

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

COUNTRY ASSESSMENT FOR HEALTH & STRUCTURAL FUNDS

NETHERLANDS (NL)

Table 1: Country assessment summary - Netherlands

NSRF strategic objectives	Funding source	Direct health sector investment	Indirect health sector investment	Potential health gain Personal Economic Social Environmental	Lisbon Agenda (renewed 2005)
Strengthening innovation and entrepreneurship	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.
Raising the attractiveness of regions	ERDF	-	-	Env, E	
Investing in the socioeconomic viability of cities	ERDF	-	X	E, S, P, Env	
Increasing the labour supply	ESF	-	-	E, S, P	
Promoting an inclusive labour market	ESF	-	-	E, S, P	
Increasing adaptability/ investing in human capital	ESF	-	-	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	Drenthe, Flevoland, Friesland, Gelderland, Groningen, Limburg, Noord-Brabant, Noord-Holland, Overijssel, Utrecht, Zeeland, Zuid-Holland.

Table 2: Eligible regions under Cohesion Policy Objectives

Background: The Netherlands has a population of 16.57 million. The age structure is estimated at: 0-14 years 17.8%; 15-64 years 67.8%; 65 years and over 14.4%. Life expectancy at birth is 79.11 years for the total population, 76.52 years for males and 81.82 years for females. (Source: http://www.indexmundi.com/netherlands/demographics_profile.html). Although the life expectancy of the average Dutch person continues to rise gradually and the extra life years are mainly healthy years, the Netherlands is 'only' half way up the European 'health league'. A lot of today's major causes of premature death and lost quality of life are the result of yesterday's lifestyles.

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Table 2: Eligible regions under Cohesion Policy Objectives

Paradoxical correlations have started to emerge between prosperity and health: as the nation becomes wealthier, people can more easily afford to indulge unhealthy habits, such as smoking or excessive eating or drinking. More than 70 per cent of care expenditure involves the treatment of people with chronic diseases. The RIVM has calculated that, over the next twenty years (2005 to 2025), the number of people with chronic conditions will rise sharply. While much of this is attributable to population aging, unhealthy behaviour also plays a major role. A great deal of chronic disease is caused or aggravated by unhealthy lifestyle factors, chiefly smoking, lack of exercise and poor diet. Furthermore, it is not uncommon for people to suffer from several chronic conditions at once (multi-morbidity). As well as slipping to the middle of the European 'health league', the Netherlands remains a country with considerable regional and local inequalities in health and in the distribution of risk factors for disease and mortality. The average life expectancy in the country's 'unhealthiest' region is fifteen years less than that in the 'healthiest'. On almost all indexes, the health of people of low socio-economic status is not as good as that of people of high socioeconomic status (*Source: Ministry of Health, Welfare and Sport. Being Healthy and Staying Healthy. September 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 €830 000 000; ESF €830 002 737
Total	€1 660 002 737
Health sector % of total allocated SF	None allocated (0%)

NSRF strategic objectives (with OP relevance and funding source)

1. Strengthening innovation and entrepreneurship (ROP N, W, S, E - ERDF)
2. Raising the attractiveness of regions (ROP N, W, S, E - ERDF)
3. Investing in the socioeconomic viability of cities (ROP N, W, S, E - ERDF)
4. Increasing the labour supply (OP E - ESF)
5. Promoting an inclusive labour market (OP E - ESF)
6. Increasing adaptability/investing in human capital (OP E - ESF)

Operational Programmes

1. Employment (OP E)
2. North Netherlands (ROP N) - Groningen, Friesland, Drenthe
3. West Netherlands (ROP W) - South Holland, North Holland, Flevoland, Utrecht
4. South Netherlands (ROP S) - Limburg, North Brabant, Zeeland
5. East Netherlands (ROP E) - Overijssel, Gelderland

Direct health sector investment (with NSRF/OP relevance)

None identified. Health sector priorities will be largely funded from national resources. SF resources will be used to co-finance targeted interventions that contribute more broadly to social and economic development (see Table 4).

Indirect health sector investment (with NSRF/OP relevance)

None identified.

