

Health and Structural funds in 2007-2013: country and regional assessment

COUNTRY ASSESSMENT FOR HEALTH & STRUCTURAL FUNDS

DENMARK (DK)

Table 1: Country assessment summary - Denmark

NSRF strategic objectives	Funding source	Direct health sector investment	Indirect health sector investment	Potential health gain Personal Economic Social Environmental	Lisbon Agenda (renewed 2005)
Human resources	E S F / ERDF	-	-	E, S, P	To create a more attractive investment and working environment; To enhance growth through knowledge and innovation; To create more and better jobs.
Innovation	E S F / ERDF	-	-	E, S	
Use of new technology	ESF/ ERDF	-	X	E, S, P	
Entrepreneurship	ESF/ ERDF	-	-	E, S, P	

Table 2: Eligible regions under Cohesion Policy Objectives

Cohesion Policy Objective	Regions
Convergence	N/A
Phasing out	N/A
Phasing in	N/A
Regional competitiveness and employment	Denmark is entirely covered by this objective

Table 2: Eligible regions under Cohesion Policy Objectives

Background: Denmark has a population of 5.4 million. Its age structure is: 0-14 years: 18.6%; 15-64 years: 66%; 65 years and over 15.4%. Life expectancy at birth is 77.96 years for the overall population, 75.65 years for men and 80.41 years women (Source: http://www.indexmundi.com/denmark/demographics_profile.html). Over the past decade, the overall population figure for Denmark has risen by just less than 4%. The regions of Central Jutland, Zealand and Copenhagen have experienced the strongest population growth. Southern Denmark has seen more subdued progress, in North Jutland the population figure has been constant on the whole constant, and on Bornholm this is also the case. Most growth has been in urban areas. Looking at mortality and morbidity, cancers result in premature deaths more often than in other countries, and this could partly reflect previous inadequacies in healthcare attention or quality. Meanwhile, obesity is rising, as in other countries, and excessive alcohol consumption, notably among youth, remains problematic. (Source: OECD. *Economic Survey of Denmark. February 2008*). The population's age composition will change significantly in the years ahead. There will be a significantly greater proportion of elderly people and a smaller proportion of people of working age. For the country as a whole, the proportion of the population of working age is expected to be reduced from approximately 67% today to approximately 62% in 2030. For immigrants and second-generation immigrants, however, the proportion of the population of working age will rise from 9% in 2005 to 14% in 2030.

Health and Structural funds in 2007-2013: country and regional assessment

Table 2: Eligible regions under Cohesion Policy Objectives

The overall reduction in the population of working age will occur in all regions of the country but will be stronger in some places than in others. This means that the regional difference in age composition that already exists today is expected to be expanded in future (*Overall source: Danish Enterprise & Construction Authority. Operational Programme: More and Better Jobs. March 2008*).

Table 3: Programme period 2007-2013 - health investment in the NSRF and OPs

Allocation of money in the SF 2007-2013

Source and budget	ERDF €254 788 620; ESF €254 788 619
Total	€509 million
Health sector % of total allocated SF	None allocated (0%)

NSRF strategic objectives (with OP relevance and funding source)

1. Human resources (OP MBJ – ESF/ERDF)
2. Innovation (OP IK – ESF/ERDF)
3. Use of new technology (OP IK – ESF/ERDF)
4. Entrepreneurship (OP MBJ – ESF/ERDF)

Operational Programmes

1. Innovation and Knowledge (OP IK)
2. More and Better Jobs (OP MBJ)

Health and Structural funds in 2007-2013: country and regional assessment

**Table 3: Programme period 2007-2013 -
health investment in the NSRF and OPs**

Direct health sector investment (with NSRF/OP relevance)

None identified. Health sector priorities will be largely funded from national resources (NSRF). SF resources will be used to co-finance targeted interventions in the health sector and beyond that contribute more broadly to social and economic development (see next element).

Indirect health sector investment (with NSRF/OP relevance)

One of several goals under this objective: upholding the level of public service through measures such as developing and increasing digital health care (utilisation of new technology). NSRF Strategic objective 3 "Use of new technology".

Evidence of capacity to deliver intersectoral policy and planning

In terms of maximising health gain from Structural Funds capacity building is an approach to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors. Ensuring that health gain is achieved will need some attention to how it is integrated into and informs policy decision making and commissioning in the following areas: leadership (Growth Council, Ministerial Committee for Regional Policy, Regional Growth Forums); partnerships (Regional Growth Forums, Regional Councils, intermediary bodies including health services); resources allocation (Growth Council, Monitoring Committee, Regional Growth Forums); workforce development (Regional Growth Forums, Regional Councils, intermediary bodies).

Regional planning and implementation (From OPs)

Denmark is entirely covered by the regional competitiveness and employment objective and the ESF and ERDF programmes cover the entire national territory. No direct or indirect health investment projects are currently identified. Local government reform in Denmark in 2007 led to the establishment of 5 regions having responsibility for regional development and thus be responsible for promoting regional competitiveness and employment. To carry out these tasks, the regions have been given a powerful new instrument – the regional growth forums – that will be the focal point of business development in the regions. These growth forums are the regional stakeholder in the Structural Fund programmes and their tasks include making recommendations concerning the use of funds (select and propose projects to be funded). The growth forums are composed of regional politicians and representatives of the business community, knowledge and educational institutions and stakeholders in the labour market. At least one local authority member in each growth forum must come from an area facing structural difficulties.

Health and Structural funds in 2007-2013: country and regional assessment

**Table 4: Non-health sector investment with potential health gain
2007-2013**

Strategic objective (and OP)	Relevant investments	Potential health gain
Human resources and OP MBJ	<ul style="list-style-type: none"> • The insufficient utilisation of all human resources is a barrier to growth. The economic and social differences found in larger urban areas, for example, are a barrier to growth, because the occupational rate is thereby reduced. Investments in expanding the workforce by means of reducing the economic and social differences – and also, in line with this, improved environmental aspects – will promote growth in a long-term perspective. If the enterprise managers reflect the demographic make-up of the surrounding community, it is more likely for them to exploit their financial growth potential. (OP Priority 2 “Expansion of jobs”). • A significant barrier to the exploitation of the potential workforce represented by those who do not participate in the labour market is the level of competency. For example there are people with good resources in groups of senior citizens, immigrants and disabled people who are without work. Enterprises will be able to benefit from better exploitation of existing and new competencies if these groups are given better opportunities in the labour market, for example via flexible forms of working, including shorter working hours (OP Priority 2 “Expansion of jobs/development of human resources”). • Efforts to reduce absence due to illness could potentially contribute both to increasing the effective supply of labour and quality of work for seniors and other groups. It should be mentioned in this context that referring to reduced absence due to illness here is a deliberate choice, not to occupational safety and health in general. The background is that the absence due to illness concept is a natural part of enterprises’ overall arrangements for the use of human resources as part of the production process and therefore will be a familiar concept in the circle of players that must implement and administer the ESF Programme. On the other hand, the concept of occupational safety and health is usually included in other contexts and therefore will not naturally come under the heading of growth policy. The goal is to focus the use of scarce Structural Fund resources on the part of the occupational safety and health concept that directly results in reduced absence due to illness (OP Priority 2 “Expansion of jobs/age-related barriers”). 	Economic, social, personal, environmental