

**Alternative, innovative and
sustainable source of
financing for injury prevention
and safety promotion: learning
from case studies**



**World Health
Organization**

Regional Office for South-East Asia

Alternative, innovative and sustainable source of financing for injury prevention and safety promotion: learning from case studies

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1. Introduction

The landscape of global health has changed, with now a plethora of organizations, groups and foundations engaging in and funding global health activities, making leadership and coordination. Problems arising from lack of coherence across global health activity include resource inefficiencies, duplication, confusion and weak accountability of the global health system, especially to those in most need of assistance. Civil society stakeholders, health foundations, private sector stakeholders, professional associations and others are involved in agenda setting for global health.^[1] Thus, innovative financing mechanisms should be designed to comply with the principles of the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action.

Innovative financing refers to a range of non-traditional mechanisms to raise additional funds for development aid through "innovative" projects such as micro-contributions, taxes, public-private partnerships and market-based financial transactions.^[2] Most of the existing innovative financing mechanisms were allocated for the health-care sector in developing countries.^[3]

In the field of public health, sustainability has been defined as the capacity to maintain programme services at a level that will provide ongoing prevention and treatment for a health problem^[4] after termination of major financial, managerial and technical assistance from an external donor.^[5] Sustainability is the global term we will use hereafter to refer to the general phenomenon of programme continuation. The idea of sustainability has its roots in systems theory, which is the set of interacting and adaptive structures and processes producing functional outputs and outcomes. In principle, sustainability is an ongoing part of the process of programme planning, intervention and evaluation. The experience of prior healthy homes programmes suggests that

there are at least five general strategies that have been used to promote programme growth and sustainability (Box 1).^[6]

Box 1: Strategies to promote programme growth and sustainability

- Evaluation and continual quality improvement;
- Building and strengthening organizational capacity;
- Expanding partnerships;
- Identifying new funding streams and diversifying sources of funding; and
- Building a case for systems or policy change.

The concept-mapping process identified nine core domains that affect a programmes capacity for sustainability, which are: political support, funding stability, partnerships, organizational capacity, programme evaluation, programme adaptation, communications, public health impacts and strategic planning.

For the sustainability of any programme, the following associated factors need to be considered ^[7] –

- **Planning:** Continuation of programmes does not happen by itself. Sustainability should be planned for with intention and, ideally, incorporated into the initial programme plan.
- **Funding diversification:** Programmes usually begin with one funding source and diversify over time to enlarge or add service components. Sustainable organizations are not dependent on any single funding source, but obtain resources from a variety of avenues. Funding usually includes both multi- and single year grants and contracts that overlap.
- **Programme qualities:** Sustainable programmes are characterized by their effectiveness, ability to demonstrate positive results, inspired and committed leadership, strong financial and programme

management policies and procedures, and an established constituency of individuals and organizations that value their services.

- **Community support for programmes:** Community support can only be authentically harnessed if residents and community-based organizations are treated as full partners. Programmes should reach out to community groups before support is needed. Partnerships with the community should be fostered from the beginning; they are central to programme planning and design. Constituent support is a key component of advocacy for programmes and services, and can be influential in securing political will.
- **Supporting non-profit organizations:** It is important to support the work of community-based organizations that are also challenged by sustainability issues.
- **External environment:** Paying attention to the programmes for emerging challenges. Programmes and organizations need to be adaptable to changing conditions—ready to meet possible threats as well as capitalize on opportunities as they arise.
- **Achieving sustainability:** Attaining and maintaining sustainability is an ongoing process that begins with an active commitment to delivering effective programmes and sound management.

2. Experience in establishing alternative funding for health programmes

As new ideas for health reform emerge, a growing literature is examining new ways to broaden health-care delivery to incorporate expanded use of clinical preventive services and prevention education efforts aimed at improving the health of large numbers of people, not just individuals. Public health has a history of unpredictable, inadequate and uncoordinated funding

as well as a track record of achievement in vanquishing the historic causes of death and disease. Establishing funds for a specific programme is very challenging. Government allocations are not always sufficient to run the programmes, sometimes additional/supplementary funds from outside one needed.^[8] Securing/getting outside funds is very competitive. However, different mechanisms have been practised in mobilizing resources in many countries.

