Public Health Strategy 2025-2030

Achieving the best possible health for everyone in Ireland
Ag baint amach an tsláinte is fear is féidir do chuile dhuine in Éirinn

Building a fairer, healthier future together
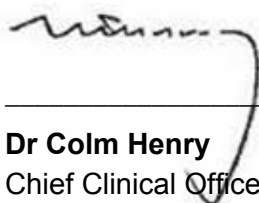
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Dr. Colm Henry

Chief Clinical Officer,
Health Service Executive

It gives me great pleasure to introduce the first Public Health Strategy for the Health Service Executive (HSE). This strategy represents an important step forward in our ongoing commitment in the HSE to improving the health and wellbeing of the population we serve across Ireland. I am a steadfast advocate for Public Health, and the significant reform which better positions our dedicated and skilled Public Health professionals, who stand at the forefront of protecting and improving the health and wellbeing of our population, to support the HSE in delivering its organisational objectives.

As the sponsor of this strategy, my commitment to its successful delivery is unequivocal. It provides a clear and cohesive direction for the Public Health workforce and is engineered to drive through and realise the full potential of the public reform process, thereby ensuring our efforts translate into tangible and sustained improvements in population health while enhancing overall productivity and operational strength.

We have a collective responsibility to foster healthier lifestyles, address health inequalities and diminish the burden of preventable illness in Ireland, while ensuring that we build a more sustainable and resilient public health system, that is well prepared for current, emerging and future public health challenges. I would like to acknowledge the work of the Expert Advisory Group, Steering Group, the many stakeholders that supported this process, and in particular those in Public Health whose expertise, dedication and commitment is embedded within the strategy's key priorities and objectives.

Dr Colm Henry
Chief Clinical Officer, HSE

Foreword

Dr. John Cuddihy
National Director of Public Health

I am delighted to introduce this ambitious Public Health Strategy for the Health Service Executive. This strategy represents an important milestone, building on the lessons learned from recent challenges, and firmly establishes and enhances the leadership role of public health in shaping a healthier, fairer future for the population of Ireland.

This strategy provides a roadmap that harnesses the expertise, commitment, resilience and innovation across our Public Health domains, outlining our commitment to protecting our population against all health threats, improving health and wellbeing, improving health services, emphasising proactive prevention and early intervention, giving every child the best start in life, reducing health inequalities, and the creation of environments that support healthier choices for all individuals and communities. To achieve this, we will continue to work collaboratively across the HSE, with the public and our partners in government, academia, community organisations, emphasising a joined up approach. By focusing on clear priorities, measurable outcomes, this strategy will guide our efforts to build a sustainable, stronger and more resilient public health system, that is fit for the future.

As National Director of Public Health, I am deeply committed to championing the delivery of this strategy and empowering our workforce to improve the health and resilience of our communities. I extend my sincere appreciation to all who have contributed to the development of this strategy, and to thank members of the expert advisory group and steering group for their guidance. I now look forward to driving its impactful implementation.

John Cuddihy.

Dr John Cuddihy
National Director of Public Health

Executive Summary

Our aim in Public Health is to ensure that everyone in Ireland has the best possible health and wellbeing, and the opportunity to live healthier, fairer, and longer lives. This means getting the best start in life, growing, living, and ageing well.

This five-year strategy is for public health in the HSE and incorporates the vision, mission, values and priorities of the Public Health function in measurably improving population health outcomes over the next five years. There are many people and functions involved in, aligned to, and essential to the delivery of public health objectives across the breadth and depth of the HSE. The Public Health function is responsible for leading and delivering a proactive, evidence-informed and intelligence-led public health service, focused on the needs of our population, nationally, regionally and locally. We work with a broad range of clinical entities, functions, and agencies within the HSE, to embed public health principles in strategies, policies and service design and delivery across the wider HSE, and to achieve our shared organisational objectives.

Our Vision

Our vision is for the best possible health and wellbeing for everyone in Ireland.

Our Mission

Our mission is to increase physical, mental and social wellbeing across the life course; protect health; prevent disease; build healthy communities; address health inequalities and achieve health equity; drive and harness innovation; improve health services and provide a high-quality Public Health service. We do this by leading in partnership with individuals and communities, to support and enable everyone in Ireland to have the best start in life and to live longer, healthier lives.

Public Health is committed to delivering a high-quality and integrated Public Health service, that puts our values of care, compassion, trust, learning, equity, excellent communication and striving for excellence, into actions across all levels of Public Health, and supports our workforce in delivering the best outcomes for our poplation. We are committed to creating conditions in which all communities can thrive, and achieve the best possible physical, mental, and social wellbeing. A critical aspect of our work involves building a healthier, fairer society by addressing health inequity, recognising the importance of the wider determinants of health - such as education, housing, and the environment on health outcomes.

To achieve this, we will focus on delivering our six priorities over the next five years, which are to:

1. Deliver a high-quality and integrated Public Health function
2. Protect the population from all health threats
3. Strengthen action on the wider determinants of health
4. Reduce health inequalities across all stages of life
5. Strengthen health services to address population needs, emphasising prevention and early intervention
6. Leverage health information, evidence, research and innovation for better health.

What is Public Health?

Public health is defined as "the science and art of preventing disease, prolonging life and promoting health and wellbeing, through the organised efforts of society" (Acheson, 1988). Health is "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (World Health Organization, 1948).

There are a number of modifiable factors that significantly influence our health. Known as the wider determinants of health these include socio-economic status, housing and accommodation, and education as well as health behaviours.[1] Public health aims to build a healthier, fairer society and create the conditions in which communities can thrive. This involves reducing health inequalities, as well as wide-ranging activities, from monitoring and preventing the spread of infectious diseases, ensuring access to clean water and air, green and blues zones, promoting healthy behaviours, driving health system improvement, to advocating for and supporting implementation of policies that support health and wellbeing.
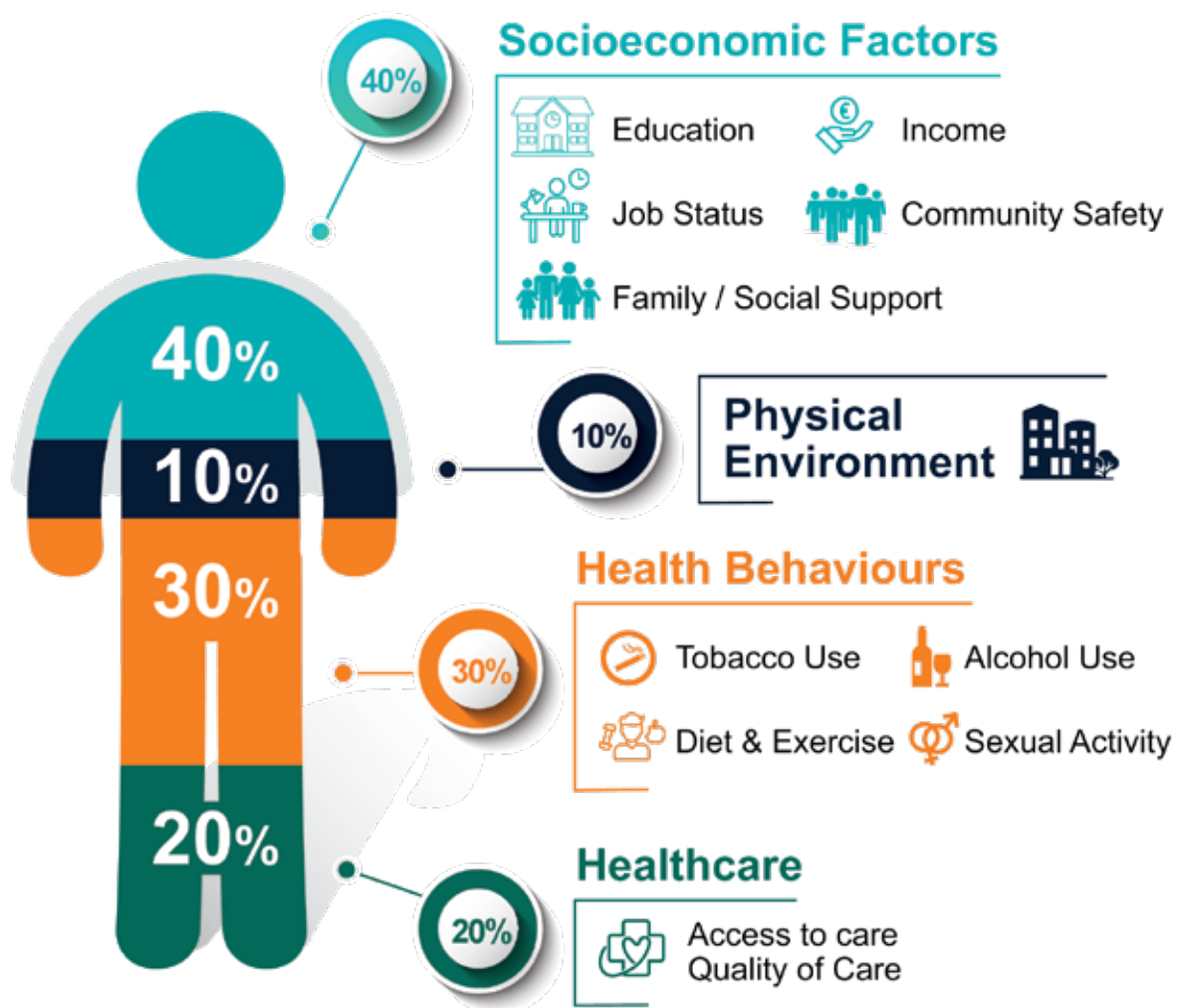
Source: Institute for Clinical Systems Improvement, 2015

1. Our Population

Ireland's population has grown significantly in recent years to 5.4 million people in April 2024, with average annual growth of 1.3% between 2016 and 2022, driven by a combination of natural increase and inward migration.[2] Ireland has an ageing population, with the proportion of the population aged 65 and over increasing from 13.8% to 15.5% between 2018 and 2024, driven by rising life expectancy and declining birth rates.[3] Geographically, the population is concentrated in urban areas, with 28.5% of the total population living in the greater Dublin area, while rural areas experience varying degrees of population density.[4] Ireland's population is increasing in its diversity with increasing migrant communities.

Socio-economic disadvantage was experienced by 22% of the population in Ireland in 2022.[5] This manifests in persistent inequalities across various aspects of life, including employment, education, housing and health, with factors such as poverty, unemployment, and limited access to resources contributing to these inequalities. Certain communities experience higher rates of deprivation, leading to poorer health outcomes including reduced healthy life expectancy. This disadvantage is often intergenerational, creating cycles of poverty and limited opportunity, highlighting the critical role of socio-economic determinants of health.

Our Population:Snapshot Health Profile of Ireland

Population size: 5.38m

1.3% average annual growth between 2016 and 2022[1]

65+ 15.5% in 2024

▲ 7.5% since 2022[2]

Age pyramid chart with axis AGE IN YEARS (85+, 75-79, 65-69, 55-59, 45-49, 35-39, 25-29, 15-19, 5-9). X-axis 4 3 2 1 0 1 2 3 4.

■ MALE ■ FEMALE **Percentage of the Population**[2]

23% Other[2]
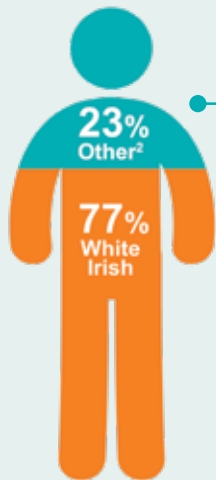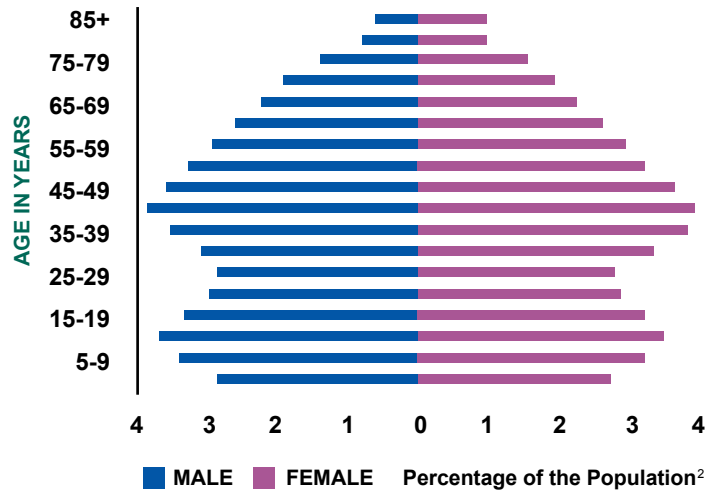
77% White Irish

42% White Other
26% Not Stated
14% Asian /Asian Irish
6% Black /Black Irish
6% Other /Mixed
3% White Irish Traveller
1% Roma
2% Arab

85% Irish Citizenship [2]

15% Other Citizenship

49.5% Other EU	**8.5%** Americas
15.9% Asia	**5.5%** Africa
13.2% UK	**7.4%** Rest of Europe/Other

79,300 Net Migration in year to April 2024[1]

Deprivation Level [2]

■ Extremely Affluent 1%
■ Very Affluent 6%
■ Affluent 18%
■ Marginally above average 28%
■ Marginally below average 25%
■ Disadvantaged 14%
■ Very Disadvantaged 6%
■ Extremely Disadvantaged 2%

Regional Population [2]

