

## The Annual PL07 Programme *Development and better adaptation of health care to demographic and epidemiological trends* Report for the year 2015

### Annotated<sup>1</sup> Template Annual Programme Report EEA and Norwegian Financial Mechanisms 2009-2014

This annotated template is drafted to encourage and guide the Programme Operators to produce **concise, results-based** programme reports that will give an account of progress and results that contribute to the expected outcomes and the programme objective. This template will help to ensure that the requirements of the Programme Operators Manual (POM) are met.

Checklist questions before submitting the Annual Programme Report	YES	NO
Does the executive summary serve as a stand-alone document?	X	
Does this report provide analyses on how activities so far have contributed to progress towards targeted results using agreed output and outcome indicators?	X	
Have successful bilateral achievements been highlighted?	X	
Have all the sections in the Annual Programme Report been addressed, including any relevant horizontal concerns?	X	

The Annual Programme Report is prepared by the Programme Operator and shall give an overview of the implementation of the Programme with direct reference to the information provided in the Programme proposal and the requirements of the Programme Agreement. The information provided in the report shall be limited to the reporting period (the previous calendar year), without repeating what has previously been reported on. The reports shall be submitted as set out in the MoU and the Regulations (ref. Article 5.11 of the *Regulation*). The deadline for submission is 15 February.

The Final Report shall focus on achievement of the Programme objectives, expected outcome(s) and outputs. Only the main elements of the implementation of the Programme shall be included. The reporting period is in the case of the Final Report the same as the entire Programme period (ref. Article 5.12 of the *Regulation*).

The main body of the report should not exceed 20 pages, excluding any attachments. The report shall consist of the sections set out below.

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<sup>1</sup> Annotations, in blue text, accompany the structure and description outlined in the Programme Operators Manual.

## 1. Executive summary

This section shall provide a short summary of the principal findings and points of the report.

The implementation of Programme PL07 responds to the main challenges created by demographic and epidemiological trends. It should be noted that nowadays two main trends can be observed: decrease in population caused by the reduction in births and a longer life longevity (ageing of the society) with simultaneous drop in the number of healthy life years. The analysis of detailed data indicates a significant growth in the demand for nursing and caring services. In Poland, the main causes of death are cardiovascular disease and cancer. They account for over 70% of all deaths. The third group of causes are injuries and poisonings, accounting for 6.2% of all deaths.

The implementation of PL07 Programme in 2015 involved mainly the substantive implementation of projects, for which the agreements have been closed in the previous year. In 2015, according to the recommendations of the Project Selection Committee, subsequent agreements have been signed, for the remaining allocation available, including an increase of co-financing amount in 6 projects where the co-financing granted was lower than 80%. 4 new agreements have been signed for the total value of 11 415 443 PLN from co-financing (one of the agreements has been closed as a result of a withdrawal of a project by one of the beneficiaries, the remaining ones, as a result of a reallocation between the budget lines within the Programme).

Summing up the whole process of selecting projects, until the end of 2015, 37 agreements with project promoters on implementation of projects have been signed for the total value of co-financing of 227 034 999 PLN.

Throughout the whole 2015 the Programme Operator continued intensive information and promotion activities (e.g. information service point, website, trainings for project promoters) and actions for strengthening bilateral relations (e.g. organisation of a study visit for the Norwegian delegation, call for proposals to the Fund for Bilateral Relations at the programme level, website, announcements in the nation-wide press, seminar for healthcare sector entities both in Poland and in Norway). Furthermore, the Programme Operator organised in Warsaw a meeting of Programme Operators from the field of Healthcare initiatives combined with training workshops on communication issues. In order to strengthen the bond between the Donor States and beneficiary States, the representatives of the Programme Operator took part in the OPs meeting in Prague, Czech Republic.

In addition, the Programme Operator in co-operation with the Norwegian Directorate of Health, organised an international seminar on inequalities in health, aiming also at exchanging experiences in implementing national strategies on reducing inequalities in health, which gathered nearly 100 participants, representatives of the Polish and Norwegian science, central administration, experts on geriatrics, social inequalities in health, demographers and sociologists.

Where appropriate and necessary, the Programme Operator, in accordance with Article 4.8 of the Regulations, updated the documents developed in 2013: Description of the Management and Control System and the Manual of Procedures and Audit Trails for the Programme.

It should be stressed that the Donors have granted their acceptance to the extension of the eligibility date of expenditures within 25 projects until 30 April 2017 at the latest. Thanks to this

the project promoters who filed for the extension will have a chance to successfully implement and close their projects and use potential savings. As a result of Addendum no 3 to the Programme Agreement the eligibility date of Programme costs has been extended to 31 December 2017.

The main challenge facing the Programme Operator in 2016 is to effectively monitor the implementation of projects, submitting the expenditures for certification and substantial as well financial closure of projects ending in 2016.

## 2. Programme area specific developments

With reference to the information provided in the Programme proposal (in particular chapter 3.3 on the relevance of the programme), describe important developments in the Programme area, also in respect of policy, financial or administrative changes.

