

CASE STUDY

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Occupational Health Social
Outcomes Contract, Sweden

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Occupational Health Social Outcomes Contract, Sweden

CASE STUDY

1. EXECUTIVE SUMMARY

The Occupational Health Social Outcomes Contract (SOC) aims to reduce short-term sick leave and improve health outcomes for employees of two Swedish local authorities, Botkyrka and Örnköldvik, resulting in reduced costs to employers and wider society. A 2017 study identified that the majority of short-term sick days were from a 'risk group' with more than three absences over a 12-month period. Short-term sick leave is costly to employers and was a particular problem within local government organisations. The SOC aims to address this by providing direct 'Health Support' to employees and building capacity in internal HR departments to improve longer term employee health outcomes. The SOC supports these innovative, preventative approaches, and builds organisational capacity.

This case study begins by introducing the rationale for the SOC approach in this case and outlining the key features and target outcomes of the SOC (§2 & 3). Next, it explores the structure of the SOC – this includes the development process, resources pledged, the organisational framework and specifics of the contractual relationships between parties (§4). It then briefly discusses some of the results so far, as well as the impact of COVID-19 (§5). Finally, the case study highlights some of the key insights from the Occupational Health SOC (§6), including the non-financial motivations for pursuing social outcomes contracts, iterative approaches to outcome metric development, and the importance of building capacity in local government and other public sector organisations.

At a glance

Name: Occupational Health SOC

Outcome payers: Local authorities of Botkyrka and Örnköldvik

Target population: Employees with more than three absences over a 12-month period; workplaces with high or increasing sick absence

Providers: HR Department of local authority (internal); Aino Health and Previa (external)

Launch date: September 2018

Investors: Local authorities of Botkyrka and Örnköldvik

Duration: 3 years

Performance manager: Project organisation set up by the Research Institutes of Sweden (RISE) and the Swedish Association of Local Authorities and Regions (SALAR)

Maximum outcomes payments: SEK 15 million

Technical advisor(s): RISE

2. CONTEXT AND RATIONALE FOR THE SOC

Prior to the SOC, the proportion of employees on sick leave in Sweden was rising. In 2013, the cost for sick leave benefits in the country stood at SEK 26.2 billion. By 2016, that had risen to SEK 39.8 billion, with the upward trend particularly apparent in regional and municipal authorities.¹ While the cost of long-term sick leave is covered by insurance companies in Sweden, the cost of short-term sick leave (days 1-14) is covered by the employer.² Public sector employers were therefore facing high direct costs through the expenses of short-term sick leave. In addition, there were wider costs to the individuals, employers, and society at large: ill health, a loss in productivity, and reduced public service quality.³

In 2017, a pre-study was conducted in seven Swedish municipalities by the Swedish Association of Local Authorities and Regions (SALAR), the Research Institutes of Sweden (RISE), the European Investment Bank (EIB) and Kommuninvest. It found that 20% of employees account for 75% of the costs of short-term sick leave. This risk group were identified as being absent on more than three occasions over a 12-month period.⁴

In addition, the study identified that 80% of the spending on occupational healthcare in municipalities targeted rehabilitation. This suggested that there was insufficient pursuit of early identification and intervention strategies on the part of employers, to reduce sick leave and improve employee health. However, as the impact of early interventions can take a number of years to be observed, there were challenges associated with finding long-term financing due to annual budget cycles. The SOC was therefore identified as a valuable tool to financing early interventions. It also offered a way for the intermediary organisations, RISE and SALAR, to build capacity for implementation support and outcomes monitoring.⁵

¹ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

² Tomas Bokström, RISE, interviewed by Andreea Anastasiu and Michael Gibson, the Government Outcomes Lab, University of Oxford, 4 November 2020

³ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

⁴ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

⁵ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

3. OUTCOMES FRAMEWORK

The Occupational Health SOC employs a multi-level approach to occupational health, targeting both individual and organisational factors, developed based on an analysis of intervention models.