759,652
HSE West
and North West

413,059
HSE Midwest

740,614
HSE South West

971,093
HSE Dublin & South East

1,187,082
HSE Dublin
& North East

1,077,639
HSE Dublin
& Midlands
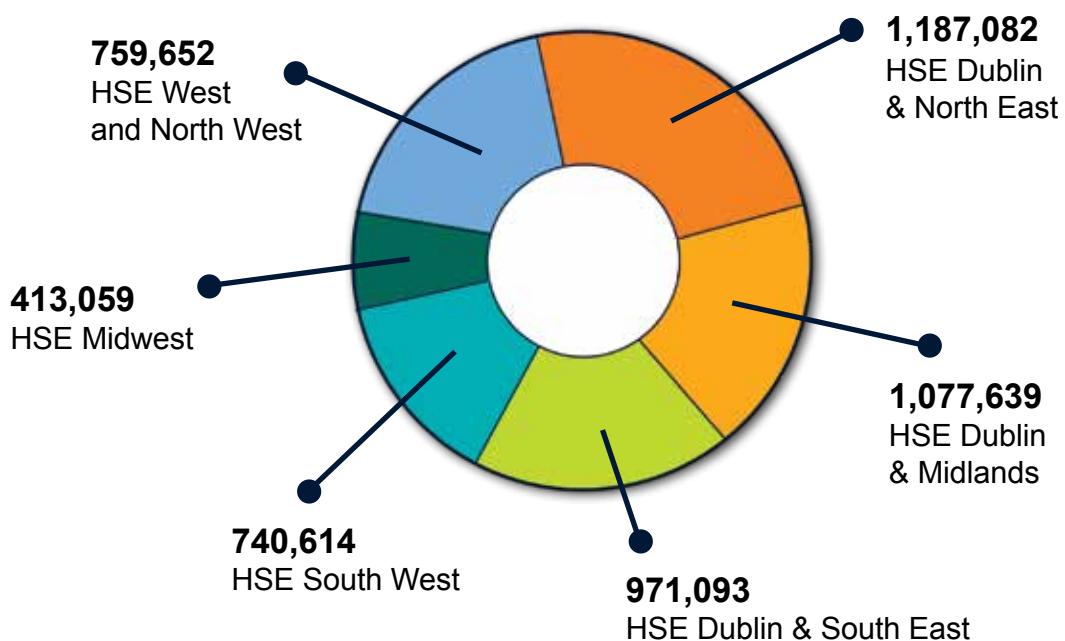
Mortality/Morbidity

Life Expectancy (Years) [1]
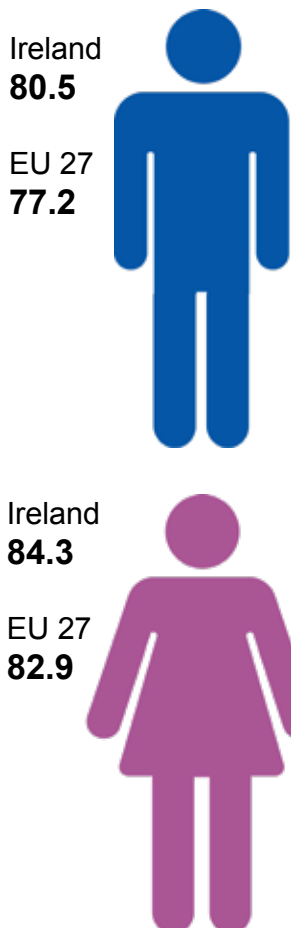
Ireland
80.5

EU 27
77.2

Ireland
84.3

EU 27
82.9

Healthy Life Expectancy (years) [4]

69.4   69.6

66.2   67.2   66

| 2018 | 2019 | 2020 | 2021 | 2022 |

Causes of Death 2022[8]

28.2% Cancer

27.7% Circulatory Disease

10.8% Respiratory Disease

5.8% Mental and Behavioural Disorders

4.7% External causes of injury and poisoning

22.8% All other causes of death

Top 5 Causes of Death 2022[8]

7.8% Chronic Ischaemic heart disease

5.5% Cancers of the bronchus & lung

4.7% Unspecified Dementia

4.6% COVID-19

4.5% Acute Myocardial Infarction
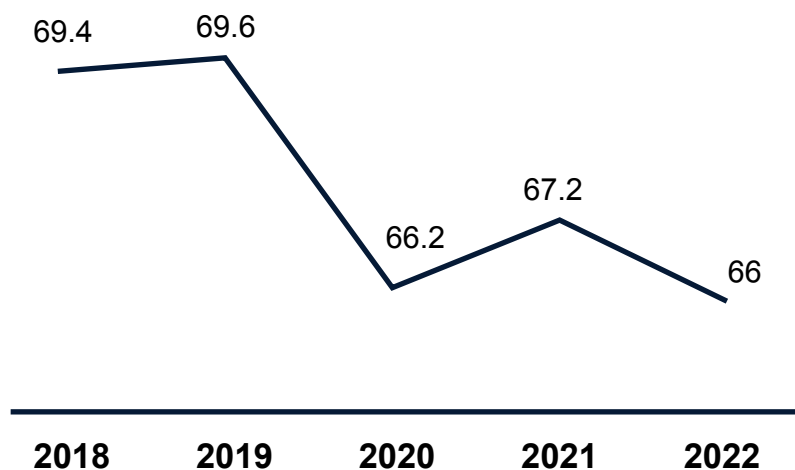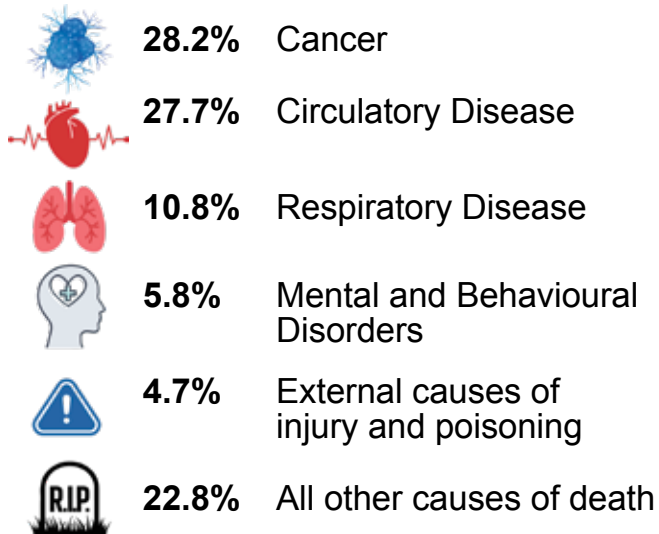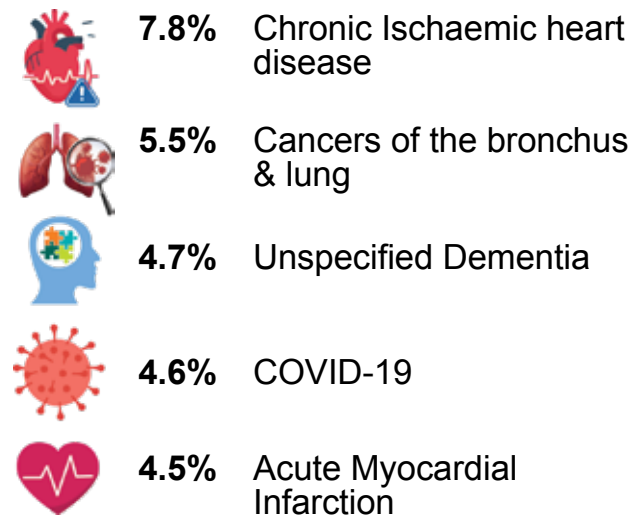
Morbidity Estimates[6]

	50+ years	70+ years
Hypertension	749,900	260,400
Diabetes Mellitus	182,800	63,400
Kidney Disease	128,600	36,500
Heart Disease	161,600	70,000
Chronic Lung Disease/ Asthma	265,000	80,000

Co-Morbidity Estimates[6]

■ 50-70 years ■ 70+ years

Number of Conditions	50-70 years	70+ years
3	260,700	377,000
2	91,300	286,200
1	57,100	23,900
0	17,200	118,000
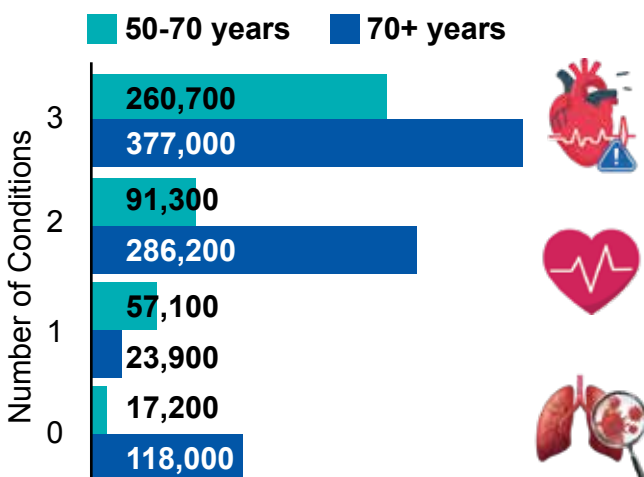
64,142 People living with dementia Projected to increase to **150,131** by 2045[18]

21% have a disability[3]

Healthcare Utilisation[5,6]

79% Visited a GP in the past year
4.4 Visits per year (aged 15+)

14% in a caring Role
6% Unpaid

90% of older adults visited the GP in the last 12 months
40% of older adults hold a medical card
33% of older adults have private health insurance

40% of older adults report experiencing a fall in the last 12 months
20% of older adults report attending hospital as a result

74% eligible women with at least one satisfactory cervical screening test in five year period

46.4% uptake rate of BowelScreen at-home testing

Health Behaviours of Persons aged 15 and over [3,5]

83% Report Good or Very Good Health

41% Report 150 mins weekly physical activity

73% Consumed alcohol last 12 months

17% Smoke tobacco

Consumed alcohol in their lifetime

15 year olds
50%
26% have been drunk

16 year olds
70%
46% have been drunk

17 year olds
82%
62% have been drunk
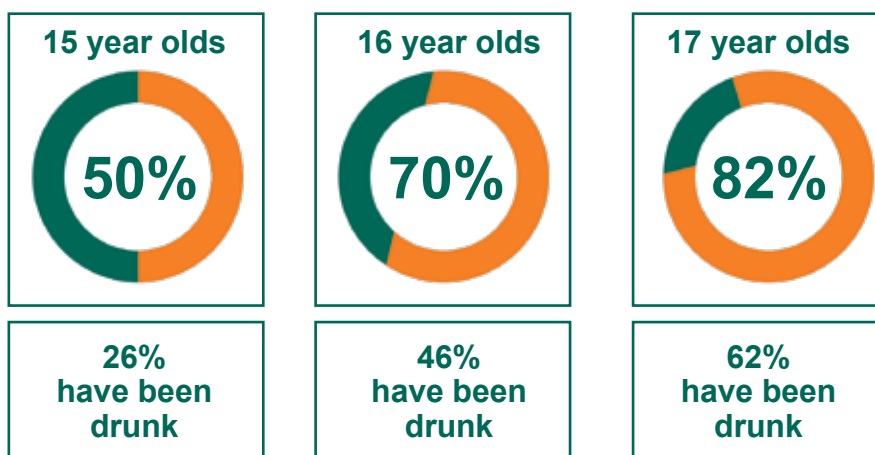
Underweight	Normal Weight	Overweight	Obese
2%	**42%**	**35%**	**21%**

Children[7,8]

54,678 Births in 2023

5% Decrease from 2022

1.5 Births per woman of child bearing age

60% Babies breastfed at 1st PHN visit

42% Babies breastfed at 3 months

54,830 Babies screened through Bloodspot Screening

89% Children age 24 months received MMR in 2024

Mental Health & Wellbeing [5,11,12,16]

12% Mental Health Problem

86% Good/Very Good Quality of Life

Feel lonely 2023
0.8% All of the time
2.1% Most of the time
11.2% Some of the time

49% 12-19 year olds report levels of anxiety outside of the normal range

512 Deaths by suicide in 2021

Suicide rate 6-7 times higher in the Traveller Community

Living in Ireland [9,10,14,15]

56% Hold a 3rd level qualification

15,915 People experiencing homeless and relying on emergency accommodation in June 2025

10,957 Adults & **4,958 Children**

86% of 25 year olds are very concerned about access to housing in Ireland

32,594 People in International Protection Accommodation Service Centres in August 2025

22,958 Adults & **9,636 Children**

2. The Voice of our Patients, Service Users and Communities

This strategy is grounded in the belief that public health can only be effective by working in partnership with and actively listening to the communities we serve. The following themes were identified by our patients, service users, and our communities as being important for them in terms of their health, public health, and the health service.

What is important to our patients, service users and communities

Partnership
Working in partnership with patients, service users and communities for shared goals

Empowerment
Empower patients and community peer leaders

Community-Driven
Public health interventions shaped by community needs and preferences

Trust and Transparency
Building confidence through honesty and openness

Cultural Sensitivity
Respect and understand diverse cultural backgrounds

Accessibility
Make it easier to access and navigate the health system

Addressing Inequalities
Reduce disparities in healthcare access and outcomes

Marginalised Groups
Work in partnership to address the challenges facing marginalised groups

Communication
Clear and open dialogue and being listened to

Wider Determinants
Addressing social and environmental factors affecting health

Sustained Action
Focus on sustained action and implementation

3. Strategic and Legislative Context

Public Health in the HSE has undergone a period of significant reform over the past few years, with the implementation of a new model for the delivery of public health activities that provides for an integrated central and regional public health service, underpinned by strong leadership and clear governance (more detail is provided in Appendix D).

