

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

COUNTRY ASSESSMENT FOR HEALTH & STRUCTURAL FUNDS

IRELAND (IR)

Table 1: Country assessment summary - Ireland

NSRF strategic objectives	Funding source	Direct health sector investment	Indirect health sector investment	Potential health gain Personal Economic Social Environmental	Lisbon Agenda (renewed 2005)
Promoting human capital investment by upskilling the workforce and increasing the participation and setting up of groups outside the workforce	ESF	-	-	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.
Supporting innovation, knowledge and entrepreneurship in the regions	ERDF	-	-	E, S	
Strengthening the competitiveness, attractiveness and connectivity of the National Spatial Strategy defined by the government	ERDF	-	-	E, S, Env	

Table 2: Eligible regions under Cohesion Policy Objectives

Cohesion Policy Objective	Regions
Convergence	N/A
Phasing out	N/A
Phasing in	Border, Midland & Western.
Regional competitiveness and employment	Southern & Eastern.

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

Table 2: Eligible regions under Cohesion Policy Objectives

Background: The population of Ireland has been increasing more rapidly than at any time in the history of the country and in the past 10 years has increased by 15.7%. The results of the 2006 Census of Population show a population of just over 4.2 million which is a rise of 8.2% since the last Census in 2002. Much of this increase is due to the change from net emigration to net immigration. Its age structure is: 0-14 years 20.8% ; 15-64 years 67.5%; 65 years and over 11.7%. Life expectancy at birth is 77.9 years for the overall population, 75.1 years for men and 80.3 years women. A key feature of Ireland's demographic change is the ageing of the population. This trend is being experienced across Europe although somewhat later in Ireland than most other countries. The numbers of people over the age of 65 will more than triple between now and 2050 compared with a projected overall population increase of around 35%. The number of deaths registered in 2003 was 28,823. This gives a crude death rate of 7.2 per 1,000 population. The principal causes of death were diseases of the circulatory system accounting for 36% of the total. Over 28% of all deaths were due to cancer and 1.02% were caused by motor vehicle traffic accidents (Source: Department of Health & Children. Health Statistics 2005. 2006). Very significant long term improvements in the mortality rates for the major causes of death are evident with the notable exception of cancer deaths which, in common with other countries, have shown only a marginal decline. It is too early to measure the effects of the smoking ban in improving population health. It should also be noted that illness and mortality rates are not the same for all sections of the population (Source: Department of Health & Children. Health in Ireland 2007. 2007).

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 €375 362 370; ESF €375 362 372
Total	€750.7 million
Health sector % of total allocated SF	None allocated (0%)

NSRF strategic objectives (with OP relevance and funding source)

1. Promoting human capital investment by upskilling the workforce and increasing the participation and setting up of groups outside the workforce (OP HCI - ESF)
2. Supporting innovation, knowledge and entrepreneurship in the regions (OP SE, OP BMW - ERDF)
3. Strengthening the competitiveness, attractiveness and connectivity of the National Spatial Strategy defined by the government (OP SE, OP BMW - ERDF)

Operational Programmes

1. Human Capital Investment (OP HCI)
2. Southern & Eastern Region (OP SE)
3. Border, Midland & Western Region (OP BMW)

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 funded from national resources (National Development Plan 2007-2013).

The Health Infrastructure Programme will invest some €5 billion over the period of the Plan and will comprise three Sub-Programmes:

- Acute Hospital Care (€2.4 billion);
- Primary, Community and Continuing Care (€2.1 billion); and
- Health Information and Communications Technology (€490 million)

Health Research Sub-Programme

- Some €301 million will be available under the Health Research Sub-Programme to support research which will both benefit the health of the population and contribute to the development of marketable products. Support will also be made available through the Health Research Board for health research to find better ways of improving the health of the population. Again, the funding will be provided through competitive, peer reviewed calls to researchers in academic institutions and health agencies.