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

Evidence of capacity to deliver intersectoral policy and planning
<p>In terms of maximising health gain from Structural Funds capacity building is an approach to the development of relevant sustainable skills, organisational structures, resources and commitment in health and other sectors. Ensuring that health gain is achieved from investments will need attention to: organisational development (OP E and ROP Managing Authorities); workforce development (OP E Managing Authority - Agentschap SZW -, ROP Managing Authorities, Intermediate bodies); resources allocation (ROP Managing Authorities, ROP and OP E Monitoring Committees); leadership (Structural Funds Coordinating Unit, ROP and OP E Managing Authorities); partnerships (ROP Monitoring Committees, Intermediate bodies).</p>
Regional planning and implementation (From OPs)
<p>The Netherlands has 12 regions. No direct or indirect health investment projects are currently identified. However, 4 supra-regional Operational Programmes with ERDF funding cover investment in the 12 regions. In the regional programmes, provinces, large cities, knowledge institutions and the business community cooperate in the implementation of the programmes. Clear agreements are reached on the division of responsibilities, with one party per programme, the managing authority, acting as contact for the State and the Commission. The ROP Managing Authorities are: North (Samenwerkingsverband Noord-Nederland), East (Province of Gelderland), South (Province of North Brabant), West (Municipality of Rotterdam). The various partners, such as public authorities, social partners and social organisations are also involved during implementation. This can take a variety of forms. Representatives of these parties will sit on the various monitoring committees. Where possible and desirable, this also applies for the steering groups.</p>

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

Strategic objective (and OP)	Relevant investments	Potential health gain
<p>Strengthening innovation and entrepreneurship</p>	<p>Policy area "Research and technological development": Structural fund programmes can be committed chiefly to connecting the business community, and especially SMEs, to the available knowledge. To this end, support can be provided for poles of excellence already in existence or being established. Various activities can be developed to enable SMEs to make use of the available knowledge, which can be linked up with the activities of the regional development companies and Syntens.</p> <p>Policy area "Innovation and entrepreneurship": Cooperation between businesses can be encouraged by granting aid to clustering. Businesses can be brought together in developing clusters. There are opportunities to exchange knowledge and arrive at new innovations especially at the borderline between sectors/fields of technology, for example between nanotechnology and food. Furthermore, SMEs can be involved through public authorities subcontracting research to them.</p>	<p>Economic, social</p>

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2007-2013**

<p>Raising the attractiveness of regions</p>	<p>Policy area “Strengthening the interaction between environmental protection and growth”: The aim is to ensure attractive conditions for businesses and highly-skilled staff by means of land-use planning which reduces urban sprawl and by maintaining the physical environment, including the natural and cultural heritage. From the point of view of consistency, investments in this area must be linked to the development of innovative, job-creating businesses in the regions concerned.</p>	<p>Environmental, economic</p>
<p>Investing in the socioeconomic viability of cities</p>	<p>Policy area “Entrepreneurship, district economy, economic participation”: Boosting entrepreneurship includes financing of investments and policy to assist specific groups to obtain work. This can also include encouraging a combination of living and working and the development of small business units for specific target groups. The local entrepreneurs are important for the vitality of the neighbourhoods and districts. There is consequently a question of a close relationship with an integral district approach as developed in the large cities policy. In economic opportunity zones in vulnerable districts, measures can be taken directed towards boosting investments and creating employment in districts for special attention or in city centre locations. This also includes measures focusing on participation and cooperation, such as network meetings for entrepreneurs.</p> <p>Policy area “Spatial quality of living and working environment”: Physical investments in the attractiveness and safety of public areas and green areas open to the public can be committed to, preferably as part of a broader approach to urban opportunities and constraints. Furthermore, environmental measures focusing on improving the air quality can contribute to the quality of the living environment. Investments in environmentally friendly transport are part of this.</p> <p>Policy area “Liveability, participation and social cohesion”: This refers to both physical and non-physical measures focusing on enhancing liveability, safety and social cohesion in cities and districts. Keeping districts clean, respectable and safe can make an important contribution to social cohesion... Furthermore, it is possible to invest in boosting what is on offer in the sociocultural field and amenities for vulnerable groups and districts. ERDF resources can also be committed to support cooperation between public authorities, social and residents’ organisations and the business community. Through targeted education and training, a contribution can be made to the deployability of vulnerable groups in the local labour market. Support for business start-ups can form part of this.</p>	<p>Economic, environmental, social</p>

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

Increasing adaptability and investing in human capital	Against the background of striving for a knowledge economy and of withstanding external competition, further training, occupational retraining and training up employees must remain the policy spearhead. In this respect, it is the training of low-skilled workers in particular which is of great importance. This contributes to the desired increase in labour productivity, which is also brought about by social innovation. It will also increase the employability of low-skilled workers and thereby lead to employment security.	Economic, social
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