### Statistics and trends in health care

#### *Life expectancy*

According to the report published by the OECD in November of 2015 Health at a Glance: OECD Indicators, life expectancy at birth continues to increase steadily in OECD countries, going up on average by 3 to 4 months each year and in 2013 reached on average 80,5 years (83,1 years for women and 73,8 years for men)<sup>2</sup>. In the European Union this indicator reached on average 79,6 years (83,3 years for women and 77,8 years for men)<sup>3</sup>. In Poland life expectancy amounted to 77,1 years (81,2 years for women, 73 years for men) what confirms the growing trend.<sup>4</sup> According to Eurostat data, it is expected that by 2080, life expectancy at birth for men and women will rise respectively to 90.4 and 85.7 years in Poland.<sup>5</sup>

On average in the EU in 2013, women lived six years longer than men. However, this difference between sexes disappears in relation to the number of healthy life years (defined as the number of years lived without limitation of activity). In 2013 women in the EU could expect to live 61.5 years free from any form of disability, what constitutes 74% of the life expectancy at birth, just 0.1 years more than men.<sup>6</sup> In case of Poland, life in good health for women and men was 62.7 and 59.2 respectively.<sup>7</sup>

The percentage of the population aged 65 and over, which started to rise sharply from the latter part of the last century, is continuing to rise. On average across OECD countries, the share of the population aged over 65 years has increased from less than 9% in 1960 to 15% in 2010 and is expected to nearly double in the next four decades to reach 27% in 2050. In about two thirds of OECD countries, at least one quarter of the population will be over 65 years of age by 2050.<sup>8</sup> In 2013, according to the OECD data, average life expectancy at the age of 65

<sup>2</sup> <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

<sup>3</sup> <http://ec.europa.eu/health/dyna/echi/datatool/index.cfm?indlist=10a>

<sup>4</sup> <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

<sup>5</sup> <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

<sup>6</sup> <http://appsso.eurostat.ec.europa.eu/nui/show.do>

<sup>7</sup> <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

<sup>8</sup> <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

was 19,5 years: 21 years in case of women and 18 years in case of men.<sup>9</sup> In the EU this indicator also increased, and was on average 20.5 years for women and 18 years for men. The difference in average life expectancy at the age of 65 between the countries with the highest and lowest life expectancy is about six years (minimum average value: 15,5 years; maximum average value: 21,6 years). In Poland, in 2013 the average life expectancy of women aged 65 years was 19.9 and 15.4 for men.<sup>10</sup>

#### *Demand for nursing and caring services*

Increased life expectancy at age 65 does not necessarily mean that the extra years lived are in good health. In Europe, an indicator of disability-free life expectancy known as “healthy life years” is calculated regularly. In 2013 this indicator, measured for persons aged 65 and over in the European countries reached on average 9 years for men and 9,1 years for women. In Poland the value of this indicator reached 7,2 years for men and 7,8 for women, what constitutes a lower value than the EU28 average (8 and 8,5 years respectively) and is almost a half less than the maximum value of 15,1 years (annotated in Iceland and Norway).<sup>11</sup>

It is estimated that on average across OECD countries, 4% of the population were 80 years old and over in 2010. By 2050, the percentage will increase to 10%. The speed of population ageing is particularly rapid in In the European Union, where the share of the population aged 80 years and over increased from 1.5% in 1960 to nearly 5% in 2010, and is expected to rise to 11% by 2050.<sup>12</sup>

The above data suggest a significant growth in the demand for nursing and caring services. Assuming that the scale of the demand for services for dependent persons is determined by the number of people of 80 years and more, the forecasts are as follows: in 2035, the total number of people of 80 years and more will increase by up to 125.8%, while the number of people aged 65 years and more will increase by 62.9% as compared to 2007.<sup>13</sup>

#### *Causes of death*<sup>14</sup>

Despite substantial declines in recent decades, cardiovascular diseases remain the main cause of mortality in most OECD countries, accounting for nearly one-third (32.3%) of all deaths in 2013. Cancer is the second leading cause of mortality in OECD countries after cardiovascular diseases, accounting for 25% of all deaths in 2013, up from 15% in 1960. In a number of countries, cancer is now the most frequent cause of death. The rising share of deaths due to cancer reflects the fact that mortality from other causes, particularly cardiovascular diseases, has been declining more rapidly than mortality from cancer.<sup>15</sup>

In Poland, the main causes of death are cardiovascular disease and cancer which account for over 70% of all deaths. The third group of causes are injuries and poisonings, accounting for 6.2% of all deaths. It should be noted that for several years there has been an improvement in the mortality from cardiovascular disease. At the beginning of the 1990s, it was the cause

<sup>9</sup> <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

<sup>10</sup> [http://ec.europa.eu/health/indicators/indicators/index\\_en.htm](http://ec.europa.eu/health/indicators/indicators/index_en.htm)

<sup>11</sup> [http://ec.europa.eu/health/indicators/indicators/index\\_en.htm](http://ec.europa.eu/health/indicators/indicators/index_en.htm)

<sup>12</sup> <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

<sup>13</sup> M. Augustyn (ed.), *Opieka długoterminowa w Polsce – opis, diagnoza, rekomendacje*, Warsaw 2010

<sup>14</sup> [http://stat.gov.pl/cps/rde/xbcr/gus/L\\_podst\\_inf\\_o\\_rozwoju\\_dem\\_pl\\_do\\_2013.pdf](http://stat.gov.pl/cps/rde/xbcr/gus/L_podst_inf_o_rozwoju_dem_pl_do_2013.pdf)

<sup>15</sup> <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

of approx. 52% of all deaths, on the turn of the century – almost 48%, while in 2012 it accounted for approx. 46% of all deaths.

In Poland we observe an increase in the number of cancer deaths, and an increase in the number of new cases (in 1990 malignancies were the cause of almost 19% of deaths, in 2000 – 23%, and in 2012 – nearly 25% of deaths). Cancer is more common cause of death among men than among women (respectively 27% and approx. 24% of all deaths).