2.1 Global experiences

The Massachusetts Legislature recently passed a health-cost control bill that creates a US\$ 60-million (Prevention and Wellness Trust) to support prevention efforts over the next four years.^[9] The money for the Trust will be raised by a tax on insurers and an assessment on larger hospitals. A social impact bond now being tested in the United Kingdom has raised US\$ 8 million to invest in measures that would reduce the recidivism of 3000 prisoners in Peterborough Prison.^[10] Health impact bonds provide a financial instrument for making investments to improve health outcomes within a community. Health impact bonds might also be used to invest in community improvements with the potential to result in identifiable health-care savings. Examples might include upgrading pedestrian and bicycle infrastructure to decrease traffic-related injuries and deaths and to prevent chronic conditions such as diabetes.^[11,12]

Finland, the Republic of Korea, Portugal and Thailand are funding health promotion activities from hypothecated taxes.^[13,14] Furthermore Belgium, Egypt, the United Kingdom as well as the US states of Alaska, Arizona, California, Maryland, Massachusetts, Michigan, Oregon and Utah have all instituted some level of hypothecation for health of their tobacco taxes.^[15,16] Egypt, for example, earmarks a part of the revenues from tobacco taxes for subsidizing health insurance for students, covering preventive, curative and rehabilitative health services. The insurance is funded from students' contributions as well as from tax revenues, including a fixed amount of 10 piastres for each

pack of 20 cigarettes sold.^[17] In New South Wales (NSW), legislation has been passed in the state's Upper House creating the Community Road Safety Fund allowing all money raised from speed camera offences to be spent on road safety. Insurance companies are immensely benefitted by safe roads; hence road safety funds are generated from the insurance premiums. Few examples of generating funds from insurance premium are illustrated below.

- Road safety levy is added to all vehicle insurance premiums in the State of Victoria in Australia, Finland and the Province of Quebec in Canada.
- In Poland, a special fund derived from 1% of insurance revenue has been set up to finance road safety projects.
- Insurance premiums are used to support the Korea Traffic Safety Association.
- In Bahrain, insurance companies pay for the Bahrain Traffic Safety Improvement Study developing the comprehensive data collection and analysis system.
- In Sri Lanka, 1% from third party insurance is separated into a road safety fund handled by the road safety councils. Payments are made to hit and run accident victims (SR 75 000 for grievous harm and SR 100 000 for death) the fund is also now being used for other advocacy on road safety.⁽¹⁸⁾

Moreover, oil industry vehicle manufacturers and distributors' have a social responsibility in creating road safety, as they are making profits by selling vehicles to people. Corporate social responsibilities are getting attention in many countries as given below:

- Shell has funded road safety education for primary schools in Germany.
- British Petroleum developed a teaching resource pack in the UK, 'Living with Traffic', which was produced to help with primary school road safety education.

- Alcohol manufacturers such as Diageo have long established track records to support driver education initiatives and road safety improvements seeking to reduce the number of alcohol-related driving accidents.
- In Bangalore, India, 3M, Volvo, Getit Yellow Pages, Coca Cola, Infosys, Koshy Holdings PVY Ltd, Tata and Synergy work together with the government and NGOs as part of the Road Safety Drive 2000 project led by the Bangalore Agenda Task Force.⁽¹⁷⁾

However, for financial support directly from the alcohol and automobile and motorcycle industry, great care must be taken to not have the donor influence the plan or strategies, especially concerning drinking and driving and vehicle safety issues.