The direct, individual support – known as Health Support – is provided by external provider organisations contracted by the local authorities involved. As the project was being developed, it was decided that it was not rational for local authorities to build capacity for this part of the service internally, so the decision was made to contract it out. Employees call directly to nurses employed by the external provider organisations, who triage these calls. They identify possible risk factors, including absences that are potentially work-related, and flag these to managers.⁶

At an organisational level, the project aims to build organisational capacity to address employee sickness. This will generate long-term competence in the identification of those at risk of excess sick leave and implementation of preventative actions. This work is carried out by the HR departments themselves.⁷

The primary outcome metric used for payments is the direct cost for reduction in net short-term sick leave days (days 1-14). A range of other outcomes will also be studied, including⁸:

- Sustainable Employee Engagement
- Work capacity
- Long-term sick leave
- Purchasing of additional occupational health services
- Size of risk group
- “Healthy workplaces” with low short-term sick leave

These additional metrics are not tied to payment. However, they offer a more holistic picture of improvements to employee health. This also helps to guard against perverse incentives, as a reduction in sick leave may indicate an increase in employees attending work while sick, rather than an improvement in employee health.⁹

⁶ Tomas Bokström, RISE, interviewed by Andreea Anastasiu and Michael Gibson, the Government Outcomes Lab, University of Oxford, 4 November 2020

⁷ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

⁸ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

⁹ Tomas Bokström, RISE, interviewed by Andreea Anastasiu and Michael Gibson, the Government Outcomes Lab, University of Oxford, 4 November 2020

4. STRUCTURE OF THE SOC

4.1 Development and implementation process

The project was initiated by SALAR, the Swedish Association of Local Authorities and Regions, a body that represents and advocates for local government in Sweden. They approached their members and asked if they were interested in exploring the issues surrounding sick leave, and the evidence base for new interventions to tackle it. There were a number of interested parties, and as a result, a feasibility study was initiated.¹⁰

In 2017, this study was carried out in seven Swedish municipalities by SALAR, RISE, the European Investment Bank and Kommuninvest¹¹. As noted in §2, it highlighted the focus on rehabilitative rather than preventative approaches to employee sickness and identified a particular risk group responsible for the majority of sick leave costs. A range of interventions were identified that may help to address these issues.¹²

Initially, the SOC was planned to be financed through a novel Sustainability Bond with Impact-linked Return (SBIR). The SBIR would have combined a loan (around 90%), with a SOC (around 10%), in order to achieve an appropriate investment volume and risk profile. This was designed to allow for institutional investors and an investment volume of €100 million.¹³ However, while investors were interested in the SBIR approach, the Swedish local authorities' appetite was limited.¹⁴ Neither Kommuninvest, nor their local authority members, were ready for the instrument. This perhaps in part reflects Swedish public sector culture, in which traditionally loans are only sought to finance infrastructure projects. There is more scepticism about borrowing for social services.¹⁵

A number of the initial eight local authorities involved in the project, as well as Kommuninvest, therefore decided to drop out of the project. However, two local authorities (Botkyrka and Örnköldsvik) decided to stay. While they were not interested in the financing model, they were interested in the proposed interventions. As a result, these two large local authorities – with turnovers of around EUR 500 million per year – decided to invest in the SOC themselves.¹⁶

¹⁰ Tomas Bokström, RISE, interviewed by Andreea Anastasiu and Michael Gibson, the Government Outcomes Lab, University of Oxford, 4 November 2020

¹¹ Owned by a number of Swedish local government authorities, Kommuninvest acts as a lender to the Swedish local governments, in particular to municipalities and to county councils/regions. Lending activity includes, inter alia, new housing programmes, recreational facilities, and schools, homes for the elderly and hospitals. <https://kommuninvest.se/en/>