#### *Number of births*

In Poland, the trend of decreasing birth rate has been maintained since 2010. The number of live births per 1,000 population in 2014 was 9.7 and though by 0,1 larger than in the previous year, as compared to 2012 was 0.3 lower.<sup>16</sup>

Infant mortality in Poland is decreasing. The coefficient expressing the number of infant deaths per 1,000 live births in 2014 was 4.2.<sup>17</sup> According to the European Commission report published on 9 September 2013, the significant differences from the past between EU countries in terms of life expectancy and infant mortality are becoming less noticeable.<sup>18</sup> It should be noted, however, that this indicator continues to be one of the highest in Europe (only 6 other EU Member States had higher rates than Poland). The causes of more than half of infant deaths are diseases and conditions of the perinatal period, i.e. arising during pregnancy and during the first 6 days of life of the new born.

#### *Expenditures on health*

In Poland the expenditures on health expressed as a GDP percentage and expenses per capita are among the lowest in comparison with the European Union Member States. Total expenditure on health care, i.e. current and capital expenditures in 2013 amounted to PLN 106 billion and accounted for 6.38% of Gross Domestic Product<sup>19</sup>.

#### *Inequalities in health*

The diversity of health condition among Poles with relation to the voivodship (province) was presented in a report published by the World Health Organization in 2012, entitled *Social inequalities in health in Poland*. The objective benchmark for the research on inequalities in health is the analysis of the length of life expectancy and the level of infant mortality, which are characterized by clear diversity among voivodships. The conducted analysis also confirmed substantial diversity, especially in the case of mortality due to digestive and respiratory system diseases as well as external reasons.<sup>20</sup>

In addition, the *Atlas of Polish population mortality in 1999-2001 and 2008-2010*<sup>21</sup> prepared by the National Institute of Public Health – National Institute of Hygiene, presented at poviats level, the spatial differentiation of Polish population mortality due to major causes, broken down by gender and two main age groups – 0-64 years, which defines premature mortality, and 65 years or more, which is for the older population and which accounts for the majority of deaths due to selected major causes of mortality.

<sup>16</sup> System for development monitoring Strateg <http://strateg.stat.gov.pl/>

<sup>17</sup> System for development monitoring Strateg <http://strateg.stat.gov.pl/>

<sup>18</sup> [http://ec.europa.eu/health/social\\_determinants/policy/index\\_pl.htm](http://ec.europa.eu/health/social_determinants/policy/index_pl.htm)

<sup>19</sup> *Narodowy Rachunek Zdrowia za 2013 rok*, CSO

<sup>20</sup> WHO Report *Social inequalities in health in Poland* Warsaw, 2012

<sup>21</sup> *Wojtyniak B, Rabczenko D, Pokarowski P, Poznańska A, Stokwiszewski J; Atlas umieralności ludności Polski w latach 1999-2001 i 2008-2010 - wydanie internetowe; www.atlas.pzh.gov.pl*

### Strategic documents

Actions taken under the Norwegian Financial Mechanism and the Financial Mechanism of the European Economic Area in the *Initiative for health care* support the implementation of integrated Government Strategies. In accordance with the principle of "health in all policies", the matters relating to health care are included, among others, in the strategies mentioned below.

Now the National Development Strategy 2020<sup>22</sup> is being implemented, which replaced the National Development Strategy 2007-2015 set out in the Programme Proposal. The objective I.3. *Strengthening the conditions for the satisfying of individual needs and citizen activity* indicated the direction of intervention: I.3.3. *Increasing the security of citizens* taking into account, *inter alia*, the activities related to the health care system. The National Strategy for Regional Development 2010-2020: Regions, Cities, Rural Areas (NSRD)<sup>23</sup>, implemented since 2010, concerns the issue of access to health care (with a focus on perinatal care and prevention of cancers). Moreover, since 2013, the Human Capital Development Strategy (HCDS) is implemented, in which problems and planned activities related to health are described in the context of two specific objectives: *Longer working lives and ensuring effective functioning of the elderly* and *Improvement of health of citizens and efficiency of the health care system*. In addition to the above strategy, the Efficient State Strategy<sup>24</sup> indirectly relating to the PL07 Programme has been implemented since 2013, which one of the important objectives is *Effective health care system*, including, among others, intervention directions concerning *Improvement of health infrastructure, teaching facilities in medical universities and research institutes, Improvement of access to health services and improvement of management of the health care system and medical information, as well as Improvement of quality and safety of health services*.

## 3. Reporting on outputs

3.1 Give a summary and analysis of how the selected projects have contributed or are contributing to each of the Programme outputs set out in the Programme proposal. Analyse progress towards the defined outputs, and explain any deviation from the plan.

3.2 Give a summary of the implementation of each pre-defined project. When projects have been completed give a summary of their actual contributions to the output targets.

3.3 Give a summary of the implementation of small grant schemes. If this is a Final Report, provide a summary of their actual contributions to the Programme output.

### 3.1

Analysis on achievement of expected results of the Programme was conducted in 2015 – after signing of all the project agreements. From the data presented in the application forms that constitute an attachment to the project contracts it can be concluded that the foreseen outputs for the Programme shall be met. Meanwhile, from the data submitted by the beneficiaries resulting from the actual project implementation it is visible that the expected

<sup>22</sup> Resolution No 157 of the Council of Ministers of 25.09.2012 (MP of 2012, item 882)

<sup>23</sup> Resolution of the Council of Ministers of 13.07.2010 (MP No 36 of 2010, item 423)

<sup>24</sup> Resolution No 17 of the Council of Ministers of 12.02.2013 (MP of 2013, item 136)

outcomes have already been achieved and exceeded. This situation results from difficulties encountered by the PO in estimating the values for the outputs at the stage of Programme planning due to a very broad and flexible range of both beneficiaries and possible project types.

Information on the outcomes reached is presented in the further part of the report.