2.2 Experience in establishing Thailand Health Promotion Fund (ThaiHealth)

Historic background

In the mid 1990's, Thailand faced the problem of securing sustainable funding for tobacco control. In 1992, Thailand had passed two comprehensive tobacco control laws: (i) banning tobacco advertising and regulating tobacco products and (ii) establishing smoke-free public places. This was followed in 1993 with a policy for regular tobacco tax increases. Implementation of tobacco control projects needing substantial and sustainable funding was the main problem following this policy. Repeated requests for budget to support tobacco control through conventional means were not successful. This led tobacco control advocates to explore ways to create a mechanism to obtain adequate and sustainable funding to support tobacco control. At the same time, beside tobacco control, Thailand was also facing increasing problems from alcohol consumption and traffic accident deaths. Alcohol control and traffic accident prevention had the same problem as tobacco control, that is, no funding. So the question at that time was

whether to create sustainable funding just for tobacco control or funding to support a wider range of health promotion programmes. Finally, it was decided to advocate for setting up a health promotion fund in preference to a tobacco control fund. This resulted in the enactment of the Health Promotion Fund Act 2001.

The Health Promotion Fund Act 2001 set up the Thailand Health Promotion Foundation (ThaiHealth), with a budget from an extra 2% of tobacco and alcohol excise taxes (a surcharge), to be used to fund tobacco, alcohol, traffic accident control as well as other health promotion activities. In 2010, the ThaiHealth budget was about US\$ 100 million. The funding for major programmes was (in million US\$): tobacco = 5.3, alcohol = 9.3, traffic accident = 6.6, physical activity = 6.5, nutrition = 4.7 and social marketing (mass media campaign) = 6.6. It can be seen that funding for alcohol control and traffic accident prevention was just a portion of the annual ThaiHealth budget.

How to get support from the Ministry of Finance and others concerned, including politicians

Tobacco and alcohol consumption and traffic accidents are major causes of illness, causing many disabilities and deaths annually. They also incur huge economic losses on the country. Existing approaches to addressing tobacco and alcohol consumption and traffic accidents focus heavily on curative measures; treating and rehabilitating those who are sick and disabled from tobacco and alcohol consumption and traffic accidents. In combination, tobacco, alcohol and traffic accidents costs can be shown in lives lost, disability, and in economic cost annually. Despite significant burdens, only a very small budget was being allocated for the prevention and control of tobacco and alcohol use, and traffic accident prevention. Requests for budget to fund tobacco, alcohol and traffic accident prevention through the regular system were not successful. Existing budget appropriations give very low priority to preventive, project-based activities. The Ministry of Finance had to bear the burden of health-care costs from

tobacco, alcohol and traffic accident-related harm. If health-care costs from these three problems could be cut, the Ministry of Finance would be able to save funds that were being appropriated to the Ministry of Health. If a fund of 2 billion baht annually is set up for tobacco, alcohol control and traffic accident prevention, it could decrease the problem of tobacco, alcohol and traffic accidents by only 10%, and Thailand could save 20 billion baht annually plus improve health status and decrease disabilities and deaths. If the Ministry of Finance agreed to legislate for tobacco and alcohol producers/importers to pay an additional 2% excise tax (surcharge) to set up a funding agency, this would not interfere with what the Ministry receives as tobacco and alcohol excise taxes. In other words, make the tobacco and alcohol industries pay into a fund to be used for the prevention and control of disabilities and death resulting from their products. Reasons to include traffic accidents in the package of advocacy to set up the sin tax fund:

- traffic accidents were a serious problem killing 13 000 Thais annually and costing billions of baht in 1996–2000; and
- 30% of traffic accidents were alcohol related, and controlling alcohol consumption is an important measure for traffic accident prevention.

Public opinion strongly supports using a sin tax to control tobacco, alcohol consumption and for traffic accident prevention. The Ministry of Finance collects a huge amount of taxes from tobacco and alcohol products. Thus, the Ministry has a moral responsibility to allow the setting up of a dedicated fund to support prevention and control of these products. Alcohol and tobacco are two very profitable industries; making them pay one to two percent more on excise taxes is fully justified. There were examples of countries already using dedicated tobacco taxes to fund tobacco control and health promotion. The fund should be administered by an autonomous statutory agency in order to more efficiently work with all stakeholders involved in health promotion,

both government and non-government agencies (Example: Victorian Health Promotion Foundation since 1987).