Public Health contributes to and supports the implementation and delivery of a significant number of strategies and policies, including;

- **Sláintecare,** a comprehensive reform programme of integrated care and effective local decision-making through the six new HSE Health Regions, with public health and prevention, and early intervention, as a core principle.

- **The HSE Corporate Plan 2025-2027** and **HSE National Service Plan 2025,** which aim to enhance efficiency and productivity in the HSE whilst maintaining a focus on improving the quality of care.

- **Healthy Ireland,** which strives to ensure all people can achieve their full physical and mental health and wellbeing potential.

Public health plays an important role in supporting specialised clinical strategies and population-focused initiatives across the HSE, including;

- **'The National Cancer Strategy 2017-2026'** which aims to prevent avoidable cancer, promote early detection and improve treatment and aftercare for cancer patients.

- **'Choose Screening: National Screening Service Strategic Plan 2023-2027'** which is focused on delivering population screening programmes that help prevent, reduce the risk of, and assist the recognition of disease in Ireland.

- **'Improving Equity in Screening - A Strategic Framework 2023-2027'** which seeks to address barriers to participation and improve equity across existing screening programmes.

- **'Sharing the Vision - A Mental Health Policy for Everyone 2020-2030'** which supports the ongoing development and enhancement of mental health services.

Public Health is also embedded in the delivery of several important national social inclusion strategies and frameworks that aim to reduce inequalities in health, improve access to mainstream and targeted health services for vulnerable and excluded groups, and address poverty and social exclusion across Ireland. It is focused on supporting and leveraging the implementation of the **HSE Action Plan for Health Research 2019-2029, the National Mental Health Research Strategy,** and **Digital for Care 2030: A Digital Health Framework for Ireland 2024-2030,** which aims for improved health outcomes through seamless, safe, secure, and connected digital health services.

> **The HSE Public Health Strategy 2025-2030 also complements and supports the implementation of a number of existing Public Health strategies and policies (Appendix G), including:**

• the **'HSE Health Protection Strategy 2022-2027'**

• the **'National Immunisation Office Strategic Action Plan 2024-2027'**

• **'HSE Striving to End Tuberculosis - A Collaborative Tuberculosis Strategy for Ireland: 2024-2030'**

• the **'HSE Public Health: Health Inequalities Position Paper 2025'**

• the **'Health Improvement Operational and Strategic Plan 2025'** and;

• '**A Vision for the Health and Wellbeing of Children and Young People in Ireland'.**

Public health activities are underpinned by legislation (Appendix E) including the Health Acts of 1947 and 1953; the Health (Duties of Officers) Order of 1949; and the Infectious Disease Regulations of 1981; the Public Sector Equality and Human Rights Duty, Section 42, Irish Human Rights and Equality Commission Act 2014; and the International Health Regulations.

4. Who we are and what we do

Public health activities are delivered nationally and regionally across the five domains of Health Protection; Health Improvement; Health Service Improvement; Health Intelligence and Child Health Public Health. In addition to national and regional public health structures; Public Health consultant-led multidisciplinary teams are based in the National Screening Service, the National Cancer Control Programme, HSE Global Health Programme, Chronic Disease Management, National Quality and Patient Safety, and National Social Inclusion, and work closely with HSE Health and Wellbeing, Environmental Health, Clinical Design and Innovation and the National Clinical Programmes, and many other HSE functions to deliver public health activities and embed core public health principles within these functions, and associated strategies, plans and initiatives.

Public Health works with a wide range of agencies, functions and clinical entities throughout the HSE, providing evidence-informed expertise, a population health approach, and strategic guidance that enhances the HSE's capacity to address population health challenges, improve service quality, and deliver more effective, coordinated care that benefits the entire health system.

National Office of Public Health

The National Office provides strategic leadership of Public Health, with responsibility for driving and implementing policy, planning, building Public Health national capabilities, supporting Government and HSE strategy, and performance monitoring to inform strategic change.

Child Health Public Health

Child Health Public Health leads in promoting and protecting the health and wellbeing of children and integrated health from birth through adolescence by providing clinical Public Health leadership to the National Healthy Childhood Programme, expertise and support to other areas across the HSE, wider stakeholders and parents. Child Health Public Health provides strong support and input into Government strategy development, implementation and evaluation, focusing on HSE actions and advocacy that can lead to improvements in the overall health of children and young people, particularly aimed at reducing inequities, and giving every child the best start in life.

Health Protection

The National Health Protection Office (HPO) leads infectious disease, environmental and radiation risk prevention and control, and delivers an integrated emergency response for major health threats, including cross-border issues. The HPO includes:

- The Health Protection Surveillance Centre: monitors disease occurrence and trends, supporting the investigation and response to outbreaks and emergency incidents.

- The National Immunisation Office: manages and oversees the national immunisation programmes.

- The National Health Security Team: works to protect Ireland from serious cross-border health threats, including the impact of climate change

The HPO is crucial in strengthening national surveillance systems, ensuring timely reporting of notifiable diseases, and coordinating with international bodies including the WHO and ECDC, supporting adherence to the International Health Regulations (IHR) and contributing to global health security as a centralised point of leadership and accountability, facilitating rapid and decisive action to protect the population's health.

Health Service Improvement

Health Service Improvement works to improve population health related outcomes and health equity through the design, use and evaluation of effective and efficient healthcare services and pathways of care. This involves using a population based approach to planning and delivery of health services to meet the needs, preferences and strengths of our communities and population, recognising how these needs change over time. Health Service Improvement work includes population health needs assessment, population-based planning and health service prioritisation, and supporting change initiatives and service redesign.

Health Improvement

Health Improvement works to improve population health and wellbeing through addressing the wider determinants of health and enabling healthy behaviours across the life course. This includes leading and supporting the design and implementation of health promotion and health education programmes particularly around key health behaviours including healthy eating and good nutrition, regular physical activity, avoiding risky behaviours including smoking, excessive alcohol intake and supporting disease prevention. This domain is closely aligned with Healthy Ireland implementation

and requires strong partnership working and cross-sectoral collaboration, aimed at empowering people and communities to drive effective change.
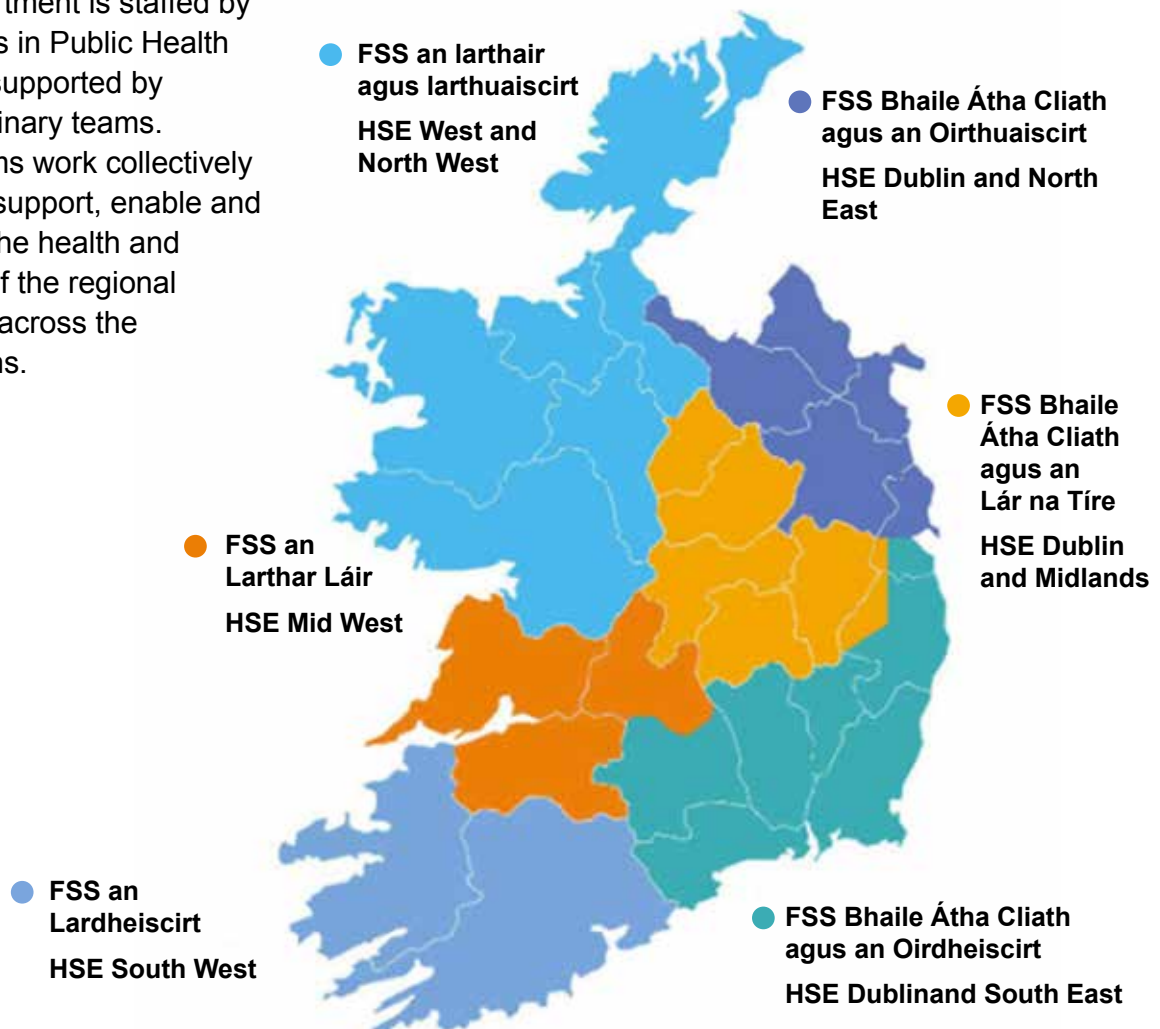
Health Intelligence

Health Intelligence involves the use of data and analysis to inform effective healthcare planning and provide clear insights to empower decision-making within Public Health and the HSE, and drive improvement in population health outcomes. This is achieved through population health surveillance, monitoring trends, supporting research and evaluation activities, and evidence-informed assessment of policies and programmes to inform health service planning and delivery.

Regional Public Health

There are six regional departments of Public Health. Each department is led by a Regional Director of Public Health, who is a member of the Regional Executive Management Team and reports to the Regional Executive Officer. Each department is staffed by Consultants in Public Health Medicine, supported by multidisciplinary teams. These teams work collectively to protect, support, enable and advise on the health and wellbeing of the regional population across the five domains.

FSS an Iarthair agus Iarthuaiscirt

HSE West and North West

FSS Bhaile Átha Cliath agus an Oirthuaiscirt

HSE Dublin and North East

FSS Bhaile Átha Cliath agus an Lár na Tíre

HSE Dublin and Midlands

FSS an Larthar Láir

HSE Mid West

FSS an Lardheiscirt

HSE South West

FSS Bhaile Átha Cliath agus an Oirdheiscirt

HSE Dublinand South East

5. Our Vision, Mission, Values and Ways of Working

Our Vision

The best possible health and wellbeing for everyone in Ireland.

Our Mission

Providing Public Health leadership in partnership with individuals and communities, we support and enable everyone in Ireland to have the best start in life and to live longer, healthier lives.
We aim to:

- increase physical, mental and social wellbeing across the life course
- protect health
- prevent disease
- build healthy communities
- address health inequalities and achieve health equity
- drive and harness innovation
- improve health services
- provide a high-quality Public Health service

Our Values

We endeavour to embed our core values, including the established HSE values of care, compassion, trust and learning, along with equity, effective communication and striving for excellence in all that we do.