Ad. 3.2

N/A

Ad. 3.2

N/A

#### 4. Reporting on Programme outcome(s)

Analyse how the projects' and Programme's outputs contribute to the expected outcome(s) defined in the Programme proposal.

From the aggregated data provided by project promoters in the applications for payment it results that the outcomes envisaged for the Programme proposal have been in the vast majority achieved and the values of the indicators noticeably exceeded. This is also a proof of a large-scale engagement of the beneficiaries in the implementation of their projects and the ability to plan and stick to the planned schedule. It will be possible to report on part of the indicators only after the completion of projects.

The beneficiaries show that they have exceeded largely the values for the *number of counselling services provided* and *number of health education and health promotion events (i.e. training, meetings) organised*.

Information on the outcomes reached is presented below:

Expected result:	Improved access to and quality of health services including reproductive and preventive child health care as well as health care related to ageing society			
	<b>Outcome indicator</b>	<b>Baseline value</b>	<b>Target value</b>	<b>Value as of 31.12.2015</b>
Standard outcome indicator	Number of patients benefitting from improved health services	0	35 000	322 000
Custom outcome indicators	Number of implemented infrastructure projects	0	20	0

	Number of training sessions for health professionals	0	100	588
Expected result:	Life-style related diseases prevented or reduced			
	<b>Outcome indicator</b>	<b>Baseline value</b>	<b>Target value</b>	<b>Value as of 31.12.2015</b>
Standard outcome indicator	Number of actions/activities aiming to reduce or prevent life-style related diseases at national/local level	0	20	0
	Number of elderly benefiting from improved health services (where 'elderly' includes dependants)	0	10 000	7 302

## Progress on horizontal concerns

With regard to the cross-cutting issues, it should be noted that these issues will be discussed in detail in the call for proposals documentation, and one of the planned content related criteria of assessment, conducted by healthcare experts, shall cover the impact on horizontal issues. The horizontal concerns are also checked during the verification of the reporting documentation as well as tackled in the direct contacts with project promoters.

At the same time, during programming and implementation, from the very start of the Programme implementation, the Programme Operator follows horizontal principles, e.g. provided wide access to the information concerning Programme PL07, as well as the area and rules of financial support, used clear and lawful procedures of awarding orders related to provision of services related to the programme implementation. In the course of good governance in implementation the Programme Operator closely cooperated with the National Focal Point, the Norwegian Ministry of Foreign Affairs as well as the Programme Partner.

If this is a Final Report, then report on the outcome compared to the expected outcome.

## 5. Project selection

With reference to the Programme proposal list the calls carried out during the reporting period. Include a summary of the call(s) and describe the level of interest.

If this is a Final Report, or if all calls have closed, then provide a summary of all the calls in the whole Programme period.



The course of the call for proposals and their formal and content-related appraisal was concluded in 2014 and was in detail presented in detail in the annual reports for 2013 and 2014.

Due to the fact that at the stage of signing contracts, one of the beneficiaries informed the Programme Operator on withdrawal from the project realization, the remaining released allocation in the amount of 1,980,717 PLN was to be distributed for co-financing to the next project from the reserve list. The decision on its allocation between applicants from the reserve list was taken by the Project Selection Committee on 23 January of 2015. There were 13 projects occupying next places on the reserve list – each of them got 128 points at the stage of the appraisal (the list was published on 30.09.2014 on [www.zdrowie.gov.pl](http://www.zdrowie.gov.pl) website). Due to the fact that the amount of 1,980,717 PLN did not allow to cover 80% of the eligible costs of any of the 13 projects occupying the subsequent places on the reserve list, the Committee adopted during its meeting a list of these projects arranged according to the criterion of the highest possible funding from the EEA FM and NMF. By the decision of the Committee the co-financing was proposed to the first project from the reserve list i.e. Improvement of the accessibility and quality of medical services in Pomerania provided by *Specjalistyczny Szpital św. Wojciecha* in Gdańsk in the field of perinatology (the agreement was signed with the Copernicus Health Care Entity Ltd. Created in the course of transformation of the Specialist Hospital of św. Wojciech in Gdańsk.