All concerned ministries raised a number of key questions while their support was sought, which are illustrated in Box 2.

Box 2: Key questions from concerned parties

Ministry of Finance

- Why should the fund come from a dedicated source, why not from the regular budget?
- Will a dedicated fund disrupt financial/fiscal disciplines?
- How can we be sure that the investment will be cost effective?

Ministry of Health

- Why not allocate more budget for MOH to do the job (tobacco, alcohol and traffic accident control)?
- Why create a new agency? (MOH already has a health promotion institute).

Legislator

- Why is there a need for new legislation? Can it not be set up using existing law? Can it not be set up by an executive order?
- Will the new health promotion agency duplicate MOH's work?
- What would be the mechanism to ensure that the fund will not be abused/corrupted?

To establish a tobacco control fund or a health promotion fund?

The original drive was to set up a tobacco control fund, because the Tobacco Control Office of MOH received only about 10 million baht per year, barely enough to use within the Tobacco Control Office itself. In addition, this budget could not be used by other

government agencies and NGOs. However there was debate on the worthiness of establishing a tobacco control fund or a health promotion fund. The following points were raised.

- People working on tobacco control (which would be limited in number) were available to support an advocacy programme.
- A health promotion fund would draw a much wider support from other health-related NGOs/academia.
- Most government officials and politicians do not view tobacco control as an important issue, so advocating to set up a tobacco control fund may not produce sufficient support.
- Politicians will be more receptive to the idea of setting up a health promotion fund addresses a wide range of issues as compared to a tobacco control fund.
- A health promotion fund will make it difficult for the tobacco and alcohol industry to argue against it, and there will be more allies to protect the fund from being abused after its establishment.
- There are other noncommunicable disease burdens facing the same problems as tobacco control, but there is no funding to support prevention and control, alcohol-related harm, traffic accidents and other non-communicable diseases.
- The process of setting up a tobacco control fund or a health promotion fund *needs to go through the same steps*. So, it is more appropriate to advocate for a health promotion fund rather than just a tobacco control fund.

What to establish: a traffic accident and injury prevention fund or a health promotion fund?

In Thailand's case, traffic accident and alcohol-related problems probably played a bigger role in convincing the government and politicians to support the establishment of a health promotion

fund. So, in choosing between a traffic accident and injury prevention fund or a health promotion fund, ideally, it should be a health promotion fund, since this fund will also support traffic accident and injury prevention projects. In countries that already have a health promotion fund, the fund should support traffic and injury prevention programmes. In countries where a funding source does not exist for either issue, a decision needs to be made regarding whether to set up a traffic accident, injury prevention fund or a health promotion fund. Ultimately, the decision should rest on public support and political feasibility in each country.

2.3 Experience from Sri Lanka

In 2004, Road Safety Fund Regulation No 04 of 2004 was passed in Sri Lanka. As per this regulation, every insurer or a person who insures a policy of insurance or security as the case may be, in respect of third party insurance under part vi of this Act, shall contribute 1% of the premium to the Fund.

3. Promising innovative financing mechanisms

3.1 Potential sources

Based on experiences in establishing Thailand Health Promotion Fund (ThaiHealth) and other examples of alternative funding for health programmes, the following sources have been identified as the potential financing mechanism.

Alcohol: It is logical to argue for an additional or a surcharge tax on alcohol products to fund traffic accident and injury prevention, since alcohol drinking contributes significantly to traffic accidents and injury in most countries.

Fuel tax: Fuel or gasoline surcharge tax is also a possible source, since increased use of gasoline is a result of increased traffic, which in turn leads to more accidents.

Many countries, including Thailand, already have a “gasoline fund”, taken from a portion of gasoline tax, but the fund is used to cushion the fluctuation of oil prices to help stabilize the retail gasoline price; a portion of this fund could be set aside to fund accident prevention programmes.

Vehicle related taxes: There are probably four different taxes related to vehicles.

