

Table 2. Quantitative assessment of the measures

CSR number (1)	CSR sub-categories (2)	Number and short title of the measure (3)	Methodological elements		Quantitative elements					Other impacts/ indicators (18)	
			Relevant features of the model used/ estimation technique (13)	Main macroeconomic/ simulation assumptions (14)	Main outcome of macroeconomic simulations (15)						
					Description (16)	Yearly and cumulated effect on GDP and other main macroeconomic variables (17)					
					Year 2013	Year 2014	Year 2015	Year 2016	Year 2017		
CSR 2	c) Pursue healthcare reforms to increase the cost-effectiveness of the sector, in particular by strengthening public primary care provision.	Measure 2 - Health promotion & Disease Prevention	<p>This is a preliminary estimate of the attributable cost of health care services (inpatient nights, day patient visits, GP and Specialist Consults) for self-reported Diabetes, Hypertension, Cholesterol and Obesity using data from EHIS 2008. After adjusting for co-morbidity, the attributed cost was projected to the 2020 (EUROPOP 2010) population and scenarios based on NCD strategy 2010 targets used to estimate savings made. The difference between the two scenarios (scenario 1 projected cost if prevalence stays the same as in 2008; scenario 2 cost if targets met) is presented as savings made if targets met. The estimates should be considered as provisional and relate to the minimum savings expected in light of the assumptions set in the analysis.</p> <p>It must be noted that for diabetes, a strategy is being developed which will amongst others, evaluate in more depth the cost of the condition. As noted in the literature, most of the cost of diabetes is attributed to the complications of the disease¹. This costing exercise will therefore focus on the major complications related to diabetes, data not captured through the national health survey. Information from this exercise should be available in Q4 2014.</p>	<p>1) 2% yearly increase in health care costs from 2008 to 2020.</p> <p>2) Rate of service usage remains the same in the population (for those with and without the conditions).</p> <p>3) Cost does not include expenses related to medication, surgery, ancillary services and loss of income.</p> <p>4) For hospital activity cost apportioned extract public expense. Apportioning taken as 65.5% based in public sector (NHA 2012), assumed to stay the same in up to 2020.</p> <p>5) Self-reported data used to classify disease status and therefore do not capture cost of undiagnosed proportion.</p>	GDP						<p>Preliminary estimates:</p> <p>If all scenario targets met and adjusting for co-morbidities of all 4 conditions, estimated annual savings in 2020 as follows:</p> <p>Total : € 6,982,985 Public sector: € 4,285,606.</p> <p>Condition specific savings below:</p> <p>DIABETES</p> <p>Target: Prevalence of diabetes for those aged 34+ reduces to 10% from 11.3%.</p> <p>Total: € 714,594.80 Public sector: € 240,956.74.</p> <p>HYPERTENSION</p> <p>Target: Prevalence of hypertension in those 15+ reduces to 19.8% from 22.8%.</p> <p>Total € 1,425,635 Public Sector: € 925,205.90.</p> <p>OBESITY</p> <p>Target: Prevalence of obesity reduces to 18.3% and 4% shift to overweight.</p> <p>Total: € 2,622,311.69 Public Sector:</p>
					Private consumption						
					Gross capital formation						
					Net exports						
					Employment						
Contribution of production factors to potential GDP (labour capital, TFP)											

¹ WHO, Factsheet Number 236, Diabetes: The cost of diabetes. Available online: <http://www.who.int/mediacentre/factsheets/fs236/en/>

											€ 1,417,708.23.
											CHOLESTEROL Target: Proportion 15+ consuming cholesterol medication reduces to 5.8% from 7.5%. Total: € 2,220,443.11 Public Sector: € 1, 651,734.91.
		Measure 3 – Strengthening of primary health care	Preliminary estimates from an economic model in the initial phases of analysis. Still a work in progress.	1) Based on expert opinion 25% of cases seen in A&E are cases which should be seen in primary care. 2) Cost calculated using current prices for a primary care visit and A&E visit.	GDP						Should 25% of cases seen at A&E (deemed as cases that should not be seen at A&E) be shifted to primary care, preliminary analyses estimate annual savings in the region of € 2.5 million.
					Private consumption						
					Gross capital formation						
					Net exports						
					Employment						
					Contribution of production factors to potential GDP (labour capital, TFP)						
CSR 3	a) Continue to pursue policy efforts to reduce early school leaving, notably by setting up a comprehensive monitoring system.	Measure 3 – Early School Leaving Strategy	It is very difficult to estimate the cost-benefits of an ESL strategy.	Up till now we are working on the assumption that the higher the rate of ESL the higher the likelihood of students leaving school without proper qualifications. More students in further and higher education implies a greater likelihood that they will be in gainful employment and therefore net contributors to the economy. Further studies need to be done to measure the overall macro- economic benefits of the strategy with greater precision.	GDP						
					Private consumption						
					Gross capital formation						
					Net exports						
					Employment						
					Contribution of production factors to potential GDP (labour capital, TFP)						
		Measure 4 – Alternative Learning Programme	It is very difficult to estimate the cost-benefits of the ALP programme	Further studies need to be done to measure the overall macro- economic benefits of the ALP Programme.	GDP						
					Private consumption						
					Gross capital formation						
					Net exports						
					Employment						
					Contribution of production factors to potential GDP						

		Measure 5 – Comprehensive Monitoring System in relation to Early School Leavers	Refer to ESL Strategy		(labour capital, TFP)													
					GDP													
					Private consumption													
					Gross capital formation													
					Net exports													
					Employment													
					Contribution of production factors to potential GDP (labour capital, TFP)													
	b) [...] and increase the labour-market relevance of education and training to address skills gaps, including through the announced reform of the apprenticeship system.	Measure 1 – New Scholarship Scheme – Master It!	The “Master it” scheme was based on the experience gained from previous scholarship schemes	The main assumption was that the awardees will be financially supported for the tuition fees and the educational material needed to support their research. As regards students studying abroad, awardees are partially funded. Family friendly measures were allocated to incentivise men and women to return to learning, even if they are raising a family.	GDP													
					Private consumption													
					Gross capital formation													
					Net exports													
					Employment													
					Contribution of production factors to potential GDP (labour capital, TFP)													
		Measure 2 – MGSS (Post-Graduate and Under-Graduate)	The “MGSS” scheme is based on the experience gained from previous schemes.	The main assumption was that the awardees will be financially supported for the tuition fees and the educational material needed to support their research. As regards students studying abroad, awardees are partially funded. Family friendly measures were allocated to incentivise men and women to return to learning, even if they are raising a family.	GDP													
					Private consumption													
					Gross capital formation													
					Net exports													
					Employment													
					Contribution of production factors to potential GDP (labour capital, TFP)													

		Measure 3 - Lifelong Learning Strategy	The Strategy has identified five strategic objectives (stimulate participation in lifelong learning; place the learner at the centre; improve skills sets; develop support structures and improve governance). The Strategy identified the Key Performance indicators. Then, Indicative Programmes are being proposed to address these objectives.	The assumptions made were based on the experiences and challenges of the main stakeholders and providers.	GDP							
					Private consumption							
					Gross capital formation							
					Net exports							
					Employment							
					Contribution of production factors to potential GDP (labour capital, TFP)							
		Measure 5 – Additional employment advisors		More manageable caseloads will result in more intensive follow-up of unemployed clients. This should result in better equipped jobseekers and therefore a faster transition into employment. The main assumption is that the labour market needs and flow remain adequate.	GDP							
					Private consumption							
					Gross capital formation							
					Net exports							
					Employment							
					Contribution of production factors to potential GDP (labour capita, TFP)							