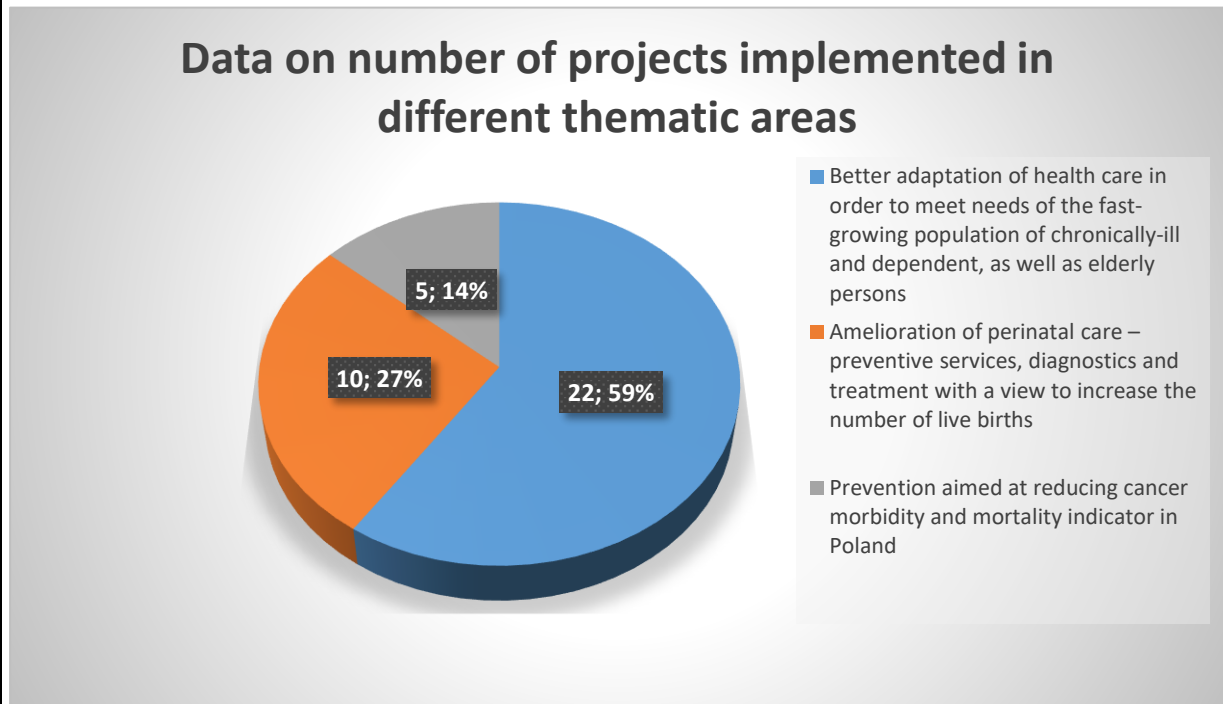
Due to shifts from other budget lines within PL07 Programme, an additional amount of 2 280 000 EUR of the MF grant was provided for the realisation of projects. In September of 2015 the Minister of health acting as the Programme Operator for the Programme PL07 *Development and better adaptation of health care to demographic and epidemiological trends*, co-financed from Norway and EEA grants as well as the national budget, signed agreements for the implementation of projects occupying subsequent places on the reserve list with the following entities:

- Regional Hospital in Poznan - project *Improving the standard of care of the newborn in Wielkopolska region by equipping the Regional Hospital in Poznan.*
- New Rehabilitation Ltd (Nowa Rehabilitacja sp. z o.o.). - project *Implementation of the project for diagnosis, geriatric prevention with the use of elements of telecare as a way to better adjust the health care system to the needs of a rapidly growing population of people over 60 years of age*
- Office of the City of Warsaw - project *AGE - promotion of active and dignified aging in Warsaw.*

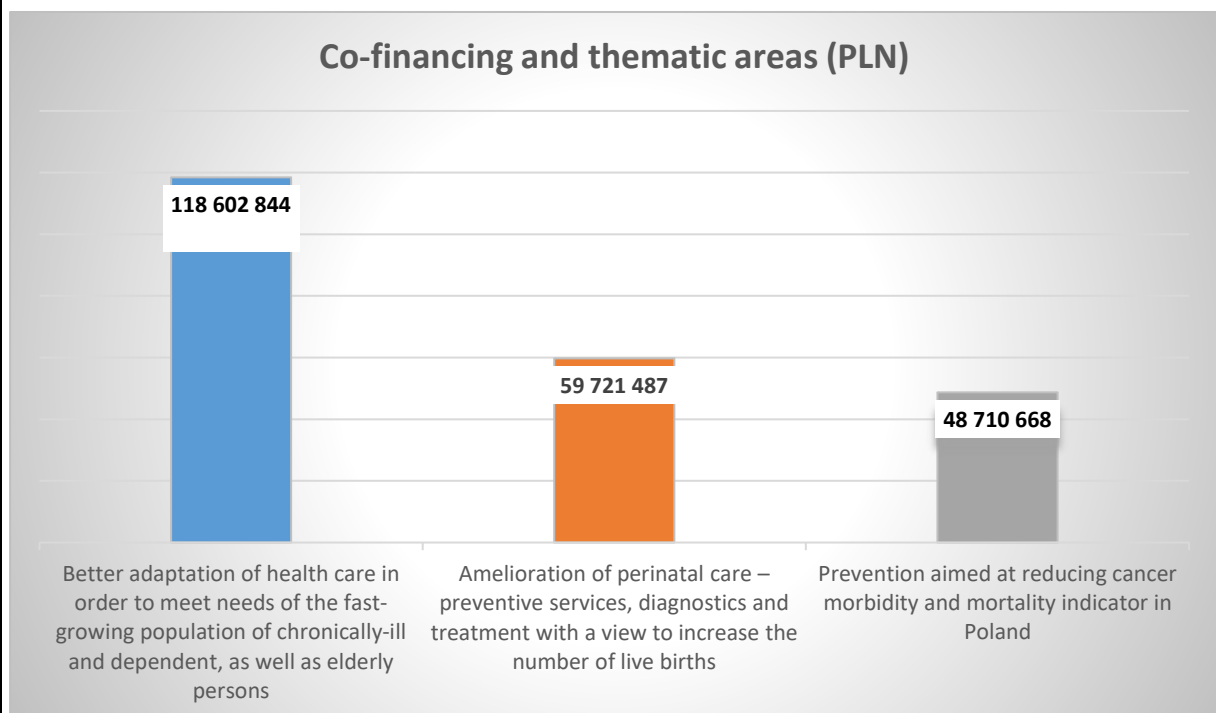
In effect of the project selection procedure conducted in 2013 and 2014, as well as in effect of stipulating subsequent agreements according to the recommendations of the Project Selection Committee, 37 project implementation agreements were signed of the total value of 227 034 999 PLN of co-financing.

Below the graph with the number of contracts signed as of 31.12.2015 is shown, with division to thematic fields. More than half of the projects (22 projects) is implemented in the field of *Better adaptation of health care in order to meet needs of the fast-growing population of chronically-ill and dependent, as well as elderly persons*, 27% of the projects (10 projects) in the area of *Amelioration of perinatal care – preventive services, diagnostics and treatment with a view to increase the number of live births*. In case of 14% of projects (5) as the dominant

thematic area cancer prevention aimed at reducing cancer morbidity and mortality indicator in Poland was indicated.