¹² Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

¹³ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

¹⁴ Tomas Bokström (2019b) *Social investment and outcomes contracting as a tool for an outcomes focused public sector? Learnings from the Swedish Context*, RISE, available at: <https://www.ri.se/sites/default/files/2019-02/190129%20RISE%20-%20SOC%20in%20Sweden.pdf> (last accessed: 10 December 2020)

¹⁵ Tomas Bokström, RISE, interviewed by Andreea Anastasiu and Michael Gibson, the Government Outcomes Lab, University of Oxford, 4 November 2020

¹⁶ Tomas Bokström, RISE, interviewed by Andreea Anastasiu and Michael Gibson, the Government Outcomes Lab, University of Oxford, 4 November 2020

The start of service provision varies between the two local authorities: in Botkyrka, implementation began on 26/09/2018, while in Örnköldsvik implementation started on 01/11/2018.¹⁷ The SOC will run for 36 months in total, with a 9-month 'ramp-up' to the full intervention effect.¹⁸

4.2 Structure and pledged resources

The **investors** are the **finance departments of the local authorities of Botkyrka and Örnköldsvik**. In addition, external providers were required to bid for 25%-75% of the estimated cost of delivery to be outcomes-based, meaning they would cover the upfront the cost and be repaid (with a premium) if outcomes were achieved.¹⁹ In Botkyrka, the provider bid for 50% of the contract to be outcomes-based, while in Örnköldsvik they bid for 75%. As a result, the total investment in each location includes the percentage of estimated provider costs that are at risk.²⁰ The total project investment in Botkyrka was ~ SEK 22.9 million, while ~ SEK 17.4 million was invested in Örnköldsvik. Across the SOC, this amounted to a total investment of ~ SEK 40 million (~EUR 4 million).²¹

The **local authorities are also the outcome payers** on the project. There is a maximum outcome payment of SEK 6.30 million (~EUR 620,000) in Botkyrka and SEK 8.66 million (~ EUR 850,000) in Örnköldsvik.²²

Service provision is split between internal and external providers. The **internal providers** are the **HR departments**, who work with managers to improve longer-term support for employee health. The **external providers**, who deliver the 'Health Support' service, are **Aino Health** (Botkyrka) and **Previa** (Örnköldsvik).²³

A '**project organisation**' formed by the **intermediary organisations, RISE and SALAR**, assists with project monitoring, evaluation and support during implementation.²⁴

4.3 Specifics of contractual arrangements

Although the investment came from the municipal authorities themselves, the contract was structured to maintain alignment with the SOC model. The HR department in each local

¹⁷ Social & Health Impact Center (2020) *Case: Botkyrka and Örnköldsvik*, available at:

<https://socialimpactcenter.se/en/service/case-botkyrka-and-ornskoldsvik/> (last accessed: 10 December 2020)

¹⁸ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

¹⁹ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

²⁰ Tomas Bokström, *Occupational Health SOC - questions on investment/payment structure [Email]*, 22 November 2020

²¹ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

²² Tomas Bokström, *Sweden Occupational Health SOC – Key stats [Email]*, 5 November 2020

²³ Tomas Bokström, *Sweden Occupational Health SOC – Key stats [Email]*, 5 November 2020

²⁴ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

authority borrows money from the finance department. Part of that loan is used to pay for the internal provision of the service, delivered by the HR department itself.²⁵

The remainder of the loan is used to cover the non-outcomes-based portion of the external contract. During the external provider procurement process, one of the main parameters was risk appetite. Providers could bid for between 25% and 75% of reimbursement to be dependent on outcomes.²⁶

In practice, Aino Health in Botkyrka bid for 50% of the contract to be outcomes-based, and Previa in Örsköldsvik bid for 75%. The providers would cover this percentage of their estimated costs upfront, and be reimbursed based on the outcomes of the intervention, with a performance bonus of up to $0.5 \times \text{risk} \times \text{total value of their service}$.²⁷

