

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

## COUNTRY ASSESSMENT FOR HEALTH & STRUCTURAL FUNDS

### SWEDEN (SE)

**Table 1: Country assessment summary - Sweden**

| NSRF strategic objectives                    | Funding source | Direct health sector investment | Indirect health sector investment | Potential health gain<br>Personal<br>Economic<br>Social<br>Environmental | Lisbon Agenda (renewed 2005)  |
|--|----------------|---------------------------------|-----------------------------------|--|---|
| Innovative environments and entrepreneurship | ERDF           | -                               | -                                 | E, S   | To create a more attractive investment and working environment;<br>To enhance growth through knowledge and innovation;<br>To create more and better jobs. |
| Skills supply and increased labour supply    | ESF            | -                               | -                                 | S, E, Env  |   |
| Accessibility                                | ERDF           | -                               | -                                 | S, E, P  |   |
| Strategic cross-border cooperation           | ERDF           | -                               | -                                 | S, E   |   |

**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 | Skåne-Blekinge, Småland och Öarna, Västsverige, Östra Mellansverige, Stockholm, Norra Mellansverige, Mellersta Norrland, Övre Norrland. Furthermore, the ESF Operational Programme covers the whole national territory. |

**Table 2: Eligible regions under Cohesion Policy Objectives**

Background: Sweden has a population of 9 million. The age structure of the population is: 0-14 years 16.4%; 15-64 years 65.7%; 65 years and over 17.9%. Life expectancy at birth has risen substantially. Latest estimates put it at 80.63 years. It is higher for females (83 years) than for men (78.39 years) (*Source: [http://www.indexmundi.com/sweden/demographics\\_profile.html](http://www.indexmundi.com/sweden/demographics_profile.html)*). The most common cause of death both for women and men are cardiovascular diseases. Almost half the deceased population had such a disease as the underlying cause of death (42 percent in both women and men). The second most common cause of death is tumors where the figures are 22% for women and 25% for men. Lung cancer is now the most common cause of cancer among women. Prostate cancer is the most common among men. There has been favourable progress during the period 1987-2005. The mortality trend for most of causes of death is falling. The trend is the same for women and men, although the level is higher for men than for women. As far as diseases of the cardiovascular system are concerned the mortality trend has decreased continuously during the last 20 years. (*Source: Socialstyrelsen. The Causes of Death Register. [http://www.socialstyrelsen.se/en/Statistics/statbysubject/The\\_Cause\\_of\\_Death\\_Register.htm](http://www.socialstyrelsen.se/en/Statistics/statbysubject/The_Cause_of_Death_Register.htm)*).

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

## Table 2: Eligible regions under Cohesion Policy Objectives

The following trends are clear from the National Public Health Report 2005: life expectancy continues to increase; life expectancy and health remain unequally distributed; there is a reduced incidence of and mortality from cardiovascular diseases; diabetes is increasing among children but not among adults; overweight and obesity is increasing for all ages, most among young adults; suicide is declining except among men aged 15 to 24; children's and young people's health is good, but more children report psychosomatic symptoms, old people's health is improving but not among the oldest old (*Source: Persson G et al. Health in Sweden: The National Public Health Report 2005. Scandinavian Journal of Public Health, 2006; 34(Suppl 67): 3-10*). Under the European strategic guidelines for cohesion a key objective under the aim of 'More and better jobs' is "To help maintain a healthy workforce". In 2006 just over 12% of the population of working age received benefits related to ill health (sickness & rehabilitation allowances and activity & sickness benefit) (*Source: A national strategy for regional competitiveness, entrepreneurship and employment 2007-2013. Ministry of Enterprise, Energy and Communications, 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 €934 540 730; ESF €691 551 158 |
| Total                                 | €1 626 091 888                      |
| Health sector % of total allocated SF | None allocated (0%)                 |

### NSRF strategic objectives (with OP relevance and funding source)

1. Innovative environments and entrepreneurship (**ROPs** - ERDF)
2. Skills supply and increased labour supply (**OP NSF** - ESF)
3. Accessibility (**ROPs** - ERDF)
4. Strategic cross-border cooperation (**ROPs** - ERDF)

### Operational Programmes

National Social Fund OP (ESF)  
 ROP Skåne-Blekinge  
 ROP Småland och Öarna  
 ROP Västsverige  
 ROP Östra Mellansverige  
 ROP Stockholm  
 ROP Norra Mellansverige  
 ROP Mellersta Norrland  
 ROP Övre Norrland

### 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.

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

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

**Evidence of capacity to deliver intersectoral policy and planning**

The NSRF and OPs suggest where capacity exists and will be developed. Specifically, 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. Assessing potential stakeholders identified in the NSRF and (R)OPs, an initial focus could include: organisation development (Regional Governments and regional autonomous bodies, Intermediary bodies); workforce development (Regional Governments and regional autonomous bodies, Intermediary bodies), resources allocation (Monitoring Committee NSRF, OP/ROP Monitoring Committees), leadership (Managing Authorities [Nutek for the ERDF ROPs; Swedish ESF Council for the OP], National Forum for Regional Development, Regional Governments and regional autonomous bodies) and partnerships/networks (Regional Structural Fund Partnerships, County Administrative Boards, Commission on Metropolitan Areas in Sweden, Intermediary bodies).

