Intervention/ funding mechanism	“funding”, “resourcing”, “funding mechanism”, “resourcing mechanism”, “investment”, “treasury”, “budget”, “finan*”, “fiscal”, “revenue”, fund*, "funding mechanism*", resourc*, "resourcing mechanism*", invest*, treasury, budget*, finan*, fiscal*, revenue*
Strategies	"strategy," "strategic framework," "framework, "policy direction", ”policy”, "plan," "guideline," "blueprint," “initiative”, “roadmap”, “program”, “approach”, “scheme”, intervention, project "action plan*", approach*, blueprint*, directive*, framework*, guidance*, guideline*, initiative*, intervention*, model*, plan*, policy, "policy direction*", "policy framework*", "policy initiative*", program*, programme*, project*, recommendation*, roadmap*, scheme*, "strategic framework*", strateg*

Appendix 2 – Search strings

DATABASE 1: PubMed

6,751 results from:

((("health"[Title/Abstract] OR "whole of government"[Title/Abstract] OR "intersectoral"[Title/Abstract] OR "partnership"[Title/Abstract] OR "cross-sectoral"[Title/Abstract] OR "private sector"[Title/Abstract]) AND ("funding"[Title/Abstract] OR "funding mechanism"[Title/Abstract] OR "resource"[Title/Abstract] OR "treasury"[Title/Abstract]) AND ("strategy"[Title/Abstract] OR "framework"[Title/Abstract] OR "plan"[Title/Abstract] OR "approach"[Title/Abstract])) AND ((humans[Filter]) AND (english[Filter]) AND (2018:2021[pdat]))

8,246 results from:

((("health"[Title/Abstract] OR "whole of government"[Title/Abstract] OR "intersectoral"[Title/Abstract] OR "partnership"[Title/Abstract] OR "cross-sectoral"[Title/Abstract] OR "private sector"[Title/Abstract]) AND ("funding"[Title/Abstract] OR "funding mechanism"[Title/Abstract] OR "resource"[Title/Abstract] OR "treasury"[Title/Abstract]) AND ("strategy"[Title/Abstract] OR "framework"[Title/Abstract] OR "plan"[Title/Abstract] OR "approach"[Title/Abstract])) AND ((humans[Filter]) AND (english[Filter]) AND (2022:2025[pdat]))

DATABASE 2: EconLit

Step	Seach syntax	Results
Step 1	AB ((health OR "cross-sector*" OR "private sector" OR "not for profit" OR "not-for-profit" OR "for purpose" OR "whole of government" OR "whole of society" OR multisector*" OR "multi-sector*" OR "intersector*" OR philanthropic* OR social sector" OR "human service*" OR "public-private" OR "public sector")) OR TI ((health OR "cross-sector*" OR "private sector" OR "not for profit" OR "not-for-profit" OR "for purpose" OR "whole of government" OR "whole of society" OR multisector*" OR "multi-sector*" OR "intersector*" OR philanthropic* OR social sector" OR "human service*" OR "public-private" OR "public sector"))	n= 74,364
Step 2	AB ((fund* OR resourcing OR "funding mechanism*" OR "resourcing mechanism*" OR investment OR financ* OR treasury OR budget*)) OR TI (fund* OR resourcing OR "funding mechanism*" OR "resourcing mechanism*" OR investment OR financ* OR treasury OR budget*))	n=156,352

Step 3	AB ((strateg* OR "strategic framework" OR framework OR "policy direction*" OR policy OR plan* OR guideline OR blueprint OR initiative* OR roadmap OR program* OR approach*)) OR TI ((strateg* OR "strategic framework" OR framework OR "policy direction*" OR policy OR plan* OR guideline OR blueprint OR initiative* OR roadmap OR program* OR approach*))	n= 277,579
Step 5	Step 1 AND Step 2 AND Step 3	n=13,480

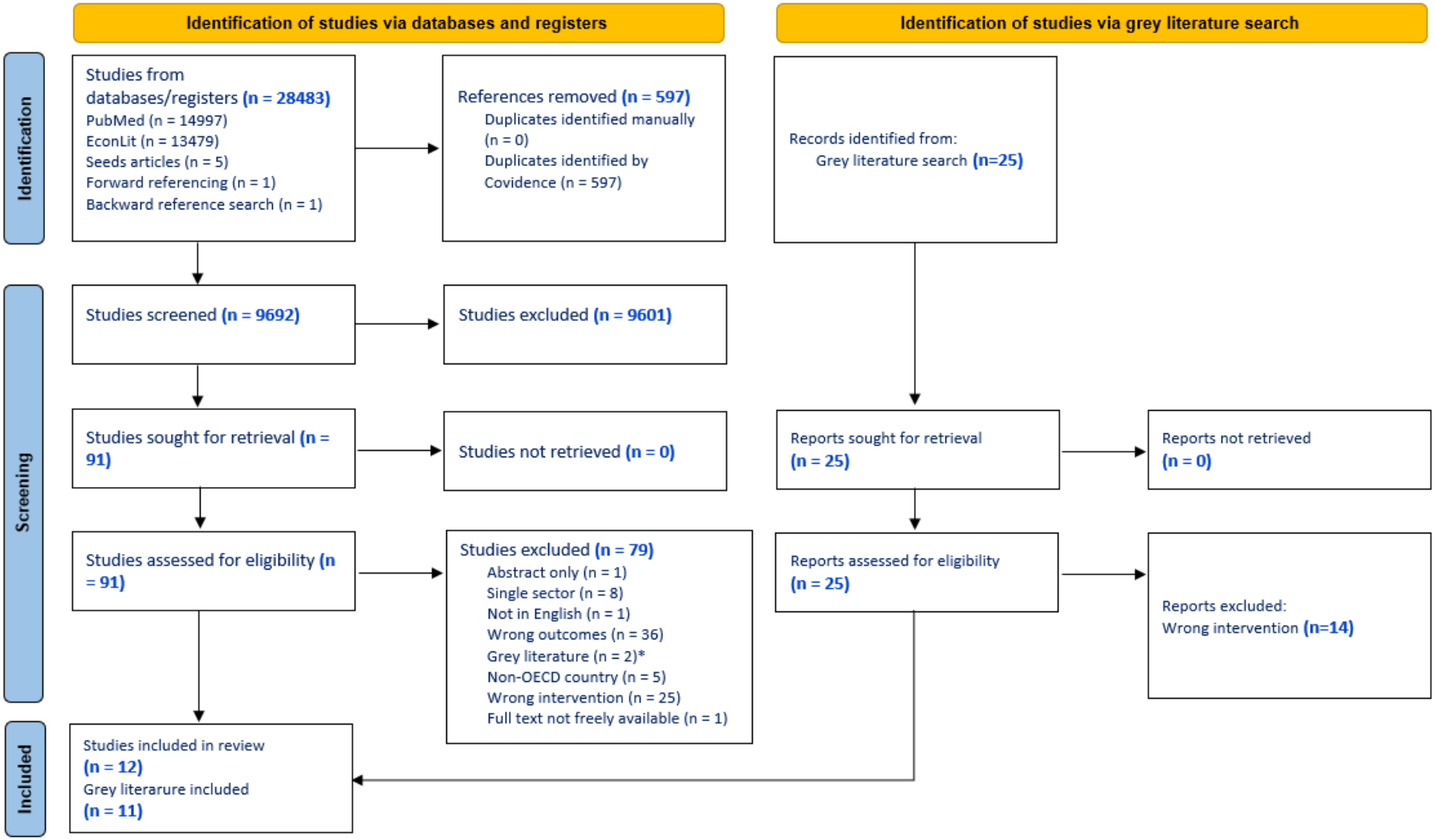
Appendix 3 – Inclusion and exclusion criteria

Included	Excluded
Study design*	
All	Nil
Interventions of interest	
Funding and resourcing mechanisms	Anything not related to funding and resourcing mechanisms
Context of interest	
Aim 1. Descriptions of mechanisms and their sub-categories Aim 2. Long term funded population level cross-sector strategy examples which include descriptions of their funding mechanisms, what they achieved and important contextual factors	Aim 2. Strategies with a duration less than three years which do not describe their funding mechanisms, what they achieved and important contextual factors Aim 2. Not population level e.g. clinical practice guidelines for specific medical conditions. Aim 2: Single sector strategies
Outcomes of interest	
Positive/sustained implementation, negative, neutral impact	Not reported
Study language	
English	Languages other than English
Study country**	
High-income countries (World Bank classification system)	All other countries
Study year	
2015 onwards	Prior to 2015
Grey literature objective/focus of publication	
Implemented strategy examples with depth in the description of funding mechanisms, what the funding mechanisms achieved and contextual factors that impacted what they achieved.	

*All relevant study designs will initially be considered for inclusion. However, if the volume of eligible studies is very large, the Sax Institute will consult with the Tasmanian Department of Health after the initial screening phase to discuss options for refining the inclusion approach. This may include applying additional limitations. The total number of included studies may be limited in agreement with Tasmanian Department of Health to ensure a manageable and policy-relevant synthesis.

**The following countries within the OECD are particularly comparable to Australia in social and economic characteristics: New Zealand, Canada, United Kingdom, United States, Nordic countries (e.g. Norway, Sweden). Should the yield of relevant papers be over 1000, studies from these countries may be prioritised, and/or the year of publication may be adjusted. If the volume of studies is high, we will discuss considering a limitation. Studies from non-OECD countries may be included if they have a particularly strong study design.