- The first is the excise tax when one purchases a vehicle. This is a onetime tax paid at the time of purchase and is included in the retail price package an additional percentage of this tax could be applied and set aside for accident prevention.
- The second is the annual registration fee, to which one could add a dedicated surcharge to fund traffic accident prevention.
- The third would be the car insurance fee; a dedicated surcharge fee could also be added as a funding source.
- The fourth is the extra income from a specific number of license plate auctions. This is being done in a few Asian countries where people may relate good fortune with a certain number or certain numbers that are popular with the people.
- Finally, another possible source may be money from administrative fines from traffic law violators, but it is unlikely that the amount would be adequate from this source.

3.2 Which funding source or sources should it be?

Ideally, the funding source should meet the following criteria:

- easy to collect / low transaction costs
- sufficient amount to serve your purposes
- sustainability

- politically feasible.

“*Surcharge*” or “*additional tax*” is the key to political acceptability as -

- whatever the intended source/sources of fund, it/they should be “*new money*”, not deducting from what a particular agency has regularly been receiving; and
- if it is from a tax, it should be an additional tax; if it is from a charge, it should be an additional charge.

4. Establishing the Injury Prevention and Safety Promotion Fund and its challenges

Addressing traffic accident and injury prevention, there are measures that need extra funding and there are measures that need no or little funding. Media advocacy needs little budget, but is effective in reaching the public and in creating political awareness, which in turn, will lead to political commitment. After analysis of the various interventions needed for traffic accident and injury prevention, work can be started on those that need no or little funding.

Strategies for alternative, innovative and sustainable source of financing for injury prevention and safety promotion should have short-, medium- and long-term targets. However, starting with small and achievable targets is advisable.

The clause “injury prevention and safety promotion” in this document encompasses all types of injury, intentional (interpersonal violence and self harm) and unintentional injuries.

4.1 How and when it should be started

Steps illustrated below need to be followed to start the process for alternative, innovative and sustainable sources of financing for injury prevention and safety promotion –

- set up a focal point to work for the establishment of an injury prevention fund;
- designate a passionate person to lead the advocacy activities;
- create a multisectoral working committee;
- advocate to draw up a national traffic accident and injury prevention plan;
- generate evidence-based convincing data;
- create a national network of organizations and individuals who support/practice injury prevention to advance the agenda;
- organize forums to advocate for a sustainable funding mechanism for traffic accident and injury prevention and control fund;
- proactively monitor traffic accident occurrence/surveillance;
- publicize the problem of traffic accidents/injury through various media channels;
- identify a political champion; and
- Set up road traffic accident and other injury victims network as community pressure group.

4.2 The obstacles that may occur along the way in advocating for setting up funds for injury prevention

Based on experiences in establishing funds for health promotion activities or specific programmes, it is anticipated that the following obstacles may be experienced during the process of advocating in setting up innovative sources of funding for injury prevention.

- Ministry of Finance/Government desires that the fund comes from the regular budgeting system, not from a dedicated source.

- Government would like the fund to be managed under the bureaucratic system, not by an independent or autonomous agency.
- Government would like that the fund be set up under an executive order, not from some form of new legislation.
- Different ministries compete to be in charge of the fund.
- There may be opposition from the affected industries.

4.3 The obstacles that may occur after generating funds

Injury prevention and safety promotion is a new and emerging public health problem in the Region. Hence, working to address the problem is a challenging issue even though funding for activities are in place. Following are the possible obstacles that may be experienced after generating funds.

- In the early phase after establishment of the fund, one may face the “happiness problem”, that is, “having the money, but not knowing how to use it, or not using it fast enough”.
- There may be inadequate human resources and technical know-how for traffic accident prevention projects.
- Absorptive capacity to disburse the funds may be inadequate due to lack of good projects, lack of organization to run projects, such as community-based projects.
- If the fund is managed under the bureaucratic system, it may be less effective and more prone to be abused by government officials and invite political interference.