**Regional planning and implementation (From OPs)**

Experience from the regional development work of the last few years has demonstrated a need to coordinate efforts and implementation systems better. The national strategy will be a platform for an overall view and sectoral coordination for regional competitiveness, entrepreneurship and employment. At regional level, the regional development strategies have an equivalent function. These should also form the basis for regional growth programmes, as well as regional structural fund programmes and regional plans within the framework of the national structural fund programme...At present, fewer than half of the counties have drawn up a regional development programme. The regional development programmes should be strategies for sustainable regional development, which means that they are drawn up based on a holistic view of the county's long-term development. (*Source: A national strategy for regional competitiveness, entrepreneurship and employment 2007-2013. Ministry of Enterprise, Energy and Communications, 2007*).

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

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

| Priority theme<br>(and OP)                          | Relevant investments   | Potential<br>health gain               |
|---|--|--|
| <p>Innovative environments and entrepreneurship</p> | <p>A successful interaction between research, business, the public sector and political institutions is a key requirement for effective innovative environments. Sweden's shared bank of expertise needs to be developed and converted into new products and job opportunities. This requires commitment from a wide range of players within Swedish society.</p> <ul style="list-style-type: none"> <li>• Innovation environments: Innovative environments are increasingly viewed as a basic requirement for innovations, innovation systems and clusters to appear, spread and develop. The local and regional levels are highly important for the development of innovation systems and clusters...Methods which improve the transfer of knowledge within industry and between industry and universities should be developed and strengthened. Advances in this area are particularly important in regions which lack the density of population required for a natural and effective transfer of knowledge within industry. The commercialisation of research results and ideas should also be increased. Key areas where Sweden's competitiveness and leading position could be preserved and developed. include: IT, pharmaceuticals/biotechnology/medical technology. The development of natural environments, culture and cultural heritage contributes to a region's development and attractiveness. It also contributes towards the living environment which is necessary in order for the inhabitants of a region to be able to live, work and experience wellbeing in their local environment (See also ROP priorities e.g. Västsverige Priority 2; Stockholm Priority 1 "Development of innovative environments in the urban area" including prevention of discrimination" and Priority 2 "Business development" including strengthening the co-operation between academy and industry; ROP Norra Mellansverige Priority 1 "Business development"; ROP North Sweden Priority 1 "Innovation and renewal" - The emphasis is to build on earlier success in cooperation between academia, industry and the public sector particular directed toward small and medium enterprises).</li> <li>• Entrepreneurship: Sweden needs more entrepreneurs, both women and men. Innovation and creativity are needed within all sections of society, including within industry, the public sector, associations and education. The entrepreneurial perspective should also be given greater prominence within a number of areas of society and sectors in order for entrepreneurship in Sweden to be strengthened. This applies to areas such as the education sector, research, the public sector and political processes (See also ROP Östra Mellansverige Priority 2 "Entrepreneurship").</li> </ul> | <p>Economic, social, environmental</p> |

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

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

|  |  |                                   |
|--|--|-----------------------------------|
| <p>Skills supply and increased labour supply</p> | <p>It is important that as many of the working population as possible are offered the opportunity to acquire the skills needed to obtain or retain a job. Sweden has comprehensive national policies in the areas of employment, education and training, which are closely aligned with EU objectives. ESF funding will support national efforts, in particular where it can contribute to strengthening regional competitiveness and employment. Funding will focus on training employees in the skills needed on the labour market, bringing more people into work including those who face difficulties in finding a job, and helping young people into the workforce:</p> <ul style="list-style-type: none"> <li>• Skills supply: It is of the utmost importance that the identified need for skills development should also be satisfied. Activities will focus on employees and entrepreneurs in the public and private sectors and the social economy. Support will be offered to develop relevant skills, comprising a careful analysis of needs followed by appropriate training. This will improve the adaptability and employability of workers and allow them to meet new challenges and a changing environment. Other projects will aim at preventing long-term sickness leave and combating discrimination in getting and advancing in a job.</li> <li>• Improved labour supply: the focus is on people outside of the labour market, with a focus on young, immigrants and those on long-term sickness leave. The aim is to get them into work or, through education schemes or other measures, to bring them closer to getting a job – for example, by encouraging early school leavers to return to education or training or to participate in activities designed to prepare them for working life. Support will be given to projects to bring those on long-term sickness leave back into the labour market. The Swedish OP will use transnational co-operation projects as a tool for innovation through the exchange of best practice and experience. Gender equality is a priority across the whole Operational Programme, including funding projects to improve skills to eliminate gender-based segregation on the labour market where such gaps are identified.</li> </ul> <p><i>Further information available at: <a href="http://ec.europa.eu/employment_social/esf/members/se_en.htm">http://ec.europa.eu/employment_social/esf/members/se_en.htm</a>.</i></p> | <p>Social, economic, personal</p> |
|--|--|-----------------------------------|

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

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

|                                    |  |   |
|------------------------------------|--|---|
| Accessibility                      | <p>In order to achieve regional competitiveness, entrepreneurship and employment, accessibility is something which should be strived for, both nationally and to and from other countries. The government promotes “Regional enlargement” and “An advanced information society” as particularly important priorities.</p> <ul style="list-style-type: none"> <li>• Regional enlargement: The requirements for regional enlargement, as well as for regional strengthening, are provided partly by the public sector through e.g. investment in infrastructure, housing planning, coordination between separate planning processes, the focus and location of the services offered, and partly through the design of the public transport system (See also: ROP Västsverige Priority 3 “Sustainable urban development” - The activities under this priority aim to regenerate problematic urban areas. Urban renewal will contribute to the coherence and integration of those urban areas in the whole region).</li> <li>• An advanced information society: A successful IT infrastructure is essential for business and for living in sparsely populated and rural areas. For certain parts of the country, increased use of IT solutions can sometimes compensate for the remoteness from services or the market.</li> </ul> | Social, environmental, personal, economic |
| Strategic cross-border cooperation |  |   |