EXCELLENCE

CARE

COMPASSION

TRUST

LEARNING

EQUITY

COMMUNICATION

Our Ways of Working

We are committed to building a strong foundation for Public Health in the HSE, centred around collective organisational ownership of our vision, mission, values, and priorities.
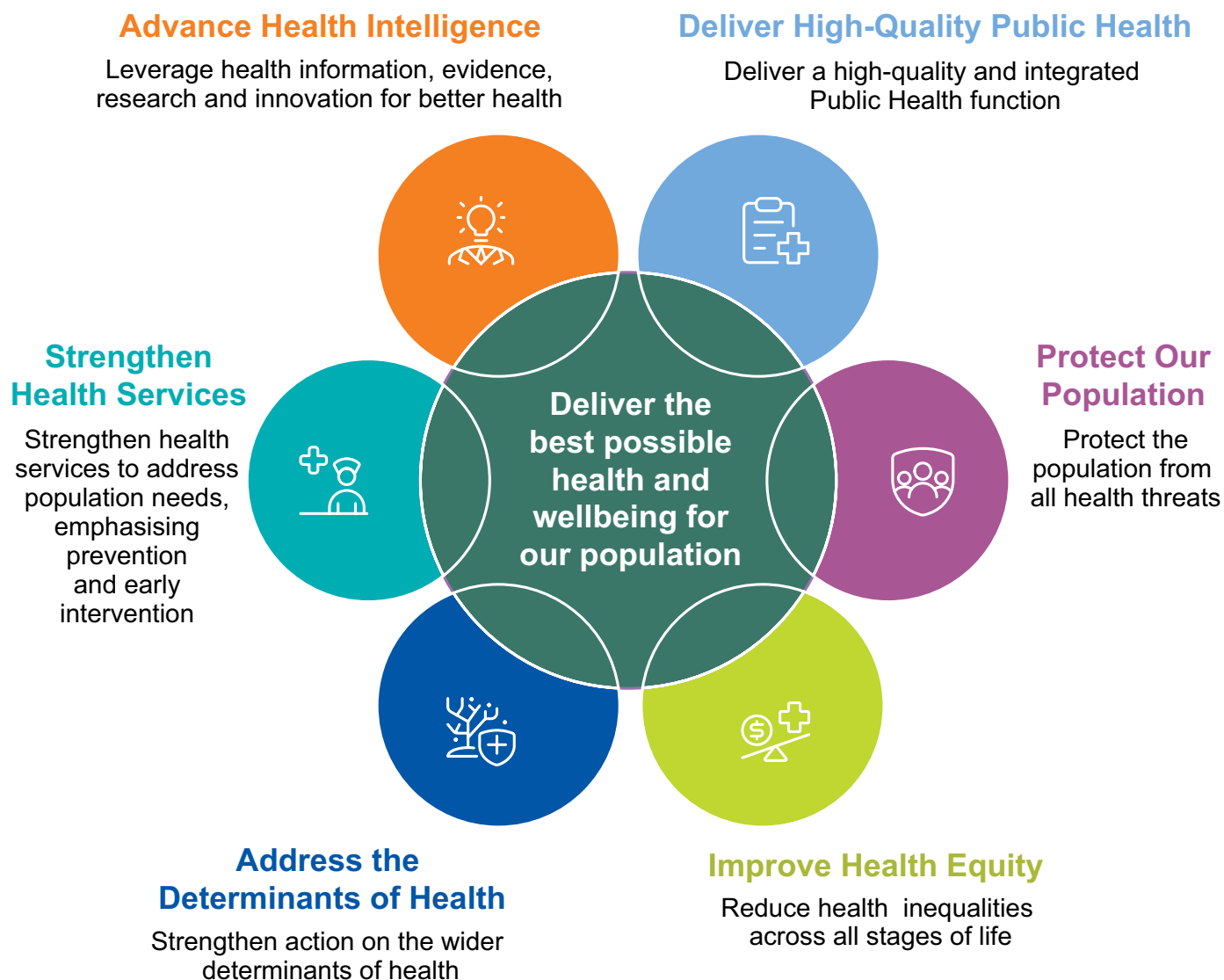
Our ways of working are underpinned by the following principles:

- **Leadership:** We provide strategic direction, foster collaboration, and ensure accountability and transparency in achieving population health outcomes.

- **Community Engagement:** We work with our communities, voluntary and community groups, civil society, and individuals in the design and delivery of relevant, effective public health programmes.

- **Collaboration:** We partner with HSE entities, local government, government departments, non-governmental organisations, arts, cultural and sport organisations, and community organisations and the private sector to develop effective public health strategies and policies.

- **Trust and Accountability:** We build and maintain trust with our population and communities, guided by accountability, strong ethical principles and transparent communication.

- **Learning:** We work to foster a learning culture, through knowledge sharing, and harnessing innovation and evidence-informed practice.

- **Advocacy:** We champion population needs through evidence-informed approaches that align funding with health priorities and measurable improvement in outcomes.

- **Health Equity:** We work to address health inequalities and ensure fair access to services, particularly for vulnerable communities.

- **Prevention Focus:** We prioritise and promote equity-informed, cost-effective upstream interventions and programmes to prevent illness and promote healthy behaviours.

- **Resilience and Preparedness:** We work to strengthen our public health system to ensure it can respond effectively to health emergencies, including pandemics and environmental hazards.

- **Quality Improvement:** We work to consistently enhance population health outcomes and ensure the effectiveness of public health interventions and initiatives.

- **Sustainability:** We promote sustainable practices within public health initiatives aimed at mitigating against the impact of climate change on health.

- **Evidence-informed Practice:** We use the best available evidence to inform policy, and practice; collaborating nationally and internationally.

- **Data and Digital Transformation:** We leverage technology to enhance surveillance, communication, and data-driven decision-making.

6. Our Priorities

This strategy sets out six priority areas for Public Health over the next five years as we work to achieve our vision:

Advance Health Intelligence
Leverage health information, evidence, research and innovation for better health

Deliver High-Quality Public Health
Deliver a high-quality and integrated Public Health function

Strengthen Health Services
Strengthen health services to address population needs, emphasising prevention and early intervention

Deliver the best possible health and wellbeing for our population

Protect Our Population
Protect the population from all health threats

Address the Determinants of Health
Strengthen action on the wider determinants of health

Improve Health Equity
Reduce health inequalities across all stages of life

PRIORITY: 1. Deliver a high quality and integrated public health function

Why is this important?

An efficient and effective Public Health function, with strong governance, is essential for achieving all of our priorities. Public Health within the HSE has undergone a period of significant reform over the past four years, with concurrent implementation of Sláintecare across the wider health system. We now need to ensure that Public Health is not only effective in addressing current and emerging health challenges but is also resilient and adaptable enough to meet future threats and is best positioned to support achievement of our overall HSE objectives. A well-integrated public health function ensures the optimum resource allocation, elimination of duplication of effort and sharing of knowledge and learning to drive improvements in the health of our population into the future.

Our objectives

1. Ensure an integrated, agile, proactive and responsive Public Health function, aligned to the HSE strategic direction and Government policy direction.

2. Strengthen the planning, coordination, prioritisation, and delivery of public health activities regionally and nationally, supported by strategic HSE leadership.

3. Support the education, development and wellbeing of the current and future multidisciplinary Public Health workforce and partners.

4. Develop a sustainable and resilient multidisciplinary HSE Public Health workforce.

5. Enhance public health and health system resilience by continuously identifying and embedding learning from previous and current national and international experiences, such as from the COVID-19 pandemic, international conflict, climate change and negative impacts of social media.

6. Develop global partnerships for mutual learning and collaboration to better address public health priorities in Ireland and contribute to global health goals.

How will we achieve this?

1. **Ensure an integrated, agile, proactive and responsive Public Health function, aligned to the HSE strategic direction and Government policy direction**

1.1 Strengthen Public Health governance structures, with clear roles and responsibilities, ways of working and accountability, and enhanced communication and integration across regional and national levels.

1.2 Build and enhance collaboration across Public Health, leveraging shared resources and expertise for enhanced effectiveness.

1.3 Build a culture of adaptability to changing circumstances, such as emerging and new health threats and opportunities, through flexible structures, robust surge capacity, prompt, informed decision-making, and maintaining baseline Public Health skill-sets.

2. Strengthen the planning, coordination, prioritisation, and delivery of public health activities regionally and nationally, supported by strategic HSE leadership

2.1 Provide strong and effective Public Health leadership locally, regionally and nationally, to shape policy and influence service delivery, and decision-making.

2.2 Embed public health principles and expertise at all levels of the health system, through strong partnerships and cross-sector networks.

2.3 Clearly communicate our Public Health strategy and advocate for its full implementation.

2.4 Enhance integration of public health activities within Public Health, the wider HSE nationally and regionally and drive co-ordination of priorities across sectors, with close collaboration between Regional Executive Officers and Public Health.

2.5 Demonstrate the value of Public Health and economic rationale for public health activities, through implementation, monitoring and evaluation of the Public Health Strategy.

3. Support the education, development and wellbeing of the current and future multidisciplinary public health workforce and partners

3.1 Lead on the development and implementation of a competency framework, informed by a training needs analysis, that supports a fit for purpose Public Health workforce, now and in the future.

3.2 Ensure co-ordinated training and development for all Public Health staff, encompassing upskilling, and ongoing professional development.

3.3 Establish learning and continuous professional development opportunities, learning networks and communities of practice, focusing on tangible efforts, locally, regionally and nationally.

3.4 Foster wellbeing by optimising team working through clear role definition, skill development, manager support, performance achievement, professional development, and opportunities for career development.

3.5 Develop and strengthen capacity in communication and behavioural and cultural insight generation to enable robust, effective and trusted communication and communication channels.

3.6 Consider future multidisciplinary skills gaps needed to optimise the effectiveness of public health and build capacity in these areas, such as behavioural science, implementation science, data science, health economics and biostatistics.

3.7 Work in partnership within and outside the HSE, including academia and post-graduate training bodies, to leverage opportunities for developing public health knowledge and skills.

4. Develop a sustainable and resilient multidisciplinary HSE Public Health workforce

4.1 Develop and implement a strategic integrated workforce plan at national, regional and local levels that optimises Public Health roles and skills-mix, ensuring development of a sustainable and resilient workforce.

4.2 Develop clear models of care across Public Health, ensuring sufficient multidisciplinary staffing for all areas of public health practice.

5. Enhance public health and health system resilience by continuously identifying and embedding learning from previous and current national and international experiences, such as from the COVID-19 pandemic, international conflict, climate change and the negative impacts of social media

5.1 Support staff well-being by creating an inclusive culture with shared decision-making, delegated authority, clear work-life boundaries, and accessible mental health resources.

5.2 Support resilience building 'in peacetime' to ensure staff are best placed to face and maintain resilience during new emergencies.

6. Build on existing and develop new partnerships for mutual learning and collaboration in global health

6.1 Collaborate with international partners to share knowledge, learn from best practices, and contribute to global health goals and advancements in public health.

6.2 Enhance our efforts in building global health security and in addressing key global health issues, including those that impact on Ireland.

6.3 Drive cross-border collaboration and opportunities for shared knowledge and learning between Ireland and Northern Ireland across all domains of Public Health.

What will success look like in 5 years?

- A strong, integrated Public Health function with effective governance, a high-performing service delivery model, system-wide collaboration, emergency preparedness, resilience and demonstrable improvements in population health.

- A supported, skilled and engaged Public Health workforce and a positive work environment with excellent recruitment and retention, robust workforce planning, career progression and development, strong staff engagement and effective communication.

PRIORITY: 2. Protect the population from all health threats

Why is this important?

Health protection is a collaborative endeavour led by Public Health experts to protect the population from all hazards, known and emergent. This involves the systematic application of evidence-informed actions, including surveillance, immunisation, infection prevention and control measures, use of medical counter-measures, and appropriate communication and behavioural science insights. This includes clear communication and understanding people's behaviour, and preventing harm from misleading or false information and information spread to cause harm, with active evaluation of responses to inform future action for similar threats.

Our Objectives

1. Ensure a high-quality evidence-informed collaborative public health approach to prevention, surveillance, investigation and control of health threats – encompassing current, emerging and future health threats and all hazards, and including climate change.

2. Ensure robust preparedness, response to, and recovery from public health incidents and emergencies, and ensure learning from all such events to inform the approach to future events.

3. Be the trusted source of health information to counter the spread of mis-, dis- and malinformation and advocate for and support improved health literacy.

4. Identify and collaborate with key stakeholders to address the public health impacts of climate change and environmental degradation, and to drive adaptation and sustainability.

5. Support a One Health approach, through working in partnerships, to reduce the impact of cross-cutting issues such as emerging zoonotic infections and antimicrobial resistance in diseases impacting human and animal health.

How will we achieve this?

1. Ensure a high-quality evidence-informed collaborative public health approach to prevention, surveillance, investigation and control of health threats – encompassing current, emerging and future health threats and all hazards, including climate change

1.1 Clearly define, prioritise and regularly review current threats and hazards, and conduct horizon scanning to identify emerging and future health threats and hazards.

1.2 Drive opportunities to continually strengthen surveillance of priority health threats, including infectious disease.

1.3 Leverage existing and new sources of data, including the National Immunisation Information System (NIIS) and Outbreak Case and Incident Management System (OCIMS), in the integrated surveillance, analysis, monitoring, control and prevention of infectious diseases.

1.4 Support the development of effective response strategies for health threats, including antimicrobial resistance, climate change, chemical, biological, radiological, and nuclear threats.

1.5 Cooperate and collaborate for a robust all-island approach to surveillance and response to shared health protection and health security threats across all hazards.

1.6 Further strengthen cross-border collaboration with the United Kingdom and Europe on the wider health security response to serious health threats through intelligence sharing, capacity building and coordinated responses.

1.7 Lead the development and support delivery of equitable and evidence-informed, national immunisation programmes across all population groups, underpinned by clear governance, regional coordination and an appropriately resourced vaccinator workforce.

1.8 Monitor and respond to the Public Health impact of climate change and environmental degradation.

1.9 Support a structured assessment of the health and care needs of refugees and migrants in Ireland, which recognises how specific health needs may vary based on particular settings *e.g.* congregate settings, and access to primary care and other health services.

1.10 Work with other relevant agencies, government departments and communities, to support the delivery of structured systematic programmes for infectious diseases screening and prevention for newly arrived refugees and migrants in alignment with EU Migration and Asylum Pact, such as proactive case-finding, screening and catch-up vaccination.

2. Ensure robust preparedness, response to, and recovery from public health incidents and emergencies, and ensure learning from all such events to strengthen resilience and inform the approach to future events

2.1 Develop and maintain robust public health emergency preparedness plans and actively contribute to wider emergency planning for major incidents relevant to public health.

2.2 Strengthen early detection and rapid response to public health incidents and emergencies.

2.3 In partnership with relevant key stakeholders, develop and deliver regular training exercises and conduct simulation exercises to strengthen preparedness and response.