Data on the division of the available allocation among thematic areas are shown on the graph below.



## 6. Progress of bilateral relations

Give a summary of how partnerships between the Beneficiary States and the Donor State(s) have been facilitated during the reporting period. In cases of donor partnership programmes, the cooperation between the Programme Operator and the donor programme partner shall be assessed. State the number of donor partnership projects, and describe what has been done to

encourage the establishment of such partnership. Give a brief overview of the use of the Funds for bilateral relations at Programme level.

The objectives of strengthening bilateral relations in 2015 were carried out with the actions described below:

#### Call for proposals for the Fund for Bilateral Relations

In 2015 the beneficiaries implemented and settled financially the projects approved under the second call for the Fund for Bilateral Relations at the PL07 Programme level, realised in partnerships with Norwegian partners (Nursing Home project in Pleszew, implemented with the Centre for Development of Institutional and Home Care Services in Oslo, project of the Pomeranian Medical University in Szczecin implemented with 5 partners: 1)Department of Rheumatology in Haugesund, 2)National Center of Pregnancy and Rheumatic Disease, University Hospital in Trondheim, 3)Clinical immunology unit, Department of internal medicine in Stavanger, 4)Hospital for Rheumatic Diseases in Lillehammer and 5)Landspítali University Hospital in Reykjavik, and the project of the Polish Health Programmes Association in partnership with the Nasjonalt Center for samhandling og telemedisin in Tromsø).

In the reporting period 3<sup>rd</sup> and 4<sup>th</sup> calls were announced (on 13.03.2015 and 31.07.2015 respectively) for the FBR projects. Within the 3<sup>rd</sup> call 6 partnership projects were submitted, 4 of which were positively appraised: project Innovative medicine Cluster in Wrocław in partnership with 1)Geritisk resurscenter, Aker sykehus, Oslo 2) Oslo Medtech; project of the Pomeranian Medical University in partnership with z 1) Department of Rheumatology Haugesund, 2) National Center of Pregnancy and Rheumatic Disease, University Hospital in Trondheim, project of the Foundation for Support of the Development of ophthalmology Okulistyka XXI in partnership with the Icelandic University; and the project of the foundation Cardiovascular Center Foundation in partnership with 1) Oslo University Hospital Department of Cardiology, 2) Lovisenberg Diakonale Sykehus.

Within the 4<sup>th</sup> call 3 partnership projects were submitted, which are currently under appraisal and will be implemented in the 1st and 2nd quarter of 2016.

Reference to risk of low interest in the Fund for Bilateral Relations from potential beneficiaries is included in part 9 of this document.

#### Implementation of partnership projects

The PL07 Programme includes one project implemented in the Polish-Norwegian partnership. The partner in the project implemented by the John Paul II Independent Public Health Care Facility "Sanatorium" in Górne is NKS Olaviken alderspsykiatriske sykehus AS. The exchange of Polish-Norwegian experience will depend on the introduction of an innovative way of working with dementia patients, called: "Marte Meo", established in Norway and implemented by the project partner. In May of 2015 there was 1 study visit organised within the project of the Norwegian partners at the premises of the beneficiary, aimed at familiarizing the Norwegian partner with the work conditions of staff and conditions of stay of the patients of the Health Care Facility "Sanatorium" in Górne. The lectures delivered during the visit by the Polish and Norwegian representatives became an opportunity to exchange theoretical and practical experiences related to work for the benefit of the elderly, patients with dementia, Alzheimer disease and their caretakers.

### Telephone helpline and website

The Programme Operator maintains a helpline and a website at [www.fbr.zdrowie.gov.pl](http://www.fbr.zdrowie.gov.pl), which is intended for the beneficiaries and potential beneficiaries of the PL07 Programme wishing to co-operate with entities from Donor States and benefit from support under the Fund for Bilateral Relations, as well as for the potential partners from the Donor States. The website also provides information on calls for proposals together with application documents, and regularly updated information on FBR events, news and allocation. The website is updated in Polish and in English.

### Study visit of the Norwegian delegation

In the days 19-23.01.2015 a study visit of the Norwegian delegation in Poland was held, organized at the request of the Norwegian Directorate of Health. The main objective was to obtain a better understanding of the health care system in Poland, with particular emphasis on the different levels of decision-making in the context of policy formulation and exercising in health care and public health at central and local government.

The visit was attended by representatives of the Norwegian Directorate of Health, Norwegian local governments - municipalities Frøya, Levanger, Norwegian NGOs in the field of health care - the Norwegian Cancer Society, the Norwegian Embassy in Warsaw and the Ministry of Health.

The itinerary of the study visit study prepared by the Department of the European Funds of the Ministry of Health, reflected the main educational assumptions of the Norwegian side and allowed to become familiar with the degree of implementation of selected projects in the field of health protection implemented by Beneficiaries within the Programmes PL07 and PL13. The delegation participated in a seminar concerning the health care system in Poland organized at the headquarters of the Ministry of Health and met with Norwegian medical students and authorities of the II Faculty of Medicine and Division of Teaching in English of the Medical University of Warsaw.

In the following days the visit, meetings were held at the Office of the Marshal of Lower Silesia in Wroclaw devoted to health policy in the voivodship perspective and becoming familiar with the assumptions of locally implemented project within the PL07 "Mały Dolnoślązak", demographic challenges for the region and modern solutions in the field of e-health, implemented by the private sector.