Health Services Disabilities Sub-programme

- The overall objective of this Sub-Programme is to put in place the most effective combination of legislation, policies, institutional arrangements and services to support and reinforce participation by people with disabilities in society. €18.8 billion will be used to provide the infrastructure required to expand health funded support services for people with disabilities, including mental illness. This investment is in line with Government commitments in the Multi-Annual Investment Programme 2006-2009 to progressively build additional capacity in the health services.

Indirect health sector investment (with NSRF/OP relevance)

None identified (See NDP 2007-2013).

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. Health sector investment under the NDP will largely be managed centrally and monitored by the NDP Monitoring Committee. Ensuring that health gain is achieved through the NSRF and OPs will need some attention to how it is integrated into and informs policy decision making and commissioning in the following areas: leadership (NSRF Managing Authority, OP Managing Authorities, Regional Assembly's); partnerships (OP Managing Authorities, Regional Assembly's, intermediary bodies including health services); resources allocation (NSRF Monitoring Committee, OP Monitoring Committees, OP Managing Authorities); workforce development (intermediary bodies).

Regional planning and implementation (From OPs)

No direct or indirect health investment projects are currently identified.

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
OP SE	<p>Strategic objective 2, Priority 1 - "Innovation and the knowledge economy": Lisbon Agenda objectives: develop further the knowledge, R&D, innovation and entrepreneurial base of the Region's economy and to support collaboration and technology transfer between research institutions and the business sector in order to boost the Region's growth and competitiveness.</p> <p>Strategic objective 3, Priority 3 - "Sustainable Urban Development": Enhance the attractiveness of the designated Gateways and Hubs as drivers of regional economic growth. A central aim will be to support and complement efforts to ensure that the cities and towns maximise their potential in increasing their contribution to dynamic entrepreneurship, innovation and in reducing social disparities.</p>	Economic, social, personal, environmental
OP BMW	<p>Strategic objective 2, Priority 1 - "Innovation, information & communication technologies (ICT) and knowledge economy": Raise the research and innovation capacity and enhance the usage of ICT infrastructure in the Border, Midland and Western Region to support collaboration and technology transfer between higher education institutes and the business sector to promote entrepreneurship and competitiveness of enterprises.</p> <p>Strategic objective 3, Priority 3 - "Urban Development and secondary transport networks": Strengthen the spatial structuring of the BMW Region by investing in integrated sustainable initiatives in order to enhance the competitiveness, accessibility and social cohesion of the region's urban growth centres and enhance their potential as drivers of economic growth.</p>	Environment, social, personal, environmental

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

OP HCI	<p>HCI OP Priority 1 - "Upskilling The Workforce": "Training of employees on health and safety in the workplace" The design and dissemination of innovative and more productive forms of work organisation, including better health and safety at work is part of the scope of the ESF Assistance Priorities for 2007-2013. Health and safety in the workplace is one possible area of investment of the HCI OP under the Priority 1 Upskilling The Workforce. More specifically the training provided under this priority can also help to promote the goal of health and safety in the workplace through specific training programmes which deal with areas that involve risk (such as machine operating and driving) to more generalised good workplace training in foundation skills programmes which promote safe ways and methods of working and minimisation of workplace risks.</p> <p>HCI OP Priority II - "Activation and Participation of Groups outside the Workforce": "Migrant workers" Projects aimed at the most vulnerable of legally resident migrants that are having difficulty accessing employment because of language difficulties, health issues, lack of training or social skills or nonrecognition of their qualifications will be supported with a view to promoting and extending initiatives to increase the levels of employability of the target group.</p> <p>"Social inclusion" Social inclusion actions, under the ESF Operational Programme, need to remove or at least reduce barriers to employment. This can be achieved by, for example, providing education and training and access to lifelong learning for those most disadvantaged. They should also be reflected in measures to target early school leaving, female participation, labour supply mobilisation and preventative measures to minimise the drift in to long term unemployment. These will help to promote social inclusion with particular emphasis on the re-integration of the socially excluded, new immigrants and the long term unemployed into the labour force.</p>	Economic, social, personal
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