2.4 Advocate for and support the development of government policies and legislation to support preparedness and the response to public health incidents and emergencies.

2.5 In partnership with relevant key stakeholders, support sustained engagement and the planned recovery from incidents and emergencies, recognising that this phase is often the longest part of the emergency cycle.

2.6 Embed a structured approach to capturing learning from previous and ongoing public health incidents and emergencies, such as the COVID-19 pandemic, to enhance future preparedness, through incident and outbreak reports, intra-action and after-action reviews, to consolidate and institutionalise learning and support development of evidence-informed guidance.

3. Be the trusted source of health information to counter the spread of mis-, dis- and malinformation and advocate for and support improved health literacy

3.1 Develop and provide accessible and clear, evidence-informed Public Health messaging underpinned by effective and robust communication and engagement.

3.2 Build trust by strengthening engagement and relationships with communities and partners in a culturally appropriate way to co-design and develop strategies to strengthen vaccine confidence and acceptance and to implement measures to improve public health literacy.

3.3 Deliver a culturally appropriate, accessible and equitable Public Health service that works with communities, patients and service users underpinned by an understanding of what motivates behaviours.

3.4 Enhance collaboration with internal and external stakeholders, including the Department of Health, to drive cross-governmental support for strengthening health protection and threat preparedness and for the development of a crisis communication plan.

4. Identify and collaborate with key stakeholders to address the public health impacts of climate change and environmental degradation and to drive mitigation, adaptation and sustainability

4.1 Drive awareness of the Public Health impact of climate change and environmental degradation across the HSE, and of key issues that require a health service response such as extreme weather events (including storms, heat waves, fires, cold snaps, flooding, poor air quality, etc.).

4.2 Foster collaboration, partnership, and joint working with organisations and communities to identify and promote behaviours to improve health, support adaptation to climate change and environmental degradation and support sustainability.

4.3 Influence policy and legislation to promote sustainability and mitigation of the public health impacts of climate change and environmental degradation.

5. Support a One Health approach, through working in partnerships, to reduce the impact of cross-cutting issues such as emerging zoonotic infections and antimicrobial resistance in diseases impacting human and animal health

5.1 Demonstrate our commitment to work on one health recognising the important interface between human health, domestic and wild animals, and the wider environment.

5.2 Actively contribute to key strategic partnerships and fora, such as the one Health Oversight Committee, to support a One Health approach to zoonotic infections including Highly Pathogenic Avian Influenza (HPAI), and other environmental and health threats impacting human health, and the reduction of antimicrobial resistance.

5.3 Strengthen links and build partnerships between operational and academic public health, and with other agencies, in relation to One Health.

What will success look like in 5 years?

• An effective, integrated regional and national Health Protection function that enables Public Health and the wider health service to meet and respond to incidents and emergencies.

• Increased vaccine uptake across all national immunisation programmes and equitable access to immunisation and high-quality data to support delivery of vaccine programmes.

• People in Ireland are well-informed and empowered by Public Health, with strong and clear public health messaging that is a recognised and trusted source of information.

• The Health Protection data and intelligence systems including OCIMS and NIIS are being effectively leveraged to understand population needs and inform decision-making.

PRIORITY: 3. Reduce health inequalities across all stages of of life

Why is this important?

Health inequalities are experienced by a large proportion of the population in Ireland across their life course. They result from a person's position in society and reflect the effects of poverty, social class, gender, ethnicity and discrimination, and the differential exposures that affect a person's ability to live a healthy life which can be material and psychosocial. The conditions in which we are born, grow, live, work and age are the most significant influences on our health. Groups that are marginalised and socially excluded experience health inequalities more intensely and have worse health outcomes. These health inequalities are significantly influenced by wider social and economic conditions, including access to education, employment, accommodation, and a safe living environment. The COVID-19 pandemic exposed and exacerbated pre-existing inequalities in Ireland, with groups who experience disadvantage experiencing worse health outcomes.

Both Sláintecare and the Healthy Ireland framework highlight the need for a healthcare system that is equitable and accessible to all. Public Health has a leadership role in addressing inequalities by embedding equity into all aspects of public health planning and service delivery. Health equity is both a process and an outcome of addressing health inequalities. A Public Health approach that prioritises equity ensures that interventions reach those most in need at all life stages, from maternal and child health to healthy ageing initiatives. This means that everyone, regardless of their background, has the opportunity to live a long, happy and healthy life supported by a fairer, more sustainable healthcare system. This can help us reach our vision of better health and wellbeing for all in Ireland, as well as achieving the Sustainable Development Goals. As Ireland faces evolving challenges, including a growing and ageing population, immigration, climate change, and the rising cost of living, a sustained focus on reducing health inequalities will be key to building healthy communities where no one is left behind.

1 NO POVERTY	2 ZERO HUNGER	3 GOOD HEALTH AND WELL-BEING	4 QUALITY EDUCATION	5 GENDER EQUALITY	6 CLEAN WATER AND SANITATION
7 AFFORDABLE AND CLEAN ENERGY	8 DECENT WORK AND ECONOMIC GROWTH	9 INDUSTRY, INNOVATION AND INFRASTRUCTURE	10 REDUCED INEQUALITIES	11 SUSTAINABLE CITIES AND COMMUNITIES	12 RESPONSIBLE CONSUMPTION AND PRODUCTION
13 CLIMATE ACTION	14 LIFE BELOW WATER	15 LIFE ON LAND	16 PEACE, JUSTICE AND STRONG INSTITUTIONS	17 PARTNERSHIPS FOR THE GOALS	

Our Objectives

1. Ensure that equity is a core principle for the HSE.

2. Collaborate with partners across sectors to improve metrics for assessing, addressing and reporting on health inequity.

3. Work in partnership with key internal and external stakeholders, including influencing legislation and government policy, to reduce health inequalities and improve health equity.

4. Develop and use evidence-informed policies and practices to improve health equity across the life course.

How will we achieve this?

1. Ensure that equity is a core principle for the HSE

1.1 Ensure that equity is a core principle in all initiatives across Public Health and the HSE and develop clear national and regional processes to support health equity work.

1.2 Collaborate with existing clinical programmes and healthcare settings to develop evidence informed approaches that ensure health equity is systematically addressed within the HSE.

1.3 Progress the recommendations from the HSE Public Health Position Paper on Health Inequalities including the publication of an annual HSE Health Inequalities report.

1.4 Lead the implementation of recommendations from the HSE Public Health position paper on Health Inequalities, in compliance with Public Sector Equality and Human Rights Duty.

1.5 Embed training on health inequalities, cultural competency, anti-racism, and evidence informed interventions to improve care delivery for diverse populations, for healthcare professionals.

2. Collaborate with partners across sectors to improve metrics for assessing, addressing, and reporting on health inequity

2.1 Agree and drive the implementation and use of standardised equity stratifiers and core minimum datasets across the HSE health information systems, to monitor inequalities, inform resource allocation and focus interventions.

2.2 Ensure consistent systematic Public Health expert input into policy at national and regional levels. This includes adopting robust processes for the use of Health Impact Assessments to evaluate the impact of policy on health and health inequalities.

2.3 Improve equitable access to health and social care by ensuring that health service design/redesign and implementation includes measures to reduce barriers to availability, accessibility, accommodation, affordability and acceptability of services.

2.4 Formalise toolkits for health equity audits, health equity assessments and health impact assessments within the HSE.

2.5 Employ evidence-informed approaches to improve equity in the prevention and control of infectious diseases and other defined hazards.

3. Work in partnership with key internal and external stakeholders, including influencing legislation and government policy, to reduce health inequalities and improve health equity

3.1 Work in partnership across public, private, community and voluntary sectors to drive evidence-informed action on health equity across all stages of life and all sectors, leaving no one behind.

3.2 Ensure participation of and support multiply-disadvantaged communities in health planning and decision-making, ensuring their needs and priorities shape policy.

3.3 Engage with and support communities, community organisations and other stakeholders in co-developing frameworks for evidence-informed action on health inequalities, building on existing good practice.

3.4 Advocate for policies that address the root causes of health inequalities and for consideration of equity in the development of national and regional health policies.

3.5 Advocate for policies that reduce financial barriers to healthcare, such as expanding universal healthcare coverage, subsidising medications, and increasing resources for developing and delivering social inclusion programmes to support provision of wrap-around frontline services, bringing coordinated care to the point of need.

4. Develop and use evidence-informed policies and practices to improve health equity across the life course

4.1 Promote access to universal early-years and school-based health interventions, including nutrition programmes, immunisation, mental health support, with additional focused supports for those identified in need, for example children experiencing disadvantage due to ethnicity or poverty.

4.2 Lead the expansion of accessible, culturally inclusive health education programmes, including online resources (e.g. MyChild.ie) to empower parents and caregivers from diverse backgrounds to support children's health.

4.3 Support the further development, evaluation and improvement of place based initiatives to reduce health inequalities such as Sláintecare Healthy Communities.

4.4 Develop a multi-agency approach to improving health literacy, underpinned by a communications strategy that leverages HSE Communications and cross-sectoral evidence informed planning, to improve health information accessibility in different languages and formats and address misinformation, that is informed by population segmentation, community engagement and behavioural analysis and cultural insights.

4.5 Support the research and evaluation of health equity initiatives.

What will success look like in 5 years?

- Improved health outcomes across the entire population with reduced health inequalities.

- Better monitoring and reporting of health inequalities, including the publication of an annual HSE Health Inequalities report and the integration of equity stratifiers into all regional and national health and social care datasets.

- Equal access to health and social care services for everyone, particularly marginalised communities, with timely and appropriate care.

- Stronger integrated, cross-sectoral collaboration with government departments, community and voluntary sector and local government to address health inequalities and more shared initiatives.

- Increased community participation and equitable community support, resulting in better health outcomes, especially for those facing multiple disadvantage or groups that have been marginalised.

- Implementation of policies which promote equity across all healthcare services and partner organisations.

PRIORITY: 4. Strengthen action on the wider determinants of health

Why is this important?

The wider determinants of health are the social, economic, environmental, and commercial conditions in which people are born, grow, live, work, and age, and people's access to money, power and resources. These interconnected factors have a significant influence on our health and wellbeing and on inequalities in health, leading to lower life expectancy and higher rates of chronic disease and ill-health for people with less power, money or resources. While Ireland has good health outcomes generally, significant inequalities exist across our society. These were exacerbated by the COVID-19 pandemic. There is also a significant body of evidence demonstrating the significant return on investment in early childhood, and the positive and far-reaching, long-term consequences for individuals, societies, and the wider system, beyond health.

Public Health leadership is essential in improving health equity, focusing on the most affected communities and groups, driving universal interventions that support healthy communities and cities, and prioritising interventions focused on those furthest behind. Strong collaboration with public, private, government, and community partners is essential in achieving this priority. Working with partners within the HSE and other sectors, Public Health has a key role in tackling the root causes of inequalities, such as poverty, deprivation, access to education and in the implementation of key policies including Sláintecare and Healthy Ireland. In this way we can significantly improve health and wellbeing, mental health, social connection and quality of life across the life-course, while improving equity.

Our Objectives

1. Enable better social, environmental, economic, educational and commercial conditions in which people are born, grow, live, learn, work and age, supporting healthy environments and communities.

2. Enable every child and young person to have the best start in life and to build a foundation for lifelong health and wellbeing.

3. Promote physical and mental health and wellbeing, and enable everyone across all communities and settings to adopt and sustain healthy behaviours.

4. Focus on addressing or mitigating the influence of commercial determinants and emerging health threats which adversely impact on health behaviours.

5. Promote healthy ageing through evidence-informed public health interventions that prevent age-related chronic diseases, promote healthy behaviours, and support age-friendly environments.

How will we achieve this?

1. **Enable better social, environmental, economic, educational and commercial conditions in which people are born, grow, live, learn, work and age, supporting healthy environments and communities**

1.1 Develop capability to use, and expand use of, health impact assessments and health equity audits, and support their integration into planning and policy development to assess, and communicate the health implications of decisions in relation to policy options across sectors.

1.2 Work with existing structures involving government departments, the community and voluntary sector, and local government to address the social determinants of health, leveraging existing partnerships and the Medical Officer of Health function.

1.3 Advocate for and support policies that build healthy communities and environments such as clean air and water, healthy accommodation and housing, improved access to green and blue spaces and active transport and community health hubs to support health outcomes.

1.4 Strengthen multi-agency collaboration to create safe, supportive environments for children and all vulnerable populations, with the promotion of healthy relationships.

1.5 Advocate for Health in All Policies and a place-based trauma-informed cross-governmental decision-making, that targets specific areas or communities, integrates an understanding of trauma and its effects, and ensures decisions are made with this integrated perspective to improve outcomes and support community healing.

1.6 Support research and evaluation of actions on the wider determinants of health.

2.   Enable every child and young person to have the best start in life and to build a foundation for lifelong health and wellbeing

2.1 Advocate for cross-government policies to reduce child poverty, improve housing and accommodation conditions, and address food insecurity, all of which directly impact children's health and development.

2.2 Support and advocate for equitable access to the National Healthy Childhood Programme, providing universal screening, vaccinations, and developmental assessments through community public health regardless of socio-economic background or geographic location.

2.3 Support and advocate for equitable access to breastfeeding support services, lactation consultants and public health education, focusing on improving breastfeeding rates and ensure tailored and culturally appropriate supports are available where needed.

2.4 Support the development and delivery of health promotion, prevention, early intervention and self-management support initiatives across all education settings, from early years to third level education and including voluntary youth and community services, to enhance the physical, social and emotional development of children and young people.