Appendix 4 – Prisma diagram of flow of peer-reviewed literature



*Excluded during grey literature data extraction because of not meeting the eligibility criteria
Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

Appendix 5 – Data extraction tables[iii]

Table 5.1A: Characteristics of peer-reviewed literature

First author, year	Aim of study	Population description	Number of participants or mechanisms	Name of mechanism	Group
Borghi, 2024	To identify and classify co-financing arrangements for health and climate goals and assess their implementation, barriers, and enablers, using an adapted co-financing framework	NA	NA	Joint funding through revenue collection, pooling or purchasing	2. Pooled Funding 3. Centrally Determined Funding
Cepparulo, 2024	To examine how public finance conditions and fiscal rules influence the use of public–private partnerships (PPPs) in EU countries, particularly in the context of post-COVID-19 investment needs	NA	NA	Public–Private Partnerships (PPPs)	1. Cost Recovery Charges
Guter-Sandu, 2021	To explore how Social Impact Bonds (SIBs) function as a governance mechanism for social risks and how they may foster new forms of social solidarity	NA	NA	SIBs: Payment-by-results contracts; Private investment with government repayment based on outcomes; Tiered capital structures; Risk guarantees	1. Cost Recovery Charges
Haynes, 2020	To explore the operationalisation and outcomes of knowledge mobilisation strategies within The Australian Prevention Partnership Centre (Prevention Centre) - a research collaboration between policy makers, practitioners and researchers	Stakeholders including researchers, policy makers, practitioners involved in the Prevention Centre	63 Interviews; 60 surveys; 173 feedback forms	In-kind contributions (combined with NHMRC grant funding)	4. Other
Kickbusch, 2018	To examine how financial instruments from other sectors can be adapted to attract private sector investment in global health	NA	NA	Innovative Infrastructure Financing including Project Bond Initiative (PBI); Green Bonds including Health Bonds; Social Impact Bonds (SIBs); Responsible Investment with ESG+H; Health Credit Exchange (HCX)	1. Cost Recovery Charges

The data extraction tables reflect the results as originally reported by the authors.

First author, year	Aim of study	Population description	Number of participants or mechanisms	Name of mechanism	Group
Koppenjan, 2022	To evaluate the performance of DBFM (Design-Build-Finance-Maintain) PPPs in Dutch infrastructure governance over 15 years compared to D&C contracts	NA	21 projects; 163 survey respondents; 34 interviews; financial data on 30 projects	Public-private partnership (PPP) including four features of the contract (private financing, performance-dependent payments, bundling, risk transfer, and collaboration)	1. Cost Recovery Charges
Kort, 2016	To identify which combinations of organisational form and network management strategies lead to good outcomes in Dutch urban regeneration PPPs	Managers of urban regeneration public–private partnerships (URCs)	50	Public–private partnership (PPP)	1. Cost Recovery Charges
Mason, 2015	To evaluate whether integrated funding across health and social care leads to better care coordination, improved outcomes, and lower costs	Adults with complex care needs (e.g. frailty, chronic illness, disability)	38 schemes/mechanisms	Pooled funds, lead commissioning, aligned budgets, cross-charging, integrated management/provision, structural integration	1. Cost Recovery Charges 2. Pooled Funding
McGuire, 2019	To identify and characterise cross-sectoral co-financing models, their operational modalities, effectiveness, and institutional enablers and barriers	NA	81 schemes/mechanisms	Pooled budgets, aligned budgets, structural integration, joint commissioning, cross-charging, and transfer payments	1. Cost Recovery Charges 2. Pooled Funding 4. Other
Shiell, 2024	To describe how public health is currently funded in Australia and assess whether changes to the funding model could improve efficiency, equity, or system performance	NA	NA	Block grants, General Revenue Assistance (GST), National Health Reform Agreement transfers, national partnership agreements, fee-for-service, contracts, incentive payments	3. Centrally Determined Funding
Stokes, 2019	To assess whether pooling health and social care budgets reduces hospital use and costs	NHS patients from Hospital Episode Statistics dataset; planned or emergency admissions; focus on multimorbid patients	14,362,968	Pooled funding: Better Care Fund (BCF) - pooled budgets from NHS and local authorities	2. Pooled Funding
Tonge, 2021	To explore how public–private partnerships (PPPs) and contracting mechanisms are evolving in English healthcare, particularly in the context of integrated care systems and population-based commissioning	NA	NA	PPP - NHS contracts, Integrated Care Provider Contracts (GP services), Mental Health Provider Collaboratives), Alliance Agreements, Lead Provider Collaborative Contracts	1. Cost Recovery Charges

Table 5.1B: Characteristics of grey literature

First author, year	Aim of study	Name of mechanism	Group
Australian Government, The Treasury, 2017	To explore how the Australian Government can support the development of the social impact investing market. It aims to identify roles for government, principles for social impact investing, and regulatory barriers to growth	Social Enterprise Development and Investment Funds (SEDIF), Try, Test and Learn Fund, Ancillary Funds (Private and Public), Emerging Markets Impact Investment Fund, DFAT initiatives	3. Centrally Determined Funding
Australian Social Impact Investing Taskforce, 2020	To provide evidence-informed recommendations for a Commonwealth Social Impact Investing Strategy. It seeks to define the role of the Australian Government in developing a mature and self-sustaining social impact investing market that mobilises private and philanthropic capital to address entrenched disadvantage	Commonwealth Social Impact Investing Strategy: Grant funding, concessional loans, outcomes-based payments, co-investment models, and capacity-building support	1. Cost Recovery Charges
Barth, 2018	To understand how cross-sector collaboration (CSC) can be structured and financed to improve social outcomes, with practical insights and case examples	Blended finance, Social Impact Bonds (SIBs), Pay-for-Success (PFS), public–private partnerships (PPPs), venture philanthropy	1. Cost Recovery Charges
Beton, 2025	To propose a strategic investment framework, a health taxonomy, that aligns public and private sector investments in health with measurable outcomes and shared definitions of sustainable finance	Health Taxonomy (proposed)	4. Other
GEF IEO, 2018	To evaluate the quality, effectiveness, and additionality of cofinancing associated with GEF projects	Cofinancing (including investments and in-kind contributions)	2. Pooled Funding
McDaid, 2016	To identify and describe financing and budgeting mechanisms used to support intersectoral collaboration across sectors including health, education, and social welfare	Pooled budgets, aligned budgets, lead commissioning, cross-charging, joint commissioning, Social Impact Bonds (SIBs), earmarked funding	2. Pooled Funding 3. Centrally Determined Funding
New Zealand Government, The Treasury, 2015	To make cross-agency funding easier and reduce transaction costs by clarifying available funding models and guiding agencies through selecting and implementing appropriate arrangements	Cost recovery charges, Pooled funding, Centrally determined funding	1. Cost Recovery Charges 2. Pooled Funding 3. Centrally Determined Funding
OECD, 2015	To build the evidence base for social impact investing, clarify definitions, and support the development of global standards for data collection, impact measurement, and policy evaluation	Social Impact Bonds (SIBs), Development Impact Bonds (DIBs), program-related investments (PRIs), social venture funds, and tax incentives	1. Cost Recovery Charges

First author, year	Aim of study	Name of mechanism	Group
PwC, 2018	To propose funding reforms that support a value-based healthcare system in Australia. It advocates for models that reward outcomes rather than activity and outlines conditions for successful implementation, including public education, integrated data systems, and cross-sector cooperation	Activity Based Funding, Shared Savings, Outcomes Based Funding, Performance Incentive Funding, Social Investment Bonds, Bundled Payments, and Alliance Contracting	1. Cost Recovery Charges
ten20 Foundation, 2019	To explore how to build and grow sustainable relationships between philanthropic funders and community-led, place-based initiatives, focusing on the sustainability of the backbone function	Grant funding, In-kind contributions, Co-location of staff, Joint budgeting, Social impact investment (implied through philanthropic strategies)	3. Centrally Determined Funding 4. Other
Urbis and Bridges Australia, 2023	To evaluate the Australian Government's first phase of social impact investing trials, identify lessons learned, and provide recommendations for future engagement and support of the social impact investing sector. It seeks to inform the design of new initiatives such as the Outcomes Fund and the Social Enterprise Development Initiative	Payment by Outcomes (PBO), State Partnerships, Outcomes Measurement Initiative (OMI), and Sector Readiness Fund (SRF)	1. Cost Recovery Charges
Victorian Government, 2025	To provide guidance on funding and resourcing models for place-based initiatives within the Victorian Public Service, including practical considerations and case examples	Place-based funding and resourcing models	4. Other