The payment structure was designed so that the provider will break even at the same time as the local authority. The cost savings from a reduction in sick leave will result in repayments to local authorities (66.25% of savings in Örsköldsvik and 81.6% in Botkyrka) and to service providers (33.75% in Örsköldsvik and 18.4% in Botkyrka). The cap on payments to providers means that reductions above 150% of the investment value will go solely to the local authorities.²⁸

For example, in Botkyrka, the cost of external service provision was estimated at SEK 8.4 million. The provider, Aino Health, bid for 50% of the contract to be outcomes-based. As a result, SEK 4.2 million would be paid to the provider upfront, while a further SEK 4.2 million would depend on achieving outcomes such that the reduction in the cost of sick leave is equivalent to the total investment amount. Beyond this break-even point, the provider will continue to be paid at a rate of 18.4% of savings, up to a cap of $0.5 \times 50\% \times \text{SEK } 8.4 \text{ million}$, or SEK 2.1 million. This cap will be reached when total savings reach 150% of the total investment value. Beyond this point, all subsequent cost savings will go to the local authority.²⁹

²⁵ Tomas Bokström, RISE, interviewed by Andreea Anastasiu and Michael Gibson, the Government Outcomes Lab, University of Oxford, 4 November 2020

²⁶ Tomas Bokström (2019b) *Social investment and outcomes contracting as a tool for an outcomes focused public sector? Learnings from the Swedish Context*, RISE, available at: <https://www.ri.se/sites/default/files/2019-02/190129%20RISE%20-%20SOC%20in%20Sweden.pdf> (last accessed: 10 December 2020)

²⁷ Tomas Bokström, *Occupational Health SOC - questions on investment/payment structure [Email]*, 22 November 2020

²⁸ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

²⁹ Tomas Bokström, *Occupational Health SOC - questions on investment/payment structure [Email]*, 22 November 2020

5. RESULTS SO FAR

Measurement of outcomes is made by comparison to a reference period of historic data of short-term sickness absence in the municipality, adjusted for national trends.³⁰

Results to March 2020 indicated that in Botkyrka, the project would achieve a 140% cost saving relative to investment, while in Örnsköldsvik, the project would reach 90% relative to investment.³¹

However, since March 2020, COVID-19 has had a significant impact on the project. COVID-19-related sick leave was understandably not accounted for in the evaluation model, and so has had a disruptive effect. A methodology for dealing with the impact of COVID-19 is currently under negotiation.³²

A final evaluation of the project outcomes is expected to be conducted by an external auditor (independent evaluator) at the end of the project.³³

³⁰ Social & Health Impact Center (2020) *Case: Botkyrka and Örnsköldsvik*, available at:

<https://socialimpactcenter.se/en/service/case-botkyrka-and-ornskoldsvik/> (last accessed: 10 December 2020)

³¹ Tomas Bokström, *Sweden Occupational Health SOC – Key stats* [Email], 5 November 2020

³² Tomas Bokström, *Sweden Occupational Health SOC – Key stats* [Email], 5 November 2020

³³ Tomas Bokström (2019a) *Social outcomes contract for a preventive and healthy workplace in Sweden*, European Portal for Action on Health Inequalities, available at: <https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/> (last accessed: 10 December 2020)

6. REFLECTIONS AND LESSONS LEARNT

6.1 Non-financial motivations for SOC

The Occupational Health SOC was financed by the two local authorities involved. Although there were initially plans to finance the project through a Sustainability Bond with Impact-linked Return (SBIR), a novel instrument combining a traditional bond with a social outcomes contract, this was ultimately not pursued.

The absence of private finance in this project highlights the other motivations that may exist for pursuing a SOC approach. The local authorities that chose to finance the project themselves were interested in finding innovative interventions to address the problem of short-term sick leave. The SOC allowed them to pursue a more preventative, outcomes-focused approach, and experiment with new services delivered by external providers without bearing all of the risk.

