Joint Committee on the Implementation of the Good Friday Agreement, 16th December 2025

Let me begin by thanking the Chair for the invitation to the ESRI to appear before the Committee and for the opportunity to discuss ESRI work comparing the economies of Ireland and Northern Ireland. I am Professor Seamus McGuinness and I am joined by my colleague Professor Sheelah Connolly.

Together we have been involved in producing comparative research on differences on health outcomes and the health system in Northern Ireland and the Republic of Ireland. The majority of our research in this area has been undertaken as part of the joint research programme between the ESRI and the Shared Ireland Unit in the Department of the Taoiseach. We would like to point out from the outset that, relative to other comparative studies undertaken as part of this joint research programme, research on health status and the relative performance of both health systems has proven particularly problematic as a result of very limited available comparable data. We will briefly summarise some of our key findings on the relative performance of the healthcare systems to date before providing further details on the nature of some of the data issues constraining comparative research on health systems and outcomes in Northern Ireland and the Republic of Ireland.

An analysis of the Primary care systems of Ireland and Northern Ireland

This report was published in March 2022 and represents our most substantive research project to date, comparing the health systems of the Republic of Ireland and Northern Ireland. The report notes that a key distinction between the healthcare systems is the existence of a universal healthcare system in Northern Ireland, whereby all resident individuals are entitled to a wide range of health and social care services that are almost entirely free at the point of use. Conversely, in the Republic of Ireland, a majority of the population pay out of pocket for a range of healthcare services, including general practitioner (GP) and other primary care services. In the Republic of Ireland, there is much greater private provision of healthcare services, and a larger proportion of the population is covered by private health insurance. Despite these differences, both systems are currently facing similar challenges, including increasing demand for healthcare services, increasing expenditure and workforce shortages. The 2022 report attempted to compare a range of indicators across the two jurisdictions including GP provision and utilisation, healthcare expenditures (RoI and UK), unmet healthcare needs, the use of preventative services, avoidable hospitalisations and waiting times for hospital-based services.

Some of the key findings from this research are as follows. The number of GPs per capita was found to be similar across the jurisdictions; however, no comparable data were available on the number of whole-time equivalent (WTE) GPs. The available evidence leads to no clear conclusions regarding whether GP utilisation is higher in either jurisdiction. The study uncovered higher levels of unmet healthcare needs due to affordability issues in the Republic of Ireland relative to Northern Ireland. However, the most common reason for unmet healthcare needs in both systems relates to long waits to access care. In terms of avoidable

hospitalisations[1], neither system consistently performed better than the other. For example, the hospitalisation rate related to influenza and pneumonia was 30 per cent higher in Northern Ireland, while the hospitalisation rate for chronic obstructive pulmonary disease (COPD) was found to be 18 per cent higher in Ireland.

The authors raise a number of policy related conclusions on the basis of the 2022 study. While affordability constraints contribute to higher levels of unmet healthcare needs in the Republic of Ireland, the implementation of the Sláintecare reform proposals, which is aimed at ensuring that access to primary healthcare services in the Republic of Ireland is based on need rather than ability to pay, would mean a greater alignment between the healthcare systems of the Republic of Ireland and Northern Ireland. A significant barrier to accessing healthcare in both jurisdictions relates to the long waiting times for hospital-based services. While there have been some reductions in waiting times in both jurisdictions since the Covid-19 pandemic, waits for many hospital-based services remain high on both sides of the border. Reducing these waits, in particular in a system of increasing demand, will require a multifaceted approach, with an emphasis on service delivery, workforce capacity and skill mix in both jurisdictions.