Table 5.2: Findings for Aim 1 by category

First author, year	Description of mechanism	Funder	Receiver	Name of initiative	Funded functions/ activities	Pros	Cons
1. Cost Recovery Charges							
Peer-reviewed literature							
Cepparulo, 2024	**Long-term cooperative risk-sharing agreements between a public entity and a private partner for financing**, building, and operating a public infrastructure together with a significant component of private finance. Return on private capital is generated according to different arrangements	Private investors (capital), governments (payments, guarantees, or user fees)	Public infrastructure sectors (e.g. transport, energy, telecommunications); national and subnational governments	NR	Infrastructure (roads, hospitals, and schools) development, capital investment, service delivery	Enables infrastructure investment under fiscal constraints; Can defer public payments; Encourages innovation and efficiency; Off-balance-sheet treatment under certain accounting rules; allows risk-sharing, and enhances private sector involvement	Risk of fiscal illusion and hidden liabilities; Potential for opportunistic use to bypass fiscal rules; Higher financing costs than public borrowing; Risk of unsustainable fiscal commitments; Complex contracts
Guter-Sandu, 2021	Investors fund programs upfront; government repays based on outcomes; includes risk-sharing and outcome-based contracts	Private investors (e.g. Goldman Sachs), philanthropic foundations (e.g. Pritzker), government departments	Non-profits, social enterprises, schools, local governments	Peterborough Prison SIB (UK), Utah High Quality Preschool Program (US), Birmingham City Councils Step Down Program (UK), London Homelessness SIB (UK), Trailblazers SIBs (UK), the Benevolent Society SIB (Aus)	Service delivery, prevention programs, education, housing, health, evaluation, coordination, outcome tracking	SIBs allow service providers to innovate and adapt interventions to meet outcome targets, rather than following rigid input-based funding; Emphasis on preventative programs can lead to long-term cost savings and more sustainable social outcomes; Aligns interests of governments, investors, and service providers, fostering cooperation and shared goals; Payments are tied to measurable results, encouraging effectiveness and efficiency; Shifts financial risk from government to private investors, potentially enabling governments to tackle complex social issues without upfront costs.	Multi-stakeholder arrangements and outcome-based contracts can be administratively complex and legally demanding; Smaller service providers may struggle with the transaction costs, reporting requirements, and technical demands; Investors may dominate contract negotiations, leading to skewed metrics or priorities; Service providers often bear significant financial risk, especially in underperformance scenarios; Over-reliance on quantifiable outcomes can obscure broader social value and lead to narrow definitions of success.
Kickbusch, 2018	Project Bond Initiative (PBI) of the European Union started in 2012 and aimed to expand capital market financing of large European infrastructure projects. one or more companies set up a firm that plans, constructs, operates and finances an infrastructure project. The European Investment Bank will provide subordinated debt instruments-either a loan or a letter of credit-to enhance the credit quality of senior debt issued by the project finance issuers. The goal of this step is to make issued debt securities of the project company more attractive to institutional investors, such as pension funds, that get a stable income with a good risk-return profile; Green bonds are channelling global funds from a wide range of investors into projects related to climate change. The key difference from a traditional bond is that the project for which the money is raised is fixed to purposes that protect the environment. Importantly, a third-party certification agent checks whether the investment actually fulfils this claim; Social impact bonds: social impact bonds aim to achieve both financial and social returns, but volumes to date have been relatively low. It's a tool to finance social services and pay for performance ESG+H is an expanded investment screening framework that builds on the traditional Environmental, Social, and Governance (ESG) criteria by adding a Health (H) dimension; The Health Credit Exchange (HCX) is a proposed platform designed to facilitate scalable, performance-based investments in health programs by combining elements of social impact bonds with donor and private sector engagement	Governments, private investors, philanthropic, banks	**Health sector incl public health systems**, vaccine programs, health infrastructure projects, social and **behavioural health interventions**	Global Financing Facility (GFF), Health Credit Exchange (HCX), International Finance Facility for Immunisation (IFFIm), Multidimensional Treatment Foster Care for Adolescents, Blackstone (offshore windmills)	Health infrastructure (e.g. hospitals, care centres), vaccination programs, maternal and child health, health promotion and prevention services, behavioural interventions for adolescents, and performance-based health projects	Governments and banks can help to create a bond market for health infrastructure projects. Hospitals, elderly care homes, healthcare centres require large investments that will pay off only in the long term. It also shares risk between sovereign and the bank that issues the project bond guarantee facility.	Private participation in infrastructure projects has been negatively impacted since the economic downturn of 2008. Key obstacles of PPT were the complicated contractual arrangements, long payback periods, exposure to political risk and the need for solid credit ratings notwithstanding questions raised about the role of rating agencies after the 2008 crisis. Other challenges are misalignment of incentives and information asymmetry, exchange rate risks or insufficient expertise of governments; SIBs have uncertain feasibility and low liquidity; Green bonds need to ensure to have a good investment rating that allows institutional investors to integrate the bond into their portfolio; Scalability of such bonds still needs to be proven: sufficient availability of suitable projects and liquidity as the market is still relatively small)
Koppenjan, 2022	Performance-dependent payments (e.g. usage-based payments**): Integrated long-term PPP contracts** where private consortia finance, design, build, and maintain public infrastructure (typically for 20-30 years) with performance-dependent payments	Private consortia or Special Purpose Companies (SPCs), banks, equity investors; public sector provides availability payments	Private infrastructure consortia; construction and maintenance firms; financiers	Design-Build-Finance-Maintain (DBFM) contract (PPP) vs. Design and Construct (D&C) contracts (not PPP)	Infrastructure construction, maintenance, project management, risk management, lifecycle planning	Improved cost and time performance; lifecycle optimisation; collaborative potential; strong incentives for on-time delivery	Limits product innovation; difficult to decide who should be responsible for different types of risks; initial over-transfer of risk; tight timeframes reduce flexibility
Kort, 2016	Organisational models **combining public and private resources** and actors to jointly manage urban regeneration projects, with varying structures and degrees of autonomy	Local governments, housing associations, private developers, banks	Urban regeneration companies (URCs) composed of public and private actors	Dutch urban regeneration public–private partnerships (URCs)	Urban redevelopment, coordination, planning, project delivery, public–private cooperation, socioeconomic and physical interventions	Combines public and private resources; allows for joint decision-making, context-specific flexibility, and collaboration across sectors	Dependence on managerial quality, no consensus on the best PPP design, complex governance, coordination challenges, some combinations of structure and strategy work better than others; not all PPPs produce good outcomes

First author, year	Description of mechanism	Funder	Receiver	Name of initiative	Funded functions/ activities	Pros	Cons
Tonge, 2021	**Contracts used to engage public and private providers** in delivering NHS services; mechanisms vary by scope (e.g. geographic integration, specialty-based collaboration), payment structure (e.g. fixed price, marginal rates), and governance (e.g. lead provider model)	NHS England and NHS Improvement; local NHS commissioners; Department of Health	NHS Trusts, Independent Sector Providers (e.g. private hospitals, mental health providers), Primary Care (GPs, pharmacists, dentists), Community Services, Social Care providers	Mental Health Provider Collaborative; Integrated Care Provider Contract; Alliance Agreement; Primary Care Networks	Service delivery (e.g. cancer surgery, mental health care), infrastructure (e.g. Nightingale hospitals), coordination, strategic commissioning, workforce development, digital transformation	Flexibility in contracting models; Enables integration across sectors; Supports population-based commissioning; Allows for capacity expansion and choice; Encourages outcome-based payment and collaboration	Complexity in managing interdependent services; Risk of excessive power concentration; Fragility in staffing and quality in independent sector; Asymmetrical risk distribution; Administrative burden in contract management
Grey literature							
Australian Social Impact Investing Taskforce, 2020	**Direct funding, co-investment**, and policy coordination, with funding durations ranging from short-term pilots to a proposed ten-year strategy	Australian Government, with additional contributions from philanthropic foundations and commercial investors	Social enterprises, community-based organisations, service providers in housing, employment, disability, and early childhood education, as well as financial intermediaries and investors. Government departments and agencies also receive support through policy coordination and data infrastructure	NR	Administration, coordination, service delivery, workforce development, joint planning, evaluation, data sharing, and impact measurement. Specific activities include establishing new institutions, funding social enterprises, supporting intermediaries, and developing outcomes-based contracts	Flexibility in delivery, emphasis on co-investment and partnerships, long-term strategic planning, and a focus on measurable outcomes. The mechanisms are designed to be scalable and to reduce reliance on government funding over time	Administrative complexity, high transaction costs, limited data access, and perceived regulatory barriers. Smaller organisations may struggle with capacity and risk management, and there is a need for consistent definitions and measurement frameworks
Barth, 2018	**Collaborative financing models that combine public, private, and philanthropic capital**. SIBs and PFS link payment to outcomes; blended finance involves risk-sharing; PPPs involve long-term contractual collaboration	Governments, foundations, private investors, philanthropists	Social service providers (NGOs, social enterprises), local governments, health and education providers	Examples include Finnish SIB for youth employment, UK SIBs	Social program delivery, evaluation, technical assistance, data infrastructure, capacity building	SIB/ Pay-for-Success (PFS)- Align incentives across sectors, promote innovation, and improve accountability through outcome-based payments; Blended Finance - Attracts diverse capital and shares risk to support scaling of social solutions; PPP- Facilitate long-term collaboration and financial sustainability through joint commitment; Venture Philanthropy- Strengthens organisational capacity and supports innovative or early-stage interventions	SIB/ Pay-for-Success (PFS)- Complex to structure, high transaction costs, and require strong data and performance systems; Blended Finance - Difficult to align goals across funders, and requires significant coordination and trust; PPP- Can be administratively heavy, legally complex, and risk public sector dependency on private actors; Venture Philanthropy - Limited scalability and may not suit all organisations due to intensive engagement and expectations
OECD, 2015	**Mechanisms are designed to mobilise private capital for public benefit, often through public–private partnerships.** They vary in structure, from equity and debt instruments to guarantees and blended finance models	Governments (e.g. UK Cabinet Office, Canadian Department of Employment and Social Development), philanthropic foundations (e.g. Gates Foundation), institutional investors, and development finance institutions	Health, education, housing, employment, criminal justice, and family services; Public and private sector organisations, including social enterprises, non-profits, and community-based organisations	Peterborough SIB (UK), Aspire Program (South Australia), the Gates Foundation's Africa Health Fund	Service delivery, evaluation, capacity building, data infrastructure, and market development	Emphasis on outcomes-based payments, risk-sharing between public and private actors, and the use of rigorous impact measurement; Potential to attract new capital, foster innovation, and improve accountability	High transaction costs, complexity in structuring deals, limited data availability, need for robust legal and regulatory frameworks
PwC, 2018	Shared Savings involves providers receiving a portion of savings achieved through improved outcomes. Outcomes Based Funding ties payments to predefined results. Social Investment Bonds pay dividends if outcomes are met. Bundled Payments provide a single payment for an entire episode of care. Alliance Contracting involves joint arrangements between providers and commissioners with shared responsibility for outcomes. Each model includes design features such as cohort size, outcome measures, and financial protections	Commonwealth and State governments, private insurers, and potential private investors in the case of Social Investment Bonds	Health service providers including Local Health Districts, Primary Health Networks, GPs, hospitals, allied health providers, and NGOs. Private sector incl insurers and retailers	Examples include Healthcare Homes trials, Health Links Chronic Care program in Victoria, High Value Care initiatives in Queensland	Service delivery, care coordination, telehealth, community nursing, Hospital in the Home, data integration, patient engagement, and evaluation of pilot programs	Promote patient-centred care, incentivise quality and efficiency, encourage innovation, support integrated models, enable long-term savings, foster collaboration and accountability among providers	Complexity in implementation, need for integrated data systems, risk of poor execution, difficulty in expressing value in monetary terms, fragmentation across government budgets
Urbis and Bridges Australia, 2023	PBO trials link payments to verified outcomes for specific cohorts. State Partnerships involve co-investment and data sharing between federal and state governments. OMI supports for-purpose organisations in measuring and communicating social impact. SRF provides grants to social enterprises and intermediaries to build investment readiness and attract private capital	Australian Government through DSS. Additional funding was contributed by state governments, philanthropic organisations such as the Paul Ramsay Foundation, and private investors	Social enterprises, service providers, state governments, and intermediaries. Examples include Many Rivers, 54 Reasons (Save the Children), White Box Enterprises, Vanguard Laundry, and Global Sisters	Payment by Outcomes trials, State Partnerships (including Foyer Central, Newpin, and Resilient Families), Outcomes Measurement Initiative, and Sector Readiness Fund	Service delivery, capacity building, data integration, impact measurement, contract management, and co-investment facilitation. The trials also supported policy development and cross-government collaboration.	Promoted innovation, accountability, and outcome-focused service delivery. They enabled co-investment, leveraged private capital, and supported capacity building. The SRF demonstrated effective market building and the PBO trials highlighted the potential for tailored outcome contracts	Administrative burden, data access limitations, risk aversion, and lack of understanding of financial risk among service providers; Smaller organisations faced barriers due to upfront costs and limited capacity; Existing government systems were not fit-for-purpose for outcomes-based contracting