2.5 Develop and support implementation of evidence-informed programmes that prevent child maltreatment and exposure to violence, prioritising early intervention and trauma-informed care within a child's network and communities.

3.   Promote physical and mental health and wellbeing, and enable everyone across all communities and settings to adopt and sustain healthy behaviours

3.1 Advocate for the development of a government-led national health equity strategy with a framework of clear targets and accountability measures to drive progress on the determinants of health equity.

3.2 Work with communities, HSE, and local government in developing, implementing and evaluating programmes that create conditions to adopt and sustain healthy behaviours in settings where people live, work, learn and play.

3.3 Work with communities to scale up successful evidence-informed programmes that promote community health and wellbeing, belonging and connectedness.

3.4 Strengthen community participation by establishing mechanisms for capturing the strengths, needs, and preferences of diverse populations and communities in health planning at a local level.

3.5 Deliver universal and targeted evidence-informed approaches to supporting self-care to prevent ill-health, disability and early death, such as the Making Every Contact Count Programme, Chronic Disease Self-management support interventions and social prescribing.

3.6 Empower individuals and communities to actively manage their health and wellbeing through promoting and facilitating sustainable healthy behaviours, creating awareness of and access to self-management tools and supports.

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4. Focus on addressing or mitigating the influence of commercial determinants and emerging health threats, which adversely impact on health behaviours

4.1 Reduce the negative impacts of the commercial determinants of health by advocating for stronger regulations in key areas such as tobacco, alcohol, gambling, infant formula, foods that are high in fat, salt, and/or sugar, and fossil fuels.

4.2 Develop and implement HSE policies and guidance aimed at reducing the influence of unhealthy commodity industries on the health of the population.

4.3 Mitigate the impact of unhealthy commodities, industries and emerging health threats that negatively affect public health, including illicit drugs, advocating for stricter policies to protect the public.

4.4 Ensure that Public Health information is accessible and culturally competent for all communities, including refugees, migrants and groups that have been marginalised, and contribute to wider health communication and health literacy.

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5. Promote healthy ageing through evidence-informed public health interventions that prevent age-related chronic diseases, promote healthy behaviours, and support age friendly environments

5.1 Advocate for and support policies that promote healthy ageing including age-friendly environments.

5.2 Deliver universal and targeted evidence-informed approaches to promote healthy behaviours and address loneliness, prevent ill-health, disability and early death, such as the Making Every Contact Count Programme and Chronic Disease Management Programme.

What will success look like in 5 years?

- Stronger intersectoral partnerships between public health, health and social care services, local government, other government departments, education, arts, cultural and sport organisations and community organisations, with structured joint initiatives in place.

- Inclusion of public health expertise in policy and local government planning decisions to shape environments that promote wellbeing.

- Wider government recognition and action on increased physical and social infrastructure to support healthy communities including green and blue spaces, active transport infrastructure, and community health hubs, to support healthier behaviours

- Increased awareness and access to self-management support tools and initiatives to reduce the risk of secondary conditions.

- Increased funding and participation in early childhood development programmes, focused on improving equity.

- Progress on tackling commercial determinants of health, driving new regulatory measures in key areas such as tobacco, alcohol, foods high in fat, sugar and/or salt, gambling and emerging threats from illicit drugs.

- Increased community participation in decision-making and development of public health policies that reflect community needs, strengths and priorities.

- Improved mental health and wellbeing outcomes with improved access to mental health supports.

PRIORITY: 5. Strengthen health services to address population needs, emphasising prevention and early intervention

Why is this important?

Ireland has a growing and ageing population, placing increasing demands on our health care service. Having a strong understanding of our population and their health needs is essential to ensuring that our health service can respond to current and future needs, including unmet needs. Proactive, organised prevention and early intervention is fundamental to keeping our population healthy and addressing the root causes that lead to ill-health. This approach is also essential in ensuring the longer-term sustainability of our health service, and is a fundamental principle of Sláintecare. Through planning, designing, prioritising and delivering health services to maximise their impact on population health outcomes, we can support prevention and early detection of disease, while promoting equitable, timely, quality, efficient, accessible and integrated health services for all. Promoting healthy behaviours in our population is an essential part of prevention. These behaviours can impact our risk of disease, disability and premature death, and include tobacco use, alcohol use, diet, physical activity, and illicit drug use, among others.

Our Objectives

1. Prioritise prevention and early intervention approaches across the life course, across healthcare and through dedicated, evidence-informed programmes.

2. Work with health service providers, patients, service users and communities as equal and active partners in the planning, prioritisation and delivery of health services.

3. Proactively plan and prioritise services based on the needs, strengths and preferences of communities and patients to improve population health and wellbeing and reduce health inequalities.

4. Work with services to design and deliver services that are accessible, integrated, person-centred equitable and culturally safe.

5. Design accessible, targeted and trauma-informed services, where needed, so populations that are underserved and with poor health outcomes achieve equal health outcomes.

6. Measure, monitor, and evaluate the impact of services on population health outcomes and equity.

7. Use equity-efficient resource allocation to optimise population health outcomes and quality of services.

How will we achieve this?

1. Prioritise prevention and early intervention approaches across the life course, across healthcare and through dedicated, evidence-informed programmes

1.1 Take a whole-systems approach to reorient the health service towards prevention and early intervention across the life course.

1.2 Support the development and/or expansion of evidence-informed screening programmes to ensure early diagnosis and intervention for conditions.

1.3 Implement targeted, evidence-informed mental health promotion and suicide prevention programmes tailored for people at higher risk of poor mental health outcomes.

1.4 Support the delivery and evaluation of programmes to support prevention and early intervention in children and young people including Healthy Weight for Children, Community Families Home Visiting Programme, and parenting supports through Sláintecare Healthy Communities.

1.5 Design and implement preventive programmes and services (e.g. reducing falls, preventing and reversing frailty), that enable older adults to live and thrive with the best possible health and wellbeing.

1.6 Support the continued integration of prevention and early intervention into primary care and community settings, through the promotion and evaluation of programmes such as health and mental health screening, immunisation and Making Every Contact Count.

2. Work with patients, service users, communities as active and equal partners in the planning, prioritisation and delivery of health services

2.1 Develop and use evidence-informed methods of co-design and co-development to enable communities, patients and service users to be equal and active partners in planning and designing services.

2.2 Use established models and structures to strengthen community, patient and service user engagement, and develop new models and structures where gaps exist.

2.3 Partner with community organisations to reach diverse populations and address local health needs.

3. Proactively plan and prioritise services based on the needs, strengths and preferences of communities and patients, to improve population health and wellbeing and reduce inequalities

3.1 Establish population based planning as a cohesive and comprehensive approach to assessing population health needs, strengths and preferences to enable evidence-informed prioritisation and planning.

3.2 Develop evidence-informed frameworks and tools to support planners at local, regional and national level to use population based planning approaches.

3.3 Strengthen capacity for health needs assessments and strategic needs and asset assessments across our system, supported by training and expert advisory support.

3.4 Embed population based planning as the foundation of health planning and resourcing at local, regional and national level.

4. Work with services to design and deliver services that are accessible, integrated, equitable and culturally safe

4.1 Develop the definition and understanding of population health and the approach to improving it, incorporating a focus on prevention, early intervention, equity and the wider determinants of health.

4.2 Embed a focused approach to improving population health within all clinical design and delivery in the HSE.

4.3 Enable staff and stakeholders to improve population health by building capability in systems thinking, partnership working and community engagement, use of data and insights from the population, through the provision of a population health improvement toolkit and training.

4.4 Develop and implement interventions that improve the health and wellbeing of the population, whilst also targeting the most vulnerable and/or those at highest risk.

5. Design accessible, targeted and trauma-informed services, where needed, so populations that are underserved, and with poor health outcomes, achieve equal health outcomes.

5.1 Advocate for universal healthcare with equitable access to health and social care for all based on need and trauma-informed policies to create safer, more inclusive services.

5.2 Work closely with partners across the HSE to support inclusion health services and improve healthcare system accessibility.

5.3 Plan care recognising population strengths and preferences and focusing on needs, especially on the additional health needs of deprived and socially marginalised communities.

5.4 Strengthen the awareness and importance of all agencies implementing a trauma-informed approach to violence prevention, focusing on early intervention and support for vulnerable people and populations.

5.5 Support health literacy and the empowerment of individuals to make informed decisions about their healthcare, including clear Public Health communication and promoting health education.

6. Measure, monitor and evaluate the impact of services on population health outcomes and equity

6.1 Leverage data systems and patient and community insights to support the analysis and assessment of the effectiveness of service delivery and interventions in improving population health.

6.2 Implement robust monitoring and evaluation frameworks and leverage existing data to track progress towards population health goals and health equity, and drive improvements in health services and the integration of care.

6.3 Embed data-based decision-making in order to understand and continuously improve services impact on population health outcomes.

7. Use equity-efficient resource allocation to optimise population health outcomes and quality of services

7.1 Develop and support implementation of a value-based approach to healthcare that prioritises quality, efficiency, equity and measurable impact on patient and service user outcomes.

7.2 Build capability in the application of value-based health care methods within Public Health, and across the wider HSE, to identify the most equity-efficient interventions that drive improvement in patient and service user, and population outcomes.

What will success look like in 5 years?

• Evidence-informed prevention and early intervention embedded into all models of care and service delivery.

• Measurable increase in community, patient and service user participation in planning, designing, implementing, and evaluating care services.

• People living in Ireland receive the services that they need and where they need them, through embedding Population Based Planning into national, regional and local planning.

• Patients and service users receive holistic care that improves their health and wellbeing, with greater integration of services, more focus on prevention, equity and the social determinants of their health.

• The most vulnerable people living in Ireland receive the services they need, with an increase in the number of services that are targeted to meet the needs of underserved populations taking account of their circumstances.

• Healthcare interventions continuously generate greater population health improvements, by evaluating and learning from what works and what doesn't.

• Health inequities are reduced and health efficiencies are increased through distribution of resources according to population need and evidence of impact.

PRIORITY: 6. Leverage health information, evidence, research and innovation for better health

Why is this important?

Using health information, evidence, research and innovation is essential for improving everyone's health, reducing health inequalities, and making sure our healthcare system is sustainable. Health information, including data on diseases, risk factors, and outcomes, guides important decisions at every level of care. When we combine the best research with public health expertise and community input, we can design interventions that are more effective and better suited to people's needs. The implementation of the HSE Research Strategy 2019-2029 and the HSE Digital for Care 2030 framework, and initiatives including the HSE App, Shared Care Records, and enhanced public health surveillance and information systems (such as OCIMS and NIIS), are building a strengthened, integrated digital ecosystem which we will leverage to enhance our understanding of and response to population health needs.

Strong health information systems help us to rapidly detect and respond to public health issues and emergencies, including new health threats. Together, health information, evidence, and research, show us where help is needed most and how best to provide it. This knowledge shapes both broad and targeted actions, and how well they work, ensuring we use our resources wisely for the greatest impact and value for money.

Our Objectives

1. Strengthen collaboration with stakeholders to strengthen Ireland's health data ecosystem for high-quality health intelligence.

2. Foster innovation leveraging existing and emerging technologies and digital solutions to enable timely data analysis and forecasting for informed population health action and policy decision-making.

3. Increase partnership with the public in building better health intelligence.

4. Coordinate public health research opportunities, co-design research aligned with service priorities and drive the translation of core research into evidence-informed practice in public health.

5. Improve population health surveillance to increase the provision of trusted, valued and impactful insight and foresight for better health.

How will we achieve this?

1. Strengthen collaboration with stakeholders to strengthen Ireland's health data ecosystem for high-quality health intelligence

1.1 Formalise partnerships for the development and strengthening of health information infrastructure in Ireland and leverage existing HSE digital frameworks, data standards, strategies and roadmaps.

1.2 Inform and influence the integration of available data to create multifunctional data systems and data assets to provide a comprehensive view of population health.

1.3 Collaborate with the academic sector, other government agencies, community organisations and healthcare providers to exploit existing and new health information systems and drive data linkage across sectors, in compliance with ethical and legal requirements.

1.4 Drive and embed the use of data assets and analytical tools across Public Health.

1.5 Drive the integration and use of key Public Health datasets including the Outbreak Control Information Management System (OCIMS), National Immunisation Information System (NIIS), Child Health Information System (CHIS), and Laboratory Information Management System (LIMS).

2. Foster innovation leveraging existing and emerging technologies and digital solutions to enable timely data analysis and forecasting for informed population health action and policy decision-making

2.1 Leverage digital health technologies to inform Public Health activities including population health surveillance, research and communication, enabling us to identify trends, predict risks and inform targeted interventions.

2.2 Work in partnership across the HSE to understand potential public health impact of emerging digital tools and solutions, as part of Digital for Care and the Digital Health Strategic Implementation Roadmap.

2.3 Support the implementation of the Health Information Bill, and harness patient summary data to drive population health analysis and improvements.

2.4 Build and leverage international, national, regional and local networks to support the active contribution of Public Health to innovation and the optimal use of data for driving better population health.

2.5 Ensure that data security and appropriate governance are embedded as a fundamental aspect of existing Public Health systems and emerging processes.

2.6 Consider how evolving technologies, including AI, may influence public health practice, including infectious and environmental diseases, disease surveillance, contact tracing activities and active case finding or screening (with development of new testing technology including near patient testing).