Next, the delegation got acquainted with the new infrastructure in the fields of health care in the region while visiting the construction of a new regional hospital. Subsequently, meetings were held at the district office in Polkowice and Polkowice Centre for Health Services, where guidelines for the projects: "Improving the health and quality of life of the elderly and dependent by extending the scope of home care, outpatient and community in Poland" under PL07 Programme and "Prevention of lung cancer by improving accessibility to specialist medical examinations and multi-level health education in the district Polkowice" under the PL13, implemented by these entities were presented. On the itinerary of the following day the visit included meetings at the District Hospital in Rawicz - Beneficiary of the project "Rehabilitation center" under the PL07 and meetings at the district office in Pleszew, the nursing home in Pleszew and Pleszew Medical Center - Beneficiaries of the Programme PL07, implementing projects "Improving standards of health care for the elderly and dependent in DPS Pleszew with the prevention of falls and educational action" and "Improving the

conditions of health care for the elderly, dependent or chronically ill through the expansion and modernization of the Department of Rehabilitation and long term care in Pleszew Medical Center”.

The program of the fourth day was implemented in Poznan and began with a meeting in the City Hall, dedicated to, among others, health policy, public health strategies and health programs implemented so far. The delegation also got acquainted with the objectives of the project "Improving the quality of care of dependent persons with mental and intellectual disabilities" and met with patients and staff of the Care-treatment and medical rehabilitation Facility in Owińska. In the second part of the day, meetings were held with senior medical and management staff of the hospital of the Transfiguration (Przemienienia Pańskiego Hospital) - Beneficiary of the project "Oncology in Wielkopolska – improving and adjusting diagnosis and treatment of cancer to the demographic and epidemiological trends in the region, together with optimizing procedures and prophylaxis” under the PL07.

On the fifth day of the visit the delegation met again at the Ministry of Health where they took part in the seminar and discussion concerning the predefined project under the PL13, whose beneficiary is the Department of Health Insurance at the MoH.

#### Seminar in Norway

Between 29.09 - 02.10. 2015 the Ministry of Health, together with the Norwegian Directorate of Health organized a seminar within the Bilateral Relations Fund at the PL07 and PL13 Programmes level. This year's seminar was held in Norway in Trondheim, Sistranda village on the island of Frøya and in Levanger.

The seminar was attended by 29 representatives of local authorities and public and private entities operating in the health sector, representing medical care facilities, hospitals, hospices, medical universities and foundations. The main objective of the seminar was the presentation of Norway's solutions in the field of public health, enabling networking with experts and Norwegian institutions to share knowledge, experience and best practices that will help in the implementation of joint projects within the framework of the Bilateral Relations Fund at the Programme level of PL07 and PL13.

The seminar program consisted of the workshop part, theoretical part and study visits. As part of the workshop, participants from the Polish and Norwegian side made a presentation of their parent institutions and presented their expectations towards future BRF projects to be realized under PL07 and/or PL13 Programmes. The theoretical part consisted of a series of lectures delivered by the representatives of national and local authorities and the representatives from the field of science and culture regarding the planning, implementation, promotion and evaluation of activities in the area of public health, as well as measures to promote healthy lifestyles among the society. The lectures were organized thematically and held in three regions of the country. During the seminar also study visits were held, which accounted as an example of practical implementation of Norwegian solutions in the field of public health by entrepreneurs, scientists and Norwegian society.

#### International seminar on reducing inequalities in health

In June 2015, the Ministry of Health and the Norwegian Directorate of Health Affairs hosted an international seminar devoted to the exchange of experiences in implementing the strategy for reducing inequalities in health by the beneficiary states of Norway grants.

The aim of the seminar was to exchange knowledge and experiences of individual countries in implementing the strategy for reducing inequalities in health. The problem of rising inequality in health affects many European countries. Despite a steady increase in life expectancy and improvement of the health status of the population in many European countries, these countries will record an increase in inequalities in health caused by a variety of social factors. These include both general socio-economic factors (eg. unequal opportunities to acquire education, employment, inadequate child-upbringing), as well as directly related to the behavior affecting the health of society (eg. smoking, poor diet, alcohol consumption).

The experts from the Norwegian Directorate of Health Affairs and the Norwegian Institute of Public Health presented their experiences in the field. Experts from the National Institute of Public Health - National Institute of Hygiene, Medical University of Warsaw and the Ministry of Health presented an analysis of the prevalence of social inequalities in health in Poland, a cross-sectoral strategy to reinforce public health and the National Health Programme in Poland for the years 2016-2020.

The seminar participants also had the opportunity to familiarize themselves with the approach to the topic of social inequalities in health in Estonia and Lithuania. The meeting was attended by nearly 100 guests from Norway, Poland, Lithuania, Estonia, Portugal, Czech Republic, Slovenia, beneficiaries of the PL13 Programme Reducing social inequalities in health, and representatives of various ministries.

#### Other activities carried out by the Programme Operator

In June 2015 the Programme Operator organized in Warsaw the meeting of Programme Operators of the EEA and Norway grants from the thematic area Health Protection Initiatives. It was an opportunity for a closer cooperation, exchange of experiences and improvement of the communication between partners.

Meetings of the Programme Operators are organized twice a year by individual Beneficiary states. In 2015, the host of the first meeting was the Ministry of Health, together with the Norwegian Directorate of Health, which is the Programme Partner PL13 *Reducing social inequalities in health*.

This meeting was an opportunity to strengthen cooperation between Beneficiary states and the Donors. It was also an opportunity to exchange experiences in implementing programmes and to provide updated information on the developments in different programmes implemented by individual countries.