2. Pooled Funding							
Peer-reviewed literature							
Stokes, 2019	BCF is a **pooled funding** initiative that required local Health and Wellbeing Boards to combine portions of their health and social care budgets, aiming to stimulate integrated care delivery. Rather than introducing new money, it reallocated existing funds from NHS Clinical Commissioning Groups and Local Authorities. The mechanism focused on incentivising out-of-hospital care, particularly through case management for high-risk patients, and included performance-based funding tied to targets like reducing emergency admissions and delayed discharges. Implemented nationally in 2015/16, with some areas adopting earlier, the BCF was designed to promote collaboration across sectors and improve care efficiency	NHS Clinical Commissioning Groups and Local Authorities	Health and social care sectors; local Health and Wellbeing Boards	Better Care Fund (BCF)	Integrated care activities (e.g. case management, prevention, intermediate care)	Pooling budgets encourages integration between health and social care sectors; Promotes collaboration and shared decision-making among providers. Aligns incentives by fostering joint responsibility for outcomes. Supports coordinated and efficient care delivery; Enables targeted investment in out-of-hospital and preventative services; A portion of the budget is ring-fenced for these specific services; Includes performance-based elements, such as pay-for-performance pots; Enhances accountability and focuses efforts on measurable improvements	Reallocation of existing budgets constraining local flexibility; long-term sustainability is limited if one sector is under financial pressure; requires coordination across multiple sectors
Grey literature							
GEF IEO, 2018	**Cofinancing** refers to resources provided alongside GEF funding to support project costs, including grants, loans, guarantees, equity, and in-kind (recurrent) contributions	GEF implementing agencies, national governments, bilateral donors, private sector, and NGOs	Mainly environment, energy, agriculture, and infrastructure sectors through government departments, NGOs, and international agencies	GEF projects and programs	Project implementation, infrastructure development, capacity building, institutional strengthening, technical assistance	Broad resource mobilisation, strong alignment with national priorities, enhances project scope	Inconsistent reporting, unclear attribution of outcomes to GEF vs. cofinancing
3. Centrally Determined Funding							
Peer-reviewed literature							
Shiell, 2024	Multiple mechanisms depending on activity type; block grants for prevention, activity-based funding for hospitals, **performance payments in screening**; states use a mix of in-house funding, contracts, and intermediary agencies (e.g. VicHealth)	Commonwealth, state and territory governments	State/territory health departments, LHDs, PHNs, ACHOs, PHUs	National cancer screening programs (breast, cervical, bowel); Australian Centre for Disease Control	Policy development, strategic planning, surveillance, screening, health promotion, lifestyle programs, preventive service delivery	Opportunity for tailoring; embedded use of cost-effectiveness in some programs	Limited transparency; lack of standardised reporting; sporadic funding; other than screening programs no formal link between funding mechanism and cost-effectiveness
Grey literature							
Australian Government, The Treasury, 2017	SEDIF: $20 million government **grant** matched by private investment, managed by three fund managers to support social enterprises; Try, Test and Learn Fund: $96 million fund to pilot welfare interventions using actuarial data; Ancillary Funds: Charitable trusts that can invest in social impact projects and provide concessional loans or guarantees to DGRs; DFAT initiatives: Mix of grants, equity, and debt to support impact investing in the Indo-Pacific region	Australian Government (Department of Employment, Department of Social Services, DFAT), private investors, philanthropic organisations	Social enterprises, Community-based organisations, Charitable foundations, Service providers (e.g. Uniting, Benevolent Society), Impact investment intermediaries	SEDIF; Try, Test and Learn Fund; DFAT's Investing in Women Initiative; NSW Government's Newpin Social Impact Bond	Service delivery, Capacity building, Evaluation and measurement, Investment readiness, Data access and sharing, Legal and regulatory reform	Leverages private capital, Encourages innovation, Focuses on outcomes and evaluation, Builds partnerships across sectors, Offers flexibility in funding structures	High transaction and due diligence costs, Limited scale and liquidity, Complex legal and regulatory environment, Limited data availability, Challenges in measuring long-term outcomes
4. Other							
Peer-reviewed literature							
Haynes, 2020	**Centre funded by NHMRC and partner agencies using a co-funding model with in-kind contributions**, supporting cross-sector collaboration, co-production, and **system-wide prevention research.** $3.3M in-kind contributions matched by NHMRC, later increased to $6M; in-kind contributions included expertise from funding partners and academics, access to datasets, and provision of office space	NHMRC, Australian government agencies, state health departments, HCF Research Foundation	The Australian Prevention Partnership Centre and academic institutes	Knowledge mobilisation partnerships	Administration, joint planning, capacity-building, systems modelling, knowledge synthesis, co-production, policy engagement, evaluation	Strong collaboration, flexible co-production	Coordination challenges, unclear co-production definitions, delays due to collaborative processes
Grey literature							
Victorian Government, 2025	**Funding is typically held by a backbone or lead organisation in the local community, which coordinates partners to achieve shared outcomes**. Models emphasise flexibility, long-term commitment, and support for backbone functions, community engagement, capacity building, and overheads	Victorian Government, other partners may contribute in-kind or through co-funding arrangements.	Local backbone organisations, community-led initiatives, partner organisations	Example: Latrobe Valley Authority (LVA)	Strategic direction and governance, Stakeholder engagement, Data collection and analysis, Communications, Community development, Capacity building, Project	Enables long-term, systemic change; Supports flexible, adaptive approaches; Encourages collaboration over competition; Builds trust and local capability; Recognises community leadership	Traditional government funding cycles (e.g. annual contracts) may undermine continuity; Rigid output-based reporting can hinder outcome-focused work; Requires significant time and resources for community engagement