2.7 Work to evaluate and leverage AI in supporting efficiency and innovation in public health practice.

3. Increase partnership with the public in building better health intelligence

3.1 Co-design evidence-informed methods to develop a standardised approach to the collection,analysis and dissemination of perspectives, insights and lived experiences of communities, patients, service users and providers as an integral part of combined health intelligence.

3.2 Leverage available, and support the development of additional, patient reported outcome measures and patient reported experience measures to inform public health activities.

3.3 Partner with our communities, patients and service users to capture their strengths, needs, and preferences ensuring that those that are digitally excluded or from groups that have been marginalised are represented.

4. Coordinate public health research opportunities, co-design research aligned with service priorities, and drive the translation of core research into evidence-informed practice in public health

4.1 Develop and implement a standardised approach to research across Public Health, promoting collaboration, knowledge management and sharing.

4.2 Lead and partner on applications for funded research aligned with identified public health priorities.

4.2 Identify and drive the co-design of research opportunities to align with identified and emerging service priorities and gaps in evidence, inform evidence-informed practice and drive improvement in health outcomes.

4.3 Develop methods to ensure research derived insights are actioned into policy and practice.

4.4 Build trusted and valued Public Health capability to identify, mobilise, translate and implement evidence.

4.5 Lead knowledge product programmes focused on turning information and research into initiative and information-based resources that inform decisions, improve practices, and drive positive change in health and healthcare.

5. Improve population health surveillance to increase the provision of trusted, valued and impactful insight and foresight for better health

5.1 Enhance digital literacy and enhance capacity across HSE Public Health in data management, monitoring trends, real-time analysis, data visualisation, and communication to optimise the use of available data to improve health outcomes.

5.2 Agree a core minimum equity dataset and advocate for equity stratifiers to be embedded in all national and regional health data collection systems across the HSE.

5.3 Utilise and analyse data on health inequality and inequity to inform and evaluate resource allocation and to develop targeted interventions to reduce health inequities.

5.4 Support cultivation of digital literacy across the HSE workforce and among our communities by supporting the development of targeted and accessible learning programmes.

What will success look like in 5 years?

• Provision of robust health information to inform policy, strategy, planning, resource allocation, health service delivery and improve health outcomes.

• Equitable improvement in key population health outcome indicators through implementation of data-driven programmes.

• Established research governance structures and processes.

7. Outcome Measures

We will measure success through a focused set of key performance indicators (KPIs) that track our delivery across priority areas. These KPIs monitor population health outcomes, reduced inequalities, and strengthened disease prevention through indicators including vaccination rates, screening participation, preventable disease mortality, and healthier community behaviours.
These initial outcome measures (Appendix G), which leverage existing robust data collection and analysis, will evolve over the next five years.

We will monitor progress against these outcomes, evaluate the effectiveness of our interventions, identify areas for improvement, and continuously strive for innovative and efficient approaches to ensure the optimal use of public funds and best possible positive impact on population health.

Some key Public Health outcome measures, such as life expectancy, are influenced by many factors, and the benefits of many public health programmes, particularly those focused on disease prevention, can take many years or even decades to become apparent; however, tracking these measures over time is important for understanding the health of our population and informing strategic interventions.

Our initial outcome measures include:

- Life expectancy at birth

- Healthy Life expectancy at 65

- Prevalence of smoking (daily or occasionally)

- Percentage engaging in binge drinking on a typical drinking occasion

- Percentage of adults meeting physical activity guidelines

- Proportion of the population with a healthy weight

- Child development: Percentage breastfeeding exclusively and non-exclusively at first Public Health Nurse visit

- Immunisation: Percentage of children aged 24 months who have received 3 doses of the Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) vaccine (6 in 1)

- Antimicrobial resistance: Consumption of antibiotics in community settings (defined daily doses per 1,000 population) per day based on wholesaler to community pharmacy sales

- Water quality: % of samples in compliance with Escherichia coli standard and/or % of samples in compliance with trihalomethane (THM) standards

- BowelScreen uptake rate

- Incidence of lung cancer

- Mortality rates from avoidable causes

- Prevalence of long-term health conditions (High blood pressure, arthritis, asthma, diabetes, high cholesterol, mental health conditions)

- Households at risk of poverty, deprivation and consistent poverty

- Percentage of people aged 16 and over experiencing deprivation who reported not feeling depressed or down hearted

> Our core aim is to improve healthy life expectancy and reduce the difference in this between the most and least deprived populations.

8. Enablers and Challenges

Effective implementation of this strategy is contingent upon several interconnected enablers. A robust, stable, and appropriately skilled multidisciplinary workforce, supported by training and development within HSE resources, is fundamental to this. This is facilitated by strong leadership and clear governance structures that provide strategic direction, defined ownership, and clear accountability. We also recognise that working in partnership with our communities and stakeholders, fostering collaboration across government departments, and international entities is an essential part of what we do. Additionally, a robust data ecosystem can be leveraged to provide insights into our population supporting data-informed decision-making and public health activities. Collectively, these enabling factors support a strong and resilient foundation for a responsive and effective public health system.

Potential challenges to implementation of our strategy and effective public health practice include internal and external factors. Internally, embedding new governance structures while seeking to align regional and national strategic and operational priorities is an important goal. Externally, we must adapt to our changing demographics, driven by strong migration and an ageing population. This demographic shift places increased demands on health and social care, requiring a strengthened focus on preventative care, chronic disease management, and age-friendly environments.

Key challenges facing Ireland's health landscape include multi-morbidity associated with increased longevity; chronic diseases including cardiovascular diseases and cancer which remain leading causes of death and disability; an increasing prevalence of obesity and associated health issues; persistent health inequalities with a significant gap existing in self-reported Healthy Life Expectancy between the most and least deprived geographical areas; and increasing mental health problems, including depression and anxiety. These factors, combined with the gradual-then-sudden pattern of increasing morbidity in older age, necessitate a comprehensive public health strategy that addresses the wider determinants of health, promotes preventative care, reduces health inequalities and supports a sustainable health and social care system, driving systematic change across the health system.

Additional challenges arise from ensuring sustained investment in public health interventions, emerging technology and understanding the risks and opportunities this can bring, and uncertainty relating to global conflict and economic risks. As part of the HSE, there is also a need to balance and align organisational and Public Health priorities, ensuring that we are optimised to deliver better population health outcomes.

9. Conclusion

This strategy is the first strategy for Public Health in the HSE, setting out our vision for the best possible health and wellbeing for everyone in Ireland. We have articulated our approach to achieving our six priorities over the next five years, providing public health leadership and working in partnership with our communities and key stakeholders inside and outside of the HSE. We recognise the uncertainty due to global conflict and potential economic threats, as well as public health threats, including climate change, our ageing population, increasing obesity, and the need to adapt and respond to these. We are focused on supporting good health and improving health outcomes for our population, focusing on prevention and early intervention, enabling healthy behaviours, and improving health equity.

This strategy demonstrates our commitment to delivering on the public health agenda by maximising our productivity and impact with current resources whilst building capacity for future challenges. Public health will leverage existing partnerships, expertise, and infrastructure to achieve measurable health improvements across all strategic priorities. The strategy emphasises efficient resource utilisation, evidence-informed decision making, and collaborative working to deliver enhanced population health outcomes within available funding whilst demonstrating clear value and return on investment for continued support.

To ensure effective implementation of our strategy, we will launch a three-year strategic action plan that will set out a clear roadmap outlining specific tasks, responsibilities, and timelines, to achieve defined deliverables and outcomes. This is essential in the context of Public Health reform and the need to optimally leverage the investment in Public Health, by delivering improved population health outcomes, delivering accountability and by monitoring and evaluating the impact of this strategy through a focused suite of KPIs. This strategic action plan will support adaptability, and ingestion of new learning and advancements in our strategy implementation. This plan, developed with input from our stakeholders will support delivery of the key strategic aims and objectives set out in this strategy including a comprehensive multidisciplinary Public Health workforce plan, a competency framework to identify the knowledge, skills and training needs of Public Health, and a Public Health communication strategy.

10. Glossary

Baseline Public Health skills: the abilities that professionals in public health need to deliver public health activities including population health assessment, surveillance, disease and injury prevention, health promotion and health protection.

Climate change adaptation: actions taken to adjust to the actual or expected effects of climate change, including preparing for and responding to the impacts of a changing climate.

Community engagement: an approach involving communities in the development and implementation of public health initiatives.

Culturally competent: the ability of an individual to understand and respect values, attitudes, beliefs, and norms that differ across cultures, and to consider and respond appropriately to these differences in planning, implementing, and evaluating health education and promotion programmes and interventions.

Data analysis: working with data to extract useful information and support data-informed decision-making.

Data collection: the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcome.

Data-driven decision-making: use data to monitor health trends, identify emerging issues, and evaluate the impact of interventions.

Demographic data: general statistics that characterise different groups and subgroups within a population, including information such as age, gender, ethnicity, education, and marital status.

Disease burden: the impact of specific diseases on the population, measured in terms of mortality, morbidity, disability and financial cost or other indicators.

Disinformation: deliberately false information that is created and spread with the intent to deceive or cause harm.

Epidemiological data: information on the distribution and determinants of health-related states including disease prevalence, incidence, mortality rates, and risk factors among specified populations and its application to control health problems.

Equity-efficient resource allocation: achieve efficiency (maximising health benefits given limited resources) whilst not compromising equity (fair distribution of resources).

Evidence-based practice: an approach involving the utilisation of the latest scientific evidence to inform public health policies and programmes.

Environmental degradation: the deterioration of the environment through depletion of resources such as air, water and soil; the destruction of ecosystems and the extinction of wildlife.

Health in All Policies: integrated health considerations into all government policies and programmes.

Health Equity Assessment: an assessment enabling multiple audiences to systematically identify and embed action on health inequity and equity in their work programme or service.

Health Impact Assessment: process used to determine the impact of proposed policies, laws, programmes or plans on the health of communities to ensure they are more inclusive, more equitable, and more sustainable for everyone.

Health Needs Assessment: structured collaborative approach to understanding the needs of the population, identifying priorities, and informing processes to ensure the provision of equitable and accessible services that will have greatest impact on the health of the population.

Health inequalities: Differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age.

Health inequities: Differences in health that are unnecessary, avoidable, unfair, and unjust. Health inequities are health inequalities that are socially produced, systematic in their distribution across the population, and unfair.

Mal-information: based on genuine information, but it is used out of context, manipulated, or selectively presented to cause harm.

Misinformation: false or inaccurate information that is shared without the intent to deceive.

One Health: an integrated, unifying approach that aims to sustainably balance and optimise the health of people, animals and ecosystems. It recognises that the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent.

Place-based approach: an approach focused on the specific needs, preferences, assets, and context of a particular geographic area or community, with solutions tailored to the unique characteristics of that place.

Population health approach: an approach focused on the health of the entire population, rather than individuals.

Prioritisation: involves ranking or ordering identified needs based on factors such as the impact of the health issue on individuals and the population, the availability of effective interventions to address the problem, and the value-for-money of different interventions.

Qualitative data: information on people's experiences, perceptions, preferences, strengths and needs, gathered through surveys, focus groups, and interviews.

Service utilisation data: information on the use of health services, such as hospital admissions, General Practitioner visits, and community health and social care services.

Social prescribing: a formalised referral process enabling healthcare professionals that connects individuals with non-medical community-based interventions to enhance health and wellbeing, including diverse social, emotional, and practical supports.

Trauma-informed practice: an approach that recognises the widespread impact of trauma and adversity on individuals and communities, and how this trauma can affect people's behaviour, health, and engagement with services, and ensures that policies and practices avoid re-traumatisation while promoting safety, trust, and healing.

Unmet needs: the presence of healthcare needs for which people do not or cannot receive quality healthcare.

Wrap-around frontline services: a holistic and integrated model of support delivered directly to individuals and families with complex needs. This approach coordinates various services and professionals to address interconnected challenges comprehensively. By bringing tailored assistance to the point of need, these services aim to enhance accessibility and effectiveness of support delivery.

Zoonotic infection: diseases caused by infections that spread between animals and people.

11. Appendices

Appendix A:

Acknowledgements

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The project team would like to acknowledge those working in the HSE particularly across national and regional Public Health multidisciplinary teams, Health and Wellbeing, Social Inclusion, Global Health, and Environmental Health; all the individuals, teams and other organisations that participated in the consultation process; to our patients, service users, community members and groups, who dedicated significant time and engagement in the co-design and commitment to the outputs of this strategy; and to the project team members who worked tirelessly over a short period of time to make the strategy a reality.