In addition, the SOC approach offered benefits to the intermediary organisations involved in its development and implementation. Supporting new evidence-based interventions is not straightforward and requires its own resources. The SOC allowed RISE and SALAR to build their capacity for implementation support and outcomes monitoring, helping them to support future innovative projects.³⁴ This particular insight may not be applicable in all cases. While RISE and SALAR are public sector organisations, intermediaries in other countries are often private organisations. If that is the case, it may be advisable for public sector contracting organisations or outcome payers to consider early on in the development of a social outcomes contract how they will seek to embed, within their organisations, the skills and knowledge developed during their involvement in the SOC.

6.2 Developing better outcome metrics

The primary outcome metric for the Occupational Health SOC is a reduction in short-term sick days. This represents the sole payable outcome. In addition, a range of secondary outcomes are measured, although these 'soft' outcomes are not linked to any payment. They are intended to give a more holistic view of the health of service users.

While there is acknowledgement among project partners that as a new service, it was unlikely that the measures would be right from the outset, RISE has analysed the quality of the measures and found them lacking. This is not uncommon for new SOC in areas where outcomes-based approaches have not been tested before. RISE embarked on an iterative approach to developing the outcomes measures, and identified some better candidates than those currently in use. Unfortunately, as there is only one year left to run, these new measures are unlikely to be implemented in the current project. However, there is hope that in the long term, these analyses can contribute to better outcome measures for future projects. This process of outcome development highlights a broader need for adequate governance arrangements and jointly-agreed criteria to allow project

³⁴ Tomas Bokström, RISE, interviewed by Andreea Anastasiu and Michael Gibson, the Government Outcomes Lab, University of Oxford, 4 November 2020

stakeholders to come together to review and revise outcomes, metrics and desired levels of performance as and when appropriate.³⁵

6.3 Using SOC as a tool for improving public sector organisations

The Occupational Health SOC also reflects the potential for social outcomes contracts to be tools of public sector reform and improvement. They offer an opportunity for local authorities to develop a more preventative, outcomes-focused approach to a challenge – in this case, the health of their employees. While intermediary organisations are important to providing initial expertise in the SOC, the local authorities also have an active role: maximising their commitment to, and learnings from, the project.³⁶

The use of a SOC facilitates capacity building for preventative and outcomes-based approaches in local government and public sector organisations, allowing them to bring a tighter focus on data and performance management. This data-led approach can aid understanding of what works and what does not, in order to improve value for money in public services.

³⁵ Tomas Bokström, RISE, interviewed by Andreea Anastasiu and Michael Gibson, the Government Outcomes Lab, University of Oxford, 4 November 2020

³⁶ Tomas Bokström (2019b) *Social investment and outcomes contracting as a tool for an outcomes focused public sector? Learnings from the Swedish Context*, RISE, available at: <https://www.ri.se/sites/default/files/2019-02/190129%20RISE%20-%20SOC%20in%20Sweden.pdf> (last accessed: 10 December 2020)

7. FURTHER RESOURCES

EUROPEAN PORTAL FOR ACTION ON HEALTH INEQUALITIES: *Social outcomes contract for a preventive and healthy workplace in Sweden*

<https://health-inequalities.eu/financing-e-guide/social-outcomes-contract-for-a-preventive-and-healthy-workplace-in-sweden/>

SOCIAL & HEALTH IMPACT CENTER: *Case: Botkyrka and Örnsköldsvik*

<https://socialimpactcenter.se/en/service/case-botkyrka-and-ornskoldsvik/>

RISE: *Social investment and outcomes contracting as a tool for an outcomes focused public sector? Learnings from the Swedish context*

<https://www.ri.se/sites/default/files/2019-02/190129%20RISE%20-%20SOC%20in%20Sweden.pdf>

SOCIAL AND HEALTH IMPACT CENTER (SHIC), RISE:

<https://www.ri.se/en/what-we-do/projects/rise-social-and-health-impact-center-shic>

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