4.4 Risk management after setting up funds

It has been proposed to develop risk management strategies once the fund is ensured for injury prevention and safety promotion activities as follows -

- A fund set up under a government department, and another set up under a statutory agency by some form of legislations will have different risk profiles.
- There are “common risks” in all public funds; such as transparency, freedom from abuse/corruption, use according to intended mission, and efficient use of the fund.
- To prevent these risks from occurring, the process should start from carefully drafting the legislation to setting-up the fund, including:
 - the scope and mission of the fund;
 - the governance of the fund — ideally should be governed by an independent board, with both public and academic experts included on the board;
 - specification of criteria or nature of projects entitled to consideration for funding; and
 - limiting the fund to support project-based activities only, not for investment in hardware, construction or purchase of equipment.

4.5 Operational research in setting up an injury prevention fund

It has been mentioned that injury prevention and safety promotion is a new and emerging issue in the South-East Asia Region (SEAR). Evidence-based information is essential for political support in mobilizing resources. Hence, operational research on different aspects of injury prevention and safety promotion activities have been proposed as follows -

- *The burden/nature of violence and injuries including road traffic injury*
 - situation analysis related to injury prevention and control
 - status of mortality and morbidity including disability

- vulnerable group identification
- nature of traffic accidents including type of vehicles involved
- personal behaviour leading to the accident, alcohol intake, non-helmet wearing, non-seat belt use, speeding, violation of traffic rules
- environmental factors i.e. road engineering
- policy / legislative mapping and gaps in traffic and injury prevention.
- *The economic aspect*
 - Health-care cost
 - property loss costs
 - economic saving from reduction of injury.
- *Issues related to funding*
 - mapping of agencies working on and funding traffic and injury prevention
 - nature of project to be funded
 - estimated budget needed
 - how other countries set up such a fund
 - survey of public opinion about sources of funding.
- *Issues related to governance of the fund*

Pros and cons of:

 - a fund under an independent statutory agency
 - a fund under a unit within a government department
 - a composite model: combination of a unit within a government department, but with an independent board
 - who manages the fund.

Tips in identifying sustainable budget for violence, injury prevention and safety promotion funds are illustrated in Box 3.

Box 3. How to create an adequate and sustainable budget including fund management

- Identify Source of the Budget
 - a. Alcohol
 - b. Kerosene (heating/ lighting)
 - c. Motor vehicle
 - d. Fuel/ Petrol/ Oil
 - e. Insurance
 - f. Penalty for violation of safety laws*
 - g. Auction of car's license plate number*
 - h. Road tax*
- Mechanism of the budget
 1. Identify existing institution (purposed based):
 - i. Is there any institution?
 - ii. Should we create a new institution?
 - iii. Identify role model?
 2. Legislated option: received from surcharge 1-2%
 - i. Earmarked tax
 - ii. Other mechanism (depends on country's situation)
- Advocacy
 - a. Who will advocate? Alternative: reseacher from health body, academia, NGO like (family of the victims); dedicated groups
 - b. Conduct research
 - c. Data (including economic loss/ current analyzed economic data, people affected)
- Fund management
 1. Set up priority; who will receive the fund? - autonomous body, legislated and multisectoral stake holders
 2. Decide on needs, distribution
 3. Legislate the mechanism of fund distribution and utilization
 4. Transparency

**** Bear in mind: whether to set up the injury prevention fund or health promotion fund***

Think big, start small and act now

Useful sources of information

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Public health has a track record of achievement in vanquishing the historic causes of death and disease despite the hurdles of unpredictable, inadequate and uncoordinated funding.

Mobilizing funding for specific programmes is challenging, especially in preventing emerging public health problems like injuries and violence and promoting safety in society. Government allocations are not always sufficient to run the programmes. Sometimes additional/supplementary funding is needed. Securing/getting outside funds is very competitive. However, different mechanisms have been practised in many countries to mobilize resources.

This document provides the overview of alternative, innovative and sustainable sources of financing and the possibility of such financing impacting violence and injury prevention and safety promotion. The case studies demonstrate practical experiences for sharing.



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