Appendix B:

Membership and Terms of Reference of the Expert Advisory Group

Name	Title/role
Professor Patricia Fitzpatrick (Chair)	Full Professor of Epidemiology & Biomedical Statistics, and Head of Subject for Public Health at University College Dublin
Dr Tracey Cooper	Chief Executive Officer, Public Health Wales and former head of the Health Information and Quality Authority (HIQA)
Professor Yvonne Doyle	Former Medical Director for Public Health, NHS England and NHS Improvement
Professor Lourda Geoghegan	Deputy Chief Medical Officer, Northern Ireland
Professor Elizabeth Keane	Former Adjunct Professor University College Cork and Consultant in Public Health Medicine, HSE
Dr Geraldine McDarby	Consultant in Public Health Medicine, HSE, Former WHO Consultant, Health Systems Resilience & Essential Public Health Function team
Professor Ivan Perry	Professor of Public Health & former Dean of the School of Public Health University College Cork
Dr Mairin Ryan	Director of Health Technology Assessment & Deputy Chief Executive Officer, HIQA
Dr Anne-Catherine Viso	Directeur de la Mission Scientifique et Internationale, Santé Publique

Terms of Reference:

- Advise the Steering Group on the development of the HSE Public Health Strategy
- Receive and consider updates from the Steering Group on the process and progress, and provide advice
- Provide an expert opinion on Public Health strategic priorities
- Directly advise the project team on the strategy development as needed
- Provide advice on the final HSE Public Health Strategy document

Appendix C:
Membership and Terms of Reference of the Steering Group

Name	Title/role
Dr John Cuddihy (Chair)	National Director of Public Health, HSE
Mary Murphy	Age Action Ireland
Tibbs Pereira	Patients for Patient Safety Ireland
Dr Michael Carton	Principal Epidemiologist, HPSC, HSE
Dr Fionnuala Cooney	Regional Director of Public Health, HSE
Prof Martin Cormican	Consultant Microbiologist, HSE and Professor of Bacteriology
Dr Philip Crowley	National Director for Wellbeing, Equality, Climate & Global Health Strategy, HSE
Dr Lorraine Doherty	Former National Clinical Director of Public Health, HSE
Pat Healy	National Director National Services and Schemes, HSE
Prof Cecily Kelleher	Dean of the Faculty of PHM, RCPI
Dr Kevin Kelleher	Former Assistant National Director and Public Health advisor to the Chief Clinical Officer, HSE
Dr Keith Lyons	Principal Officer, Office of the Chief Medical Officer, Department of Health (CMO nominee)
Dr Mai Mannix	Regional Director of Public Health, HSE
Deirdre McNamara	Director of Strategic Programmes, HSE
Dr Austin O'Carroll	General Practitioner (GP) & Programme Director North Dublin City GP Training Programme
Vincent O'Shea	National Coordinator Healthy Ireland, Local Government
Dr Alice Quinn	Senior Medical Officer, Public Health, HSE
Dr Anne Sheehan	Regional Director of Public Health, HSE (REO nominee)
Toney Thomas	Director of Nursing, Health Protection, HSE
Liam Woods	Former National Director for the Health Regions Programme, HSE

Terms of Reference:
• Oversee and approve the project plan for the development of the HSE Public Health Strategy
• Oversee the work of the strategy development project team
• Ensure alignment of the strategy with national strategies
• Communicate to the Chief Clinical Officer, and relevant stakeholders as appropriate, on the Strategy Development
• Approve final HSE Public Health Strategy document

Appendix D:

Public Health Reform

Public Health reform aligns with Sláintecare[6] which sets out a vision of a universal, equitable healthcare system, supporting community-based care, with prevention and public health as a fundamental principle. The Crowe-Howarth report on the Role, training and Career Structures of Public Health Physicians in Ireland[7] highlighted the need for a strong Public Health infrastructure, with a broadened operational remit, with strong leadership and governance, a multidisciplinary workforce led by Consultants in Public Health Medicine, and enhanced capacities in public health research and evaluation to drive improvements in population health and disease prevention. The Scoping Inquiry into the CervicalCheck Screening Programme[8] emphasised the importance of robust governance and a transparent, population-based approach with strong communication, aligned with public health core principles.

The emergence of the COVID-19 pandemic acted as a powerful catalyst, accelerating reform efforts and leading to substantial government investment in Public Health. This period saw the initiation of a comprehensive Public Health Reform Programme, designed to fundamentally reshape and fortify the delivery of public health in the HSE. The pandemic exposed the critical importance of a robust Public Health function with strong leadership and governance, not only for immediate crisis management, but also for addressing longer-term challenges, including climate change and changing demographics including an ageing population.

The necessity to learn lessons from COVID-19 and improve pandemic preparedness led to the convening of the Public Health Reform Expert Advisory Group (PHREAG),[9] who provided recommendations aimed at strengthening national preparedness and public health more broadly, again highlighting the need for strong leadership and governance in the delivery of public health activities. The work of the PHREAG was informed by the World Health Organization's review on the Essential Public Health Functions in Ireland,[10] with recommendations for strengthening strengthening public health action in order to support health system sustainability and resilience. The Crowe report 'Considering a Multidisciplinary Public Health Workforce in Ireland'[11] sets out issues for consideration in developing a multidisciplinary workforce in Public Health, as well as potential learnings from other systems, in particular in the UK. Most recently, the Report of the Emerging Threats Function Expert Steering Group[12] provided recommendations in relation to Health Security Emergency Response.

The Public Health reform process commenced the strengthening public health leadership and governance through the establishment of a broadened Public Health function supporting the National and Regional delivery of public health activities across the domains of Public Health. An enhanced Public Health workforce involves consultant-led, multidisciplinary team-working across health protection, health intelligence, health service improvement, health improvement and child health public health. This delivery model was designed to ensure that Public Health can effectively respond to current, emerging and future health threats, support healthcare service sustainability and its reorientation to prevention and early intervention.

Additionally, the implementation of the six Sláintecare Health Regions, has devolved greater autonomy and budgetary control to the regions, empowering them to tailor services to the specific

needs of their populations. This aims to enhance integrated care and collaboration between primary care, community health services, and acute hospitals, thereby improving access, reducing waiting times, and supporting a more equitable distribution of healthcare resources. This reform process has directly impacted on governance structures within Public Health, with the Regional Departments of Public Health, led by a Regional Director reporting to a Regional Executive Officer.

While the international direction is towards the development of intersectoral approaches to public health, and associated strategy development, this strategy is within the context of the HSE, and the established public health function, and seeks to embed the new public health function within the HSE and with key partners in order to build the foundations so as to maximise the value from this significant investment.

Appendix E:
Public Health Legislation

The Medical Officer of Health Role

The legislation underpinning the Medical Officer of Health (MOH) role establishes a framework for safeguarding public health, primarily through the control and investigation of infectious diseases. The Health Acts of 1947 and 1953, and the Infectious Disease Regulations of 1981, grant MOHs the authority to mandate the notification of infectious diseases, investigate outbreaks, and enforce disease control measures. Furthermore, the Health (Duties of Officers) Order of 1949 outlines the broader responsibilities of MOHs, including epidemiological surveillance and providing advisory roles to local authorities in relation to planning, and services relating to maternal and infant welfare. This empowers MOHs to proactively address public health threats and ensure the wellbeing of the population through organised and regulated interventions.

Public Sector Equality and Human Rights Duty

The Public Sector Equality and Human Rights Duty, Section 42, Irish Human Rights and Equality Commission Act 2014, mandates that public bodies, including the HSE and those responsible for public health, actively promote equality, protect human rights, and eliminate discrimination in all their functions. This duty directly impacts public health by requiring that policies and services are designed and delivered in a way that addresses health inequalities and ensures equitable access for all, particularly marginalised and vulnerable groups. It necessitates consideration of the diverse needs of the population, including factors such as age, gender, ethnicity, disability, and socioeconomic status, to create inclusive and effective public health strategies. By embedding equality and human rights principles into public health practice, the duty aims to achieve better health outcomes for everyone and create a more just and equitable society.

International Health Regulations

The International Health Regulations (IHR) are a legally binding international agreement designed to prevent and respond to the international spread of disease. They provide a framework for countries to detect, report, and respond to public health emergencies of international concern. The IHR foster global cooperation in disease surveillance, information sharing, and coordinated responses, aimed at protecting populations from the cross-border spread of infectious diseases and minimising the disruption caused by outbreaks. The HSE has a central role in implementing the IHR in Ireland. The National Health Protection Office and Health Protection Surveillance Centre serve as Ireland's national WHO IHR focal point for communicable diseases and the designated Competent Body for liaison with the European Centre for Disease Prevention and Control.

Appendix F:

Public Health Organogram

Consultants in Public Health Medicine are embedded in many functions across the HSE, nationally and regionally, as captured below:

Appendix G:

Outcome Measures – Baseline Values

Measure	Baseline
Life expectancy at birth	Female 84.3yrs (2022) Male 80.5yrs (2022)
Life expectancy at birth - difference between the most and least deprived	KPI to be developed
Healthy life expectancy at birth	82.6 years (2022)
Disability-free life expectancy	66 years (2022)
% children aged 24 months who have received 3 doses of the Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) vaccine (6 in 1).	92% (2024)
Antibiotic use in the community (daily doses per 1,000 population)	21 (2024)
% of Samples in Compliance with E. coli Standard and/or % of Samples in Compliance with THM standards, by Public water supplies	E. coli 99.95% (2023) THM 95.52% (2023)
Households at risk of poverty, deprivation and consistent poverty	33.8% (2023/2024)
Percentage of people who reported not feeling depressed or down hearted in those experiencing deprivation	37.6% (2024)
Prevalence of smoking (daily or occasionally)	17% (2023/2024)
Percentage engaging in binge drinking on a typical drinking occasion	28% (2023/2024)
Percentage of those age 15 years and older meeting physical activity guidelines	41% (2023/2024)
Proportion healthy weight	42% (2023/2024)
Breastfeeding exclusively and non-exclusively at first Public Health Nurse visit	60.9% (2024)
Uptake of BowelScreen	41% (2024)
Incidence of lung cancer per 100,000	64.3 (2020-2022)
Prevalence of long-term health conditions (High blood pressure,arthritis, asthma, diabetes, high cholesterol, mental health conditions) for those aged 15 and older living in Ireland	41% (2023/2024)
Standardised mortality rates from avoidable causes in those less than 75 years (per 100,000)	217.6 (2021)

Appendix H:

Key HSE Public Health Strategies, Plans and Reports

- Health Service Executive: Health Protection Strategy 2022-2027, Prevent & Protect
  https://www.hpsc.ie/hpstrategy/HSE%20Health%20Protection%20Strategy%202022_2027.pdf

- HSE National Immunisation Office Strategic Plan 2024-2027
  https://www.hse.ie/eng/health/immunisation/infomaterials/niostrategy.pdf

- HSE Striving to End Tuberculosis – A Collaborative Tuberculosis Strategy for Ireland: 2024-2030
  https://www.hpsc.ie/a-z/vaccinepreventable/tuberculosistb/tbstrategy/Striving%20to%20End%20TB%20A%20Strategy%20for%20Ireland.pdf

- Health Improvement Operational and Strategic Plan 2025
  https://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/howweimprovehealth/hsi-plan-2025.pdf

- HSE Public Health: Health Inequalities Position Paper2025
  https://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/howweimprovehealth/hse-public-health-health-inequalities-position-paper.pdf

- HSE Child Health Public Health 2024 Annual Report https://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/child-health-public-health/annual-report-2024.pdf

Appendix I:

References

[1]   Institute for Clinical Systems Improvement. Going beyond clinical walls: solving Complex problems, 2015

[2]   Central Statistics Office https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationestimatesapril2024/keyfindings/

[3]   Central Statistics Office https://www.cso.ie/en/releasesandpublications/hubs/p-opi/olderpersonsinformationhub/ageingpopulation

[4]   Central Statistics Office https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationestimatesapril2024/keyfindings

[5]   Central Statistics Office. Survey on Income and Living Conditions (SILC) 2022 https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionssilc2022/poverty/

[6]   Houses of the Oireachtas Committee on the future of healthcare, Sláintecare Report, 2017

[7]   Crowe Horwath. Final report to the Department of Health on the Role, Training and Career Development of Public Health Physicians, 2018

[8]   Dr. Gabriel Scally. Scoping Inquiry into the CervicalCheck Screening Programme, 2019

[9]   Report of the Public Health Reform Expert Advisory Group, 2023 https://assets.gov.ie/268874/7bacbda9-cf87-49c3-a804-3b343235c49c.pdf

[10]   World Health Organization. Essential public health functions in Ireland, 2023 https://www.who.int/publications/i/item/9789240057449

[11]   Crowe. Final report to the Institute of Public Health. Discussion paper: Considering a Multi-disciplinary Public Health Workforce in Ireland, 2023

[12]   Report of the Emerging Health Threats Function Expert Steering Group, 2024 https://assets.gov.ie/309946/d0736dcc-6dcc-40dd-94e4-67c4740d733c.pdf#page=null

Image References

1. Central Statistics Office Population Estimates 2024

2. Central Statistics Office Census 2022

3. National Health Service Improvement Regional Population Profile, CSO data 2022

4. Eurostat 2022

5. Healthy Ireland 2022

6. Tilda Irish Longitudinal Study on Ageing, Wave 5

7. HSE Child Health Public Health Report 2023

8. Central Statistics Office Vital Statistics Annual Report 2023

9. Central Statistics Office Education Attainment Thematic Report 2024

10. Central Statistics Office Growing up in Ireland Survey Cohort '24

11. Central Statistics Office Suicide Statistics 2021

12. Central Statistics Office Survey on Income and Living Conditions 2023

13. HSE National Service Plan 2025

14. Department of Housing, Local Government & Heritage, Homelessness Report June 2025

14. Health Research Board Drugnet 2024

15. International Protection Accommodation Service (IPAS) Statistics/Facts and Figures, Government of Ireland, August 2025

16. McManus et al, Experience of self-harm and suicidality in a community sample of Irish Travelers, European Psychiatry, 2023

17. Dooley B et al. My World Survey 2: The National Study of Youth Mental Health in Ireland. 2019

18. Bracken-Scally M et al. Office Report of the Second Irish National Audit of Dementia Care in Acute Hospitals. Offaly: National Dementia Office, 2020

Public Health Strategy 2025-2030