					delivery, Operational overheads		
Studies with Multiple strategies							
Peer-reviewed literature							
Borghi, 2024 [Groups 2/3]	Mechanisms span promotive (climate to health, or health to climate) and **integrative types, including strategic and passive applications;** examples include tax-financed insurance, donor aid for climate-health goals, climate-adjusted provider payments, carbon credits funding public health programs, adaptive social protection, pooled regional disaster funds, and health investment via carbon taxes. They explored co-financing through revenue collection (leveraging climate resources for health gain, pooling (combining funds from different sectors) and/or purchasing functions (expanding benefits packages and/or implementing climate-adjusted payment mechanisms)	Governments, international donors, multilateral banks, carbon credit purchasers, private health insurance funds, philanthropic organisations, and national health systems	Health ministries, social protection agencies, disaster/emergency response programs, insurance agencies, local health departments, community-based projects	CDC BRACE (US), NHS Net Zero (UK), EU Solidarity Fund	Health system resilience, adaptation planning, health insurance expansion, mitigation projects (e.g. cookstoves), emergency medical cost waivers, environmental procurement, enrolment support, monitoring and evaluation, preventive health services	Enables cross-sector integration, supports co-benefits, can attract new revenue, promotes innovation, responsive to climate-health risk	Fragmentation, inequities in access, weak coordination, volatility in revenue (e.g. carbon markets), lack of awareness, burdensome admin, limited monitoring of health outcomes, and for revenue generation, challenges included the complexity of appropriately taxing/pricing multiple externalities with cross-sectoral interconnections, and political economy challenges
Mason, 2015 [Groups 1/2]	Funding models combining health and social care budgets to support integrated service delivery. Varying in governance, management integration, and budget scope	Health authorities, social services departments, government bodies (national/state), Medicare and Medicaid (US)	Healthcare providers, social service agencies, local authorities, community-based organisations	England: North West London Integrated Care Pilot, Somerset Partnership Health and Social Care Trust, Oxfordshire pooled budgets / lead commissioning, POPP, Wye Valley NHS Trust, Hertfordshire Integrated Specialist Mental Health Service, Care Trusts, Torbay Integrated Care Pilot, Cumbria Primary Care Trust, Cross-charging policy for delayed discharges - Australia: CareWorks, CarePlus, Hornsby Linked Care, Coordinated Care Trials (CCT1 and CCT2), Australian Coordinated Care Trials - Canada: SIPA, PRISMA - Northern Ireland: Integrated Health and Social Services Boards - US: PACE, On Lok, Arizona Long Term Care System, Social Health Maintenance Organisations (S/HMO I and II), Veterans Health Administration (VHA), Minnesota Senior Health Options, Wisconsin Partnership Program, Commonwealth Care Alliance	Care coordination, community-based services, hospital discharge planning, long-term care, administration, care quality monitoring	Potential to improve access, coordination, and community-based care; enables more holistic service planning	Implementation complexity, governance conflicts, unclear cost attribution, technical barriers (e.g. data integration), risk of misaligned incentives, incomplete data
McGuire, 2019 [Groups 1/2/4]	**Joint resource allocation** by at least two sectors with distinct objectives; mechanisms varied by model (integrative vs promotion), with pooled or aligned funding, in-kind support, or joint purchasing	Multiple sectors including health, education, social care, housing, justice, agriculture	Health systems, social care, education, vocational rehabilitation, housing, local governments, NGOs	Examples include SIPA (Canada) and SOCSAM (Sweden)	Service integration, prevention programs, school-based health services, gender empowerment, agriculture improvement, joint planning, monitoring	Promotes shared outcomes, efficiency, intersectoral collaboration; enables access to broader funding base; potential to address social determinants of health	Complex to implement, requires leadership and trust, administrative challenges, unclear attribution of outcomes, limited evaluation data
Grey literature							
McDaid, 2016 [Groups 2/3]	**Pooled Budgets –** Funding from multiple sectors is merged into a single, jointly managed budget that is used to deliver integrated services across sectors, typically under a formal agreement and for multi-year programs; Aligned Budgets – Each sector maintains its own budget, but coordination occurs through joint planning and synchronised timelines to fund parallel activities that contribute to a shared objective, often without merging funds; **Lead Commissioning** – One sector or agency is given full responsibility to design, fund, and manage services on behalf of multiple sectors, using	Governments, health and social care agencies, private investors (for SIBs)	Health, education, social welfare sectors at government and community levels; NGOs; private providers	NR	Service delivery, coordination, administrative support, evaluation, joint planning	Pooled budgets: improve coordination and service alignment; Aligned budgets: enable joint planning; Lead commissioning: enhances accountability; Joint commissioning: promotes integration; SIBs: incentivise outcomes and attract private funding; Earmarked: Enables intersectoral collaboration, supports local flexibility, extends funding for successful projects, attracts co-funding, encourages shared ownership	Cross-charging: creates administrative burden and cost-shifting risks; Pooled budgets: require high trust and governance; SIBs: complex to design, require outcome tracking; Aligned budgets: limited effect if not strongly coordinated; Earmarked: high administrative burden, dependent on political support

	its own budget while representing joint interests; Cross-Charging – A sector provides services to another and then charges or invoices the receiving sector, with payments made based on usage; this is often transactional and short-term in nature; Joint Commissioning – Two or more sectors collaborate to jointly plan, fund, and oversee services, often pooling parts of their budgets for shared contracts or programs, usually over medium- to long-term cycles; SIB–Private investors fund service delivery upfront, and government agencies repay the investment only if measurable outcomes are achieved, based on independently verified performance over a fixed contract period; earmarked funding-Government or local authority sets aside specific funds (from new or existing revenue) for a particular health-related purpose, often through taxation or legislation						
New Zealand Government, The Treasury, 2015 [Groups 1/2/3]	Cost recovery involves bilateral service agreements where one agency pays another for services. **Pooled funding** involves multiple agencies contributing resources toward a shared goal, often for time-limited activities. Centrally determined funding is allocated by Ministers for system-wide initiatives, often involving mandatory contributions or new Crown funding	Government agencies, either through baseline contributions, service fees, or new Crown funding as determined by Ministers	Government departments, Crown entities, and other public sector bodies involved in cross-agency initiatives	Justice Sector Fund, Central Agency Shared Services, BPS Seed Fund, Analytics & Insights, Crown Law services, Audit NZ, PIF Reviews	Business case development, piloting initiatives, ongoing implementation, shared services, and system-wide reforms	Promotes flexibility, strategic alignment, and reduced transaction costs; Supports voluntary and mandatory contributions and allows for hybrid models.	High transaction costs when many agencies are involved, difficulty in aligning benefits and costs; Complexity in implementing pooled or centrally determined models
ten20 Foundation, 2019 [Groups 3/4]	**Multi-year flexible grants**; Strategic support and capability development; Shared reporting formats; Emergency funding (e.g. ten20's Rapid Response Fund); Hosting arrangements through universities, NGOs, or councils	Philanthropic organisations: ten20 Foundation, Dusseldorp Forum, Vincent Fairfax Family Foundation, Woodside Development Fund, Sabemo Foundation, CAGES Foundation; Federal, State, and Local governments; NGOs: United Way, Child Australia, Aboriginal Legal Service NSW/ACT	Community-based organisations, Local councils, Universities, NGOs, Backbone teams of collective impact initiatives	Maranguka Justice Reinvestment, The Hive, Go Goldfields, Logan Together, Sanderson Alliance, Connecting Community for Kids	Backbone staffing, Community engagement, Strategic planning, Evaluation and data management, Service delivery pilots, Capacity building, Governance development	Flexibility, long-term commitment, strategic alignment, shared reporting, capability development, and trust-based relationships	Short-term funding cycles, administrative burden, limited pool of funders, inconsistent government support, and difficulties in demonstrating long-term impact

Note: Those mechanisms that may be applicable to preventive health were highlighted in bold.

Table 5.3: Findings for Aim 2 by category

First author, year	Outcomes of mechanism	Outcomes of program/strategy	Relationship with:			Statistical results
			Implementation characteristics	Sustainability of funding	Contextual factors	
1. Cost Recovery Charges						
Peer-reviewed literature						
Cepparulo, 2024	Mixed: PPPs are used more when public finances are constrained, but this may lead to inefficiencies and long-term fiscal risks- the effects of PPP are not the focus	NR	Opportunistic implementation (e.g. to bypass fiscal rules) can distort investment decisions and risk-sharing arrangements	PPPs may create hidden liabilities and long-term fiscal risks if used to circumvent budget constraints without proper safeguards	Mixed: Political - Left-leaning governments more supportive of PPP; Institutional - More veto players reduce opportunistic use; Economic - High debt reduces attractiveness to private investors	Fixed-effects regression and Poisson models show significant relationships between fiscal balance, debt, and PPP use
Guter-Sandu, 2021	Mixed: some cost savings; others face evaluation and sustainability challenges	Reduced homelessness, improved school readiness and academic performance, reduced reoffending	Mixed - alignment supports implementation, but metrics and power dynamics can hinder it	Mixed: co-financing and guarantees help, but reliance on external funding is a concern, and uneven risk sharing challenge long-term sustainability	Negative: Influenced by political support, economic assumptions (e.g. discount rates), institutional capacity	NR
Kickbusch, 2018	Overall positive: raised large amounts of money, often by attracting private investment	Increased investment in vaccination programs (e.g. through IFFIm), greater alignment of funding for maternal and child health (e.g. via GFF), and the development of innovative financing models such as ESG+H frameworks	Mixed: Funding mechanisms worked better when there were strong systems to track outcomes and manage performance, but weaker implementation happened when monitoring was unclear or accountability systems were not well developed	Positive: Mechanisms that used long-term commitments, like multi-year pledges and bond structures, helped ensure stable funding over time, supporting continuity of health programs	Mixed: supportive environments with tax incentives, ESG (environmental, social and governance) policies, and strong legal frameworks made it easier to implement these funding models, but weak regulations, political instability, and low awareness among investors made adoption more difficult	NR
Koppenjan, 2022	On-time and on-budget delivery, high-quality maintenance, and improved performance through learning and experience	Accelerated delivery, fewer cost overruns, higher infrastructure maintenance quality, increased process innovation	Positive: Long-term contracts supported collaboration, and implementation quality improved over time through learning and better risk allocation	Positive: The long-term nature of DBFM contracts (20-30 years) and stable availability payments supported sustained maintenance, on-time delivery, and overall performance improvements	Positive: Supportive institutional frameworks, political commitment to PPPs, and adaptive policy environments in the Netherlands enabled learning, and relational and institutional factors influenced outcomes improved implementation, and sustained performance	DBFM had significantly fewer additional work costs (13.6% vs 27.8%, p<0.05) and better time performance (+18.9% vs -6.8%, p<0.05) than D&C; innovation higher in DBFM (5.9/10 vs 4.3/10, p NR)
Kort, 2016	NR	Three distinct configurations (or "paths") of organisational and managerial conditions were sufficient to produce good outcomes in PPPs: (1) URCs operating at arm's length with high discretionary powers, loosely organised, and applying many network management strategies; (2) URCs at arm's length with low discretionary powers, tightly organised, and applying many network management strategies; and (3) URCs not at arm's length with high discretionary powers, tightly organised, and applying many network management strategies	NR	NR	Positive: Successful outcomes were supported by contextual factors such as local political autonomy, trust between public and private partners, and tailoring the PPP structure to fit the local social and institutional context	Combinations of factors (like strategic management and cooperative governance) consistently led to good outcomes, with high configurational consistency (>0.98)
Tonge, 2021	Negative: Challenges in quality, coordination, and sustainability	Improved access and integration in some areas (e.g. cancer surgery during pandemic, mental health, diagnostics)	Mixed: Implementation quality and adaptation (e.g. lead provider model, strategic commissioning) positively influenced integration, but complexity and uneven capacity limited effectiveness	Mixed/negative: Reliance on short-term contracts and market-based mechanisms created fragility, especially in specialised services; sustainability concerns in independent sector	Mixed: Political support for integration and PPPs enabled reform; however, economic pressures and legacy of market-based competition created challenges in coordination and equity	NR
Grey literature						
Australian Social Impact Investing Taskforce, 2020	Positive: increased capacity, investment readiness, and social impact	Improved employment, housing stability, and wellbeing for disadvantaged cohorts. For example, the Aspire Program in South Australia reported reductions in convictions and homelessness, while the Resilient Families program achieved high rates of family preservation	Positive: High-quality design, stakeholder engagement, and adaptive management contribute to better results. Programs with strong data and evaluation frameworks are more likely to achieve their intended impact	Positive: Long-term commitments and strategic planning enable market development and reduce reliance on government subsidies. The report recommends a ten-year strategy with periodic reviews to ensure continued relevance and effectiveness	Political support, legislative frameworks, and economic conditions influence the success of the strategy. The COVID-19 pandemic is identified as a catalyst for inclusive recovery and increased demand for social investment. The relationship with these factors is mixed but generally positive when addressed through coordinated policy	NR
Barth, 2018	SIB / PFS: Improved service coordination, strengthened outcome tracking, and leveraged private capital for social impact. Blended Finance: Enabled scaling of social programs by combining different funding sources and reducing investment risk.	SIB / PFS: Achieved improved employment outcomes, particularly among youth, and enhanced cost-effectiveness in targeted services. Blended Finance: Supported the expansion of early-stage social	SIB / PFS - Positive: High implementation quality and rigorous performance monitoring contributed to improved outcomes and accountability. Blended Finance - Positive: Effective coordination and alignment across funders	SIB / PFS - Positive: Multi-year outcome-linked payments encouraged consistent program delivery and long-term outcome focus. Blended Finance - Positive: Combined and layered funding streams helped ensure ongoing support and reduced financial drop-off risks.	SIB / PFS - Positive: Political support, enabling legal frameworks, and access to reliable social data systems facilitated successful implementation. Blended Finance - Positive: Supportive regulatory environments and strong public–private	NR