Findings on Health Related Outcomes and Expenditures from the 2025 Comparative Economic Report

In our 2025 assessment of the Northern Ireland and Republic of Ireland economies, it was found that per capita government expenditure on health in the Republic of Ireland exceeds the level of per capita expenditure in Northern Ireland. In this research we calculated the per capita gross government expenditure for 2022–2023, adjusted for purchasing power parity (PPP) for the various components of government expenditure. We found that health spending accounts for 26.3 per cent of per capita government expenditures in the Republic of Ireland compared to 17.3 per cent in Northern Ireland. In nominal terms, per capita government spending on health in 2022 / 2023 was estimated at €4,739 in Northern Ireland and €5,853 in the Republic of Ireland, a gap of 23.5 per cent in per capita health spending favouring the Republic of Ireland. This study also examined hospital inpatient and outpatient waiting lists per 1,000 population for both jurisdictions in 2024. For waits of between zero and six months, waiting times for inpatient and outpatients are similar; however, the proportion with very long waits was found to be much higher in Northern Ireland. For example, there was 1 person per 1,000 population on an inpatient waiting list for more than 18 months in the Republic of Ireland, compared to 20 persons per 1,000 in Northern Ireland. With respect to outpatient waiting lists, the research found that there were 10 persons per thousand in the Republic of Ireland on a waiting list for more than 18 months compared to 66 persons per thousand in Northern Ireland. Combining both inpatient and outpatient data, the research found that

[1] Avoidable hospitalisations are hospital stays for conditions which, with appropriate primary care, might have been avoided; they include stays related to influenza and pneumonia, urinary tract infections and chronic obstructive pulmonary disease.

there were 86 persons per 1,000 population on a waiting list (inpatient plus outpatient) for more than 18 months in NI, compared to 12 persons per 1,000 in the Republic of Ireland.

The 2025 study calculated the number of hospital beds per 1,000 population in Northern Ireland and the Republic of Ireland between 2009 and 2022. While the rate of hospital bed provision was substantially higher in Northern Ireland in 2009, at 4.1 beds per 1,000 compared to 2.8 in the Republic of Ireland, this gap has gradually narrowed over time by virtue of per capita declines in provision in Northern Ireland. By 2022, the number of hospital beds per thousand population stood at 3.2 in Northern Ireland and 2.9 in the Republic of Ireland.

The 2025 study was also able to examine infant mortality rates per 1,000 live births in the Republic of Ireland, the UK and Northern Ireland over the period 2012 to 2022 . In 2012, Infant mortality rates in Northern Ireland and the Republic of Ireland were broadly equivalent and below the UK average. However, the intervening period has seen infant mortality rates falling in both the Republic of Ireland and the UK as a whole, but rising in Northern Ireland. In 2021, infant mortality rates per 1,000 live births were 2.8 in the Republic of Ireland, 3.6 in the UK and 4.8 in Northern Ireland. The emergence of a substantial infant mortality rate gap between Northern Ireland and the Republic of Ireland over the period 2009 to 2021 is an extremely worrying development.

Finally, life expectancy in both jurisdictions is an indicator that reflects the impact of multiple well-being determinants across a range of areas, including income levels, educational attainment but also access to health services, including preventive services. In 2000, life expectancy of children aged under one in the Republic of Ireland was approximately one year lower than that in Northern Ireland. The rates converged around 2006, with life expectancies increasing more quickly in the Republic of Ireland relative to Northern Ireland thereafter. In 2021, life expectancy for children aged below one in Ireland was 82.4 years compared to 80.4 years in Northern Ireland, a gap of two years.

Concluding Comments

To conclude, it is important to state from the outset that comparative research into health systems and outcomes in both jurisdictions is much less developed than other aspects of society, such as Education or the economy, due to a lack of comparable data. While the two respective administrations publish a range of health system indicators, differences in how the indicators are defined, collected and reported mean that accurate comparisons are often not possible.

Despite these challenges, our research allows us to draw some broad conclusions on how health and the health systems compare. Currently, both systems are facing similar challenges, including increasing demand for healthcare services arising from, in part, an ageing population, increasing expenditure and workforce shortages. While in the past, health outcomes tended to be better in Northern Ireland relative to the Republic of Ireland, this has changed in recent years, with the Republic of Ireland now performing better than Northern Ireland in terms of infant mortality and life expectancy. Financial barriers to accessing healthcare are greater in the Republic of Ireland; however, access issues arising from long

waits for public hospital services are an ongoing issue in both jurisdictions, despite some improvements in recent years.