Poland presented three projects that are characterized by diverse thematic, but share a common approach and a great importance in the regions where they are deployed .:

- *Oncology in Wielkopolska – improving and adjusting diagnosis and treatment of cancer to the demographic and epidemiological trends in the region, together with optimizing procedures and prophylaxis* – project implemented by developed by the Independent Specialist Hospital no. 1 of Transfiguration (Samodzielny Specjalistyczny Szpital Kliniczny nr 1 im. Przemienienia Pańskiego) in Poznan
- *Development of perinatal care in the Szczecin subregion – improvement of quality and accessibility of medical services and prophylaxis* – project implemented by the

Independent Public Specialist Medical Care Center „Zdroje” (Samodzielny Publiczny Specjalistyczny Zakład Opieki Zdrowotnej „Zdroje”) in Szczecin.

- Programme for health, cheerfulness and long life – project implemented by the Olecki Poviat.

On the occasion of the conference the Financial Mechanism Office in Brussels organized training workshops devoted to communication issues. The FMO experts delivered information about the proper dissemination and promotion of the Programmes from the health sector in the framework of EEA and Norway grants. As an example of best practices measures undertaken by Estonia, Romania and the Embassy of the Kingdom of Norway in Warsaw were presented.

Taking into consideration number of participants involved in international visits, broken down by gender into men and women, it should be noted that these indicators identified in the framework of the Bilateral Relations Fund at the PL07 Programme level have been achieved.

	Base value	Achieved value
Number of women involved in exchange visits between beneficiary and donor states	15	28
Number of men involved in exchange visits between beneficiary and donor states	15	15

## Complementary action

N/A

## 7. Monitoring

With reference to the monitoring plan for the current reporting period, describe the monitoring activities that have been carried out and give a summary of the findings. Provide a monitoring plan for the next reporting period, following the format given in Chapter 7.3 of the Programme Operators’ Manual.

According to the documentation of the programme, each year a sample of no less than 10 percent of projects is subject to controls, selected based on risk assessment and including random samples. The annual control plan includes projects where a higher risk has been identified in respect to other projects. The controls verify among others substantive and financial progress, time left to project completion and the correctness of prepared reporting documents. On-the-spot controls may also be carried out on *ad hoc* measure, if such a need arises.

According to the control plan for 2015 on-site monitoring visits of 4 projects were conducted (033/07/13 - Rawicz, 267/07/13 - Wałbrzych, 474/07/13 - Suwałki and 471/07/13 - Myślenice).

The results of the monitoring visits point to the smooth running of projects. The controls have shown omissions of little significance and the post-audit recommendations are only aimed at the improvement of the implementation of the projects.

In addition, on 28 December 2015 a monitoring visit to the project no 122/07/13 in Zawiercie took place. This control was of the ad hoc character, due to an anonymous letter alleging the misuse of the Norwegian funds. Currently, the verification of the submitted documents is taking place. The completion of the control is planned for February 2016.

During the day-to-day monitoring of projects (verification of reporting documents submitted by beneficiaries) in the third and fourth quarter of 2015 the Programme Operator has identified two irregularities with regard to public procurement rules. In both cases, the irregularities were of minor significance, and the beneficiaries returned the wrongfully spent funds. The irregularity identified for the project 290/07/13 is presented in the report on irregularities for the third quarter of 2015 (with the follow-up report to be elaborated for the 4<sup>th</sup> quarter of 2015) and the irregularity for the project 474/07/13 will be presented in the report on irregularities for the fourth quarter of 2015. The reports of irregularities are being submitted to the Audit Authority, to the NFP, Certifying Authority and the Paying Authority Department in the Ministry of Finance.

The control plan for the next reporting period 2016 – is presented in the attachment to this report.

## **8. Need for adjustments**

All planning is to a certain extent based on assumptions, and the assumptions made when designing a Programme plan might change over time. This might again imply a need to adjust the plan. If the Programme Operator has made use of a possibility to modify the Programme in line with Article 5.9 of the Regulations and the Programme Agreement during the reporting period, the modifications shall be described in this section.

Due to delays related to the evaluation of the program, procedure of the call for proposals and their assessment, the time remaining for the implementation of projects significantly diminished. This created a large part of the beneficiaries request for the extension of eligibility of costs in the projects. The Donors have accepted the submissions, recommended by NFP, concerning the extension of eligibility of project expenditures beyond 30 April 2016.

As a result of the above decision, 25 projects were granted permission to extend the implementation period.

The Donors and the National Focal Point concluded in November 2015 an appropriate Addendum to the Programme Agreement, under which the period of eligibility of programme costs has been extended to 31.12.2017.

## **9. Risk management**

With reference to the risks identified in the Programme proposal (and in sections 2 and 3 above) give an analysis of the situation and any mitigating actions carried out or planned. If any new risks have been identified, then they shall also be discussed in this section.



In order to minimize the risk specified in the Programme Proposal related to delays in implementation of the investment project resulting from problems arising in the public procurement stage (appeals, the need to repeat the procedure etc.) as well as from other conditions (weather, changes on the market), the Programme Operator, in order to facilitate to the project promoters the process of project implementation, organized in July of 2015 a training course, where such issues as the most frequent mistakes in the reporting documentation related to project financial settlement, rules of applying to Bilateral Relations Fund and public procurement were discussed. Additionally, the improvements of the project implementation process planned by the PO were tackled. The PO monitors the progress in the realisation of investments, reacting to, among others, pleas of the beneficiaries related to shifts in the detailed budget in effect of the conducted procurement procedures, as well as in case of delays the PO granted the consent to extend the duration of projects (this decision was approved by the Donors' decision).

As for the risk concerning insufficient number of offers of professional training for medical staff available on the market, the applicants were obliged to examine the training