First author, year	Outcomes of mechanism	Outcomes of program/strategy	Relationship with:			Statistical results
			Implementation characteristics	Sustainability of funding	Contextual factors	
	PPP: Strengthened service delivery partnerships and promoted efficiency in implementation. Venture Philanthropy: Improved organisational capacity and supported innovation in social service delivery	innovations and improved access to capital for scaling impact. PPP: Contributed to more stable and efficient delivery of social services over the long term. Venture Philanthropy: Strengthened delivery of social programs by improving organisational resilience and adaptability	enhanced implementation success and impact. PPP - Mixed: Strong delivery structures supported outcomes, but rigid contracts sometimes limited flexibility and adaptation. Venture Philanthropy - Positive: Tailored, flexible support adapted well to organisational needs, strengthening implementation and program results	PPP - Positive: Long-term contractual commitments promoted stable funding and continuity of services. Venture Philanthropy - Mixed: Provided sustained support in early stages, but continuity was less certain without long-term philanthropic or public sector follow-up	collaboration culture enabled smooth coordination and fund mobilisation. PPP - Mixed: Outcomes were influenced by public sector capacity, procurement regulations, and political stability; success varied based on local context. Venture Philanthropy - Positive: Thrived in contexts with supportive innovation policy, a strong philanthropic sector, and openness to cross-sector collaboration	
OECD, 2015	Positive but limited: early evidence suggests improved outcomes and increased investment in social sectors	Reduced reoffending rates, improved educational attainment, and better health outcomes	Positive when there is strong alignment between investor intent, delivery organisation capacity, and measurable outcomes	Enhanced by mechanisms that blend public and private capital and by long-term policy commitments	Generally positive: political support, regulatory clarity, and economic conditions significantly influence the success of social impact investing initiatives	NR
PwC, 2018	NR	Improved patient satisfaction, reduced hospital admissions, and better management of chronic conditions	Positive if implementation is successful: leads to better outcomes and cost savings	Positive: Sustainable funding models that reward outcomes and allow reinvestment of savings are seen as key to long-term system sustainability.	The federated nature of Australia's health system and budget fragmentation are barriers. Policy reform, leadership, and cross-sector cooperation are needed to enable value-based care.	The Martini-Klinik example shows a reduction in post-surgery incontinence from 10% to less than 5%
Urbis and Bridges Australia, 2023	The trials increased government and sector capability in outcomes-based approaches, built trust among stakeholders, and mobilised private capital. However, some trials faced implementation challenges and did not fully achieve intended outcomes due to eligibility constraints or data issues	Improved school readiness, employment transitions, and family preservation. The SRF supported 58 enterprises and raised $21 million in capital. The OMI helped organisations improve impact measurement and diversify funding sources	Positive: Trials with strong design features, stakeholder engagement, and data systems achieved better outcomes. Implementation quality, including trust-building and flexibility, was critical to success	Mixed: While some mechanisms attracted co-investment and leveraged additional capital, others faced sustainability challenges due to short-term funding and lack of systemic integration	Contextual factors such as constitutional constraints, departmental norms, and risk aversion influenced implementation. Legislative and budgetary systems posed barriers to scaling. The relationship is generally negative but improving with policy reforms	NR
2. Pooled Funding						
Peer-reviewed literature						
Stokes, 2019	No significant overall effect	Negative: No reduction in emergency admissions, slight increase in bed days for multimorbid patients, delayed discharges, no clear reduction in costs	Mixed/negative: Integration activity increased, but not enough to reduce hospital use	Limited impact/negative: Due to small proportion of total funding pooled and limited duration	NR	Bed days increased by 0.164 per multimorbid patient/year (4.9%) in short term. The estimate was only significant at the 10% level in the intermediate term, 0.134 (4%)
Grey literature						
GEF IEO, 2018	Positive: cofinancing enhanced project delivery, broadened scope, and increased government ownership	Improved project outcomes in environment, biodiversity, energy efficiency, and institutional capacity	Positive: greater cofinancing linked with higher project quality and country ownership	Positive: cofinancing helped mobilise long-term resources beyond GEF contributions, which in turn supported sustained project outcomes such as capacity building, institutional ownership, and environmental impact	Positive: national political commitment and alignment with development plans enhanced cofinancing success	A linear regression analysis of completed projects approved from GEF-5 onwards indicates that when the expected cofinancing at project initiation is fully realised, the outcome rating is 0.10 points higher on a binary scale and 0.30 points higher on a six-point scale compared to projects where cofinancing is not fully realised. Full realisation of cofinancing enhances the likelihood of sustainability by 0.23 points on a binary scale and 0.33 points on a four-point scale
3. Centrally Determined Funding						
Peer-reviewed literature						
Shiell, 2024	Cancer screening programs were successfully implemented at scale, with broad coverage and data-informed targeting. However, the effects of funding on other public health activities are unclear	Screening: widespread implementation; for other programs the outcome is not clear	Positive for cancer screening: the alignment between funding type (e.g. performance-based incentives, partnership agreements) and program design supported high-quality, large-scale implementation. Unclear for other areas due to lack of data on how funding linked to implementation	Mixed: Long-term funding (like block grants and GST) helps keep programs running, but outcomes are not well measured. Short-term funding (like national partnerships) shows clear results, but the funding is not sustained	Mixed: In cancer screening, strong national leadership and supportive policy helped achieve good outcomes (positive). In other areas, inconsistent reporting rules and unclear funding classifications across states made it hard to track outcomes (negative)	NR

First author, year	Outcomes of mechanism	Outcomes of program/strategy	Relationship with:			Statistical results
			Implementation characteristics	Sustainability of funding	Contextual factors	
Grey literature						
Australian Government, The Treasury, 2017	Positive/neutral: SEDIF supported over 400 social enterprises and contributed to employment outcomes. DFAT initiatives catalysed private investment in the Indo-Pacific. Limited long-term evidence for social impact bonds and investment funds	Newpin bond: 7.5–12.2% annual returns, successful family restorations; SEDIF: 9051 people supported, 650 employment outcomes; DFAT: $3 million Genesis Impact Fund established	Mixed: Strong governance, data access, and evaluation frameworks improve outcomes. Lack of investor-ready opportunities and data hinders effectiveness	Mixed: Matching private investment and long-term funds (e.g. SEDIF) enhance sustainability. Reliance on government grants and bespoke deals limits scalability	Mixed: Government policy support (e.g. Innovation Agenda, Public Data Policy) facilitates growth. Regulatory uncertainty (e.g. investor definitions, superannuation law) constrains investment	NR
4. Other						
Peer-reviewed literature						
Haynes, 2020	Improved stakeholder engagement, research relevance, capacity building, and contributed to early influence on policy design and implementation	Develop prevention strategies, informed funding decisions, strengthened stakeholder engagement, and contributed to a more coherent and systems-oriented prevention narrative in Australia	Mixed: effects were positive when implementation featured clear roles, flexibility, and a collaborative culture, but negative when governance processes were unclear, coordination was inconsistent, or some partners felt excluded from decision-making	Positive: sustained multi-year funding and consistent in-kind contributions enabled trust-building, institutional learning, and ongoing collaboration, though reliance on specific leadership roles introduced some long-term risks	Mixed: government support for prevention helped the work move forward, but changes in leadership, unclear roles, and reliance on short-term funding made it harder to keep things stable and build lasting trust	NR
Grey literature						
Beton, 2025	NA	NA	Positive: Requires multi-stakeholder governance, data transparency, and alignment with national strategies	Positive: Designed to de-risk and incentivise long-term, sustainable investments	Highly dependent on: Political will, Regulatory environments, Institutional capacity, Market readiness	NA
Victorian Government, 2025	Improved trust, collaboration, and local empowerment	LVA helped rebuild trust, foster local leadership, and support regional transition after Hazelwood Power Station closure	Positive: Flexible, locally driven funding supports effective implementation and sustainability	Positive: Long-term funding is essential for systemic change and staff retention	Positive: Funding models must adapt to local context, history, and existing relationships	NR
Multiple						
Peer-reviewed literature						
Borghi, 2024 [Groups 2/3]	Positive health impacts in some strategic cases (e.g. insurance uptake, program capacity); limited or mixed effects in passive/co-benefit approaches	Insurance enrolment, emergency care access, expanded preventive services, improved planning capacity; health outcomes mixed or under-reported	Mixed: strategic models supported implementation; passive models faced coordination and administrative barriers	Mixed: donor and market-dependent schemes vulnerable; adaptive mechanisms and domestic reforms offer more durability	Positive when aligned with institutional capacity, clear governance, and community buy-in; negative when siloed or poorly communicated	NR
Mason, 2015 [Groups 1/2]	Pooled funding – Positive: improved coordination and discharge Lead commissioning – Positive: supported inter-agency coordination Aligned budgets – Neutral: limited impact due to separate controls Cross-charging – Neutral/Negative: unclear benefits, risk of cost-shifting Integrated management – Positive: improved continuity and teamwork Structural integration – Mixed: often constrained by governance issues	Pooled funding: Improved access; no long-term health or cost gains Lead commissioning: Some user benefits; mixed health/cost impact Aligned budgets: Minimal outcome change Cross-charging: No clear outcome effects Integrated management: Better experience; limited health impact Structural integration: Inconsistent results; no sustained improvements	Positive implementation effects from pooled funding occurred where leadership, shared data systems, and coordinated planning were in place. Lead commissioning worked well when commissioners had clear authority and aligned goals Aligned budgets showed limited impact due to a lack of financial integration and unclear responsibilities. Cross-charging often hinders collaboration due to competitive behaviours and the absence of joint accountability. Integrated management succeeded where teams were co-located and supported by strong communication and training. Structural integration had mixed results, depending on local governance capacity and readiness for cultural and system change	Pooled funding showed potential but was often implemented in short-term pilots, limiting sustainability and long-term impact. Lead commissioning relied on stable governance, but funding continuity was not always guaranteed, affecting the consistency of outcomes Aligned budgets lacked integrated financial planning, leading to weak sustainability and minimal long-term effects. Cross-charging did not support sustainable collaboration, as it encouraged cost-shifting rather than shared responsibility. Integrated management had better sustainability when embedded in existing services but often depended on temporary funding. Structural integration was difficult to sustain without long-term political and financial commitment, leading to mixed results over time	Pooled funding had a mixed relationship with context, while supportive legislation enabled implementation, rigid service eligibility rules and sectoral silos often limited its full potential. Lead commissioning showed a positive relationship in systems with clear legal frameworks and strong inter-agency collaboration Aligned budgets had a neutral to negative relationship due to fragmented policy environments and lack of statutory support for shared accountability. Cross-charging showed a negative relationship, as existing financial and legal structures often incentivised cost-shifting rather than cooperation. Integrated management had a positive relationship when supported by flexible governance, decentralised decision-making, and local autonomy. Structural integration faced a mixed relationship, with political support in some contexts aiding implementation, but technical and regulatory barriers limiting success elsewhere	NR
McGuire, 2019 [Groups 1/2/4]	Positive effects in promotion models (education and economic gains); mixed or unclear effects in many integrative models; limited attribution to co-financing alone	Improved service use, reduced delayed discharges, educational attainment, community development, access to housing and water; mixed health outcomes	Effective implementation was supported when co-financing mechanisms had strong leadership, clearly defined roles, and joint planning (e.g. SOCSAM in Sweden)	SOCSAM (Sweden) benefited from structural integration and ongoing support, contributing to more sustained implementation	In countries like Sweden (SOCSAM), supportive political leadership, decentralised decision-making, and pre-existing cross-sector collaboration enabled successful implementation and sustained outcomes from co-financing mechanisms	NR

First author, year	Outcomes of mechanism	Outcomes of program/strategy	Relationship with:			Statistical results
			Implementation characteristics	Sustainability of funding	Contextual factors	
Grey literature						
McDaid, 2016 [Groups 2/3]	Pooled Budgets – Positive: Improved coordination, service integration, and more flexible use of resources across sectors. Aligned Budgets – Mixed: Enabled joint planning but had limited effect on actual integration or resource flexibility. Lead Commissioning – Positive: Streamlined funding flows and clarified accountability for cross-sector service delivery. Cross-Charging – Negative: Created administrative complexity and risked cost-shifting without improving outcomes. Joint Commissioning – Positive: Enhanced collaboration and service alignment through shared planning and funding. SIB – Mixed: Promoted innovation and outcome focus, but complex design and monitoring limited widespread adoption Earmarked: Mixed: Dependent on funding conditions and design	Pooled Budgets: Improved continuity of care, more coordinated service delivery, and better outcomes for complex or multi-need populations. Aligned Budgets: Enabled parallel sectoral efforts toward shared goals, but with minimal impact on service integration or user experience. Lead Commissioning: Led to clearer accountability and better alignment of services with population needs in some contexts. Cross-Charging: Showed limited to no impact on program outcomes; sometimes introduced inefficiencies or disincentives to collaborate. Joint Commissioning: Supported the development of more integrated, responsive services tailored to local needs. SIB– Delivered targeted results (e.g. in employment, recidivism reduction), but evidence of broader program impact remains limited. Earmarked: Mixed health outcomes and limited long-term evaluations	Pooled Budgets – Positive: Successful implementation depended on strong governance, trust, and flexible management, which enhanced coordination and service integration. Aligned Budgets – Mixed: Joint planning improved coherence, but limited shared control reduced overall impact. Lead Commissioning – Positive: When implemented with clear roles and leadership capacity, it supported effective service alignment and accountability. Cross-Charging – Negative: Administrative burden and unclear incentives often hindered effective implementation and cooperation. Joint Commissioning – Positive: Joint planning and shared objectives improved coordination and responsiveness of services. SIB – Mixed: Rigorous outcome tracking and high-quality design improved results, but complex implementation limited scalability. Earmarked- mixed: depend on cross-sector readiness, and local autonomy, and competitive processes could delay implementation	Pooled Budgets – Positive: Shared long-term funding commitments supported ongoing collaboration and sustained service integration. Aligned Budgets – Mixed: Funding remained stable within sectors, but the lack of pooled resources limited long-term joint impact. Lead Commissioning – Positive: Centralised responsibility enabled more consistent and sustainable funding flows across sectors. Cross-Charging – Negative: Transactional nature and funding uncertainty made it difficult to sustain collaboration over time. Joint Commissioning – Positive: Formal agreements and shared priorities helped maintain funding stability for integrated programs. SIB– Mixed: Funding was sustained through the contract period but dependent on government's appetite for outcome-based models. Earmarked- Mixed: Some programs used phased funding or co-financing models; others were short-term or linked to declining revenue sources (e.g. tobacco taxes)	Pooled Budgets: Enabled by legislative support (e.g. Health Act flexibilities in England), supportive governance, and decentralisation. Dependent on trust, clarity of roles, and mutual accountability between agencies. Aligned budgets: Success depended on strong local governance, phased rollout, and prior experience with shared planning. Enabling policy frameworks (e.g. National Partnership model in Australia) were crucial. Lead Commissioning: More effective where one agency had the legal and operational capacity to lead, and where funding mandates allowed commissioning on behalf of others. Cross-Charging: More effective where one agency had the legal and operational capacity to lead, and where funding mandates allowed commissioning on behalf of others. Earmarked- Stronger effects in decentralised systems with existing intersectoral frameworks and supportive policy; constrained in settings with weak administrative capacity	NR
New Zealand Government, The Treasury, 2015 [Groups 1/2/3]	NR	NR	NR	NR	NR	NR
ten20 Foundation, 2019 [Groups 3/4]	Funding enabled sustained community engagement, supported backbone development, facilitated systems change, and improved coordination among services	Improved early childhood development, increased community participation, enhanced service integration, and development of shared agendas and action plans	Positive: High-quality implementation and adaptive strategies enhanced the effectiveness of funding mechanisms and program outcomes	Mixed: Long-term philanthropic support was beneficial, but lack of diversified funding posed risks to sustainability	Mixed: Political support and local leadership were enablers, while economic constraints and policy shifts were barriers	NR

Table 5.4: Implications, limitations and recommendations

First author, year	Conclusion and implications	Limitations and research gaps	Recommendations
CATEGORY 1			
Peer-reviewed literature			
Borghi, 2024	No single best approach: a mix of strategies needed. Strategic promotive models are promising but underfunded; integrative efforts face coordination barriers	Few empirical evaluations; lack of efficiency/cost-effectiveness data; most literature focused on passive effects, not implementation	Prioritise strategic co-financing; improve cross-sector governance; ensure flexibility and equity; expand accreditation for health in climate finance
Cepparulo, 2024	PPPs are more influenced by fiscal constraints than by fiscal rules; stronger budget balance rules increase PPP use; reforms are needed to align PPP use with efficiency rather than fiscal circumvention	Lack of disaggregated data on PPP types; limited insight into project-level efficiency or outcomes; no qualitative case studies	Revise fiscal and accounting rules to reduce fiscal illusion; improve transparency; implement safeguards to ensure PPPs are used for efficiency, not circumvention
Guter-Sandu, 2021	SIBs offer new governance tools and solidarities, but must be carefully designed to avoid inequities	Lack of rigorous evaluation, unclear long-term impacts, limited transparency	Further research on outcomes and equity, better contract design and stakeholder inclusion
Haynes, 2020	Knowledge mobilisation partnerships can advance prevention policy and practice if supported by inclusive governance, long-term funding, and adaptive collaboration	Decline in survey engagement over time, limited engagement of some stakeholders, unclear impact attribution, varying definitions of co-production	Strengthen governance transparency, enhance shared decision-making, clarify co-production practices, invest in adaptive capacity, build policy literacy
Kickbusch, 2018	Innovative financing can help close the global health funding gap if supported by legal and fiscal infrastructure, outcome-based design, and mainstream investment standards. Future studies should elaborate on possible transfer of green investment to health investment products and explore routes such as fiscal incentives for long-term health investment products	Lack of implementation data	Social impact investments: Feasibility depends on four criteria: first, the outcomes that the investor needs to achieve are meaningful and measurable. Second, the achievement needs to be possible in a reasonable time horizon. Third, success must be linked to the interventions funded by the impact bond. Fourth, appropriate legal and political conditions need to be in place. Risk sharing mechanisms can create an attractive risk profile for health infrastructure investments. By creating project bonds that have solid credit

First author, year	Conclusion and implications	Limitations and research gaps	Recommendations
			ratings, the pool of institutional investors that are interested can be increased significantly. To make health investments more mainstream, investment products should be designed in a way that dedicates the funds to health. Project monitoring, general practice with green bonds, and social impact bonds are crucial. The availability of a credible third-party actor that evaluates the impact is important. In the case of social impact bonds, this is particularly crucial as the return is also dependent on the evaluation of the performance of the service delivered
Koppenjan, 2022	DBFM PPPs performed better than traditional contracts, especially for time and cost; relational and institutional factors influenced outcomes; performance improved over time	Projects were still in early maintenance phases; unclear long-term cost-effectiveness; mostly public financial data; limited generalisability	Strengthen collaboration, manage risk realistically, use a combination of contractual and collaborative mechanisms, and continue monitoring long-term outcomes
Kort, 2016	Successful PPPs are not driven by either organisational form or management alone, but rather by specific combinations of both. This highlights the importance of tailoring organisational and managerial strategies to context-specific needs in urban regeneration partnerships	Limited to self-reported survey data; causality not tested statistically; results dependent on interpretation of fuzzy set configurations	Combine structural design with strategic network management; avoid overly rigid models; tailor PPP structure to local context
Mason, 2015	Integrated funding has theoretical potential to improve care, but evidence of impact is weak and inconsistent. Implementation barriers remain significant	Few studies isolate effects of financial integration; heterogeneity of models; limited long-term data; methodological weaknesses	Set realistic expectations; improve data systems; address governance and cultural barriers; evaluate funding models more rigorously
McGuire, 2019	Co-financing is feasible and promising but remains under-evaluated; more evidence and attention to implementation factors needed	Few rigorous evaluations, poor data availability, difficult to determine whether observed outcomes were actually caused by the funding mechanism, publication bias, and no consistent definition of co-financing (different papers use the term to mean different things)	Invest in rigorous evaluation, build leadership and trust, clarify sector roles, and integrate data systems

First author, year	Conclusion and implications	Limitations and research gaps	Recommendations
Shiell, 2024	Australia's funding model has structural advantages (flexibility, delegation), but lack of transparency hinders system-level learning and accountability	Inability to quantify flows across all mechanisms; no disaggregated funding data at program level; lack of outcome linkage except for screening	Improve transparency; standardise definitions and reporting; strengthen link between funding and cost-effectiveness, use satellite accounts to expand reporting of spending
Stokes, 2019	In the short- to intermediate-term, pooling health and social care budgets does not reduce hospital use nor costs. However, pooling funds does appear to stimulate additional integration activity	Lack of data on integration activity; short follow-up; no primary care cost data	Combine pooled budgets with broader organisational changes for long-term impact
Tonge, 2021	Movement toward population-based commissioning and collaborative contracting is promising but requires careful design to avoid fragmentation and ensure equity and sustainability	Lack of outcome data and evaluation; limited evidence on long-term impact and cost-effectiveness; need for more research on implementation fidelity and equity	Adopt strategic commissioning roles; ensure oversight in contracting; balance flexibility with accountability; consider population needs in resource allocation
Grey literature			
Australian Government, The Treasury, 2017	Social impact investing offers a promising approach to address complex social issues through cross-sector collaboration and outcome-focused funding. The government can play a key role in enabling the market, funding innovative interventions, and reducing regulatory barriers	Limited long-term evidence of financial and social returns, Lack of standardised outcome metrics, Need for more investor-ready opportunities, Unclear legal structures for social enterprises	Clarify regulatory definitions (e.g. sophisticated investors, superannuation law), Support data sharing and evaluation, Develop model constitutions for social enterprises, Encourage intermediary development and investment funds, Continue funding pilot programs and measure outcomes rigorously
Australian Social Impact Investing Taskforce, 2020	A coordinated, well-funded, and strategically implemented social impact investing strategy can significantly improve outcomes for vulnerable Australians and build a robust impact investing market. The report emphasises the importance of partnerships, data, and long-term planning	Nascent state of the market, inconsistent data collection, and limited longitudinal research. The report calls for improved benchmarking, evaluation, and impact measurement	Recommendations include implementing the six core initiatives, establishing the COSI, developing a national register of social enterprises, clarifying regulatory guidance, and fostering cross-sector collaboration. The strategy should be reviewed every three years to ensure it remains effective and responsive to emerging needs
Barth, 2018	Cross-sector collaboration supported by innovative finance can improve social outcomes, but requires strong design, leadership, and capacity	Limited empirical data, high reliance on early-stage or pilot cases, unclear generalisability	Build capacity in public sector, invest in intermediaries, simplify contracting and measurement tools

First author, year	Conclusion and implications	Limitations and research gaps	Recommendations
Beton, 2025	The report proposes a health taxonomy as a strategic tool to align investments with public health goals, improve outcomes, and position health as a driver of economic resilience. While promising, its success depends on governance, stakeholder engagement, and measurable impact	The taxonomy is still conceptual and requires further validation, clear benchmarks, and inclusive consultation. Without robust oversight, it risks being symbolic rather than transformative.	Develop a common definition of sustainable health finance; Mandate the design of a health taxonomy framework; Engage MDBs for technical evaluation; Secure validation by World Health Organization, OECD, World Bank; Promote market-driven incentives; Commit to further research and consultation
GEF IEO, 2018	Cofinancing brings added value to projects but improving how it is defined and monitored is essential to enhance its effectiveness and ensure greater accountability	Data inconsistencies, unclear definitions, and limited ability to attribute results to cofinance inputs	Improve reporting frameworks, clarify definitions, assess strategic relevance of cofinance, and use better cost-sharing models
McDaid, 2016	Financing and budgeting mechanisms, such as pooled budgets, aligned funding, lead commissioning, and cross-charging, can support more integrated and effective intersectoral action, especially between health and social sectors	Limited robust evaluation data, especially on long-term outcomes and cost-effectiveness Challenges in attributing outcomes directly to funding mechanisms due to multiple influencing factors	Strengthen legal and policy frameworks to support joint financing and governance; Ensure clarity of roles, responsibilities, and reporting to avoid fragmentation; Support long-term funding arrangements to allow sustained collaboration; Develop data systems and performance monitoring tools that can support outcome-based funding across sectors.
New Zealand Government, The Treasury, 2015	The framework provides a flexible, principle-based approach to funding cross-agency initiatives. It encourages agencies to consider contextual factors and strategic alignment when selecting funding models	NR	Agencies should use the framework to assess funding options, consider hybrid models, and seek appropriate approvals. The Treasury offers support for applying the framework and resolving funding issues
OECD, 2015	Social impact investing holds promise for addressing complex social challenges through innovative financing models. However, the field is still nascent and requires further development of definitions, data systems, and evaluation methods	Lack of standardised definitions, inconsistent data collection, and limited longitudinal evidence	Recommendations include developing common definitions, building data infrastructure, supporting intermediaries, and fostering international collaboration. The OECD emphasises the need for rigorous evaluation, transparency, and alignment of incentives to ensure that social impact investing achieves its intended social and financial outcomes
PwC, 2018	Australia must move beyond incremental changes and pursue system-wide transformation towards	NR	Pilot new funding models, build integrated datasets, engage patients, evaluate pilots

First author, year	Conclusion and implications	Limitations and research gaps	Recommendations
	value-based care. Funding models should incentivise outcomes, and success depends on cultural, structural, and technological changes		rigorously, and scale successful initiatives. Governments should lead the transformation with clear strategy and support
ten20 Foundation, 2019	Sustainable funding for community-led, place-based initiatives requires flexible, long-term, and trust-based relationships. Philanthropy plays a catalytic role, but broader government engagement is essential for scale and sustainability	There is limited published research on funder roles, a need for better evaluation frameworks, and challenges in measuring long-term impact	Recommendations include increasing dedicated funding for backbone functions, developing pooled funding mechanisms, embedding cultural authority and community leadership, creating immersive learning experiences for funders, and aligning funder roles and reporting requirements
Urbis and Bridges Australia, 2023	Social impact investing has significant potential to address complex social issues through innovative funding models. Government plays a critical role as enabler, participant, and facilitator. Embedding lessons from the trials will be essential for future initiatives like the Outcomes Fund and SEDI	Limitations in data availability, impact measurement, and systemic readiness. It highlights the need for further research on scaling, risk management, and cross-sector collaboration	Recommendations include strengthening the social impact investing unit, building government capability, supporting early-stage enterprises, improving data systems, and designing flexible, outcome-focused funding models. The report also suggests actions for implementing the Outcomes Fund and SEDI
Victorian Government, 2025	Flexible, long-term, and locally controlled funding is critical to the success of place-based approaches. Government must shift from rigid, short-term models to adaptive, outcome-focused investment strategies	NR	Further research could assess impact across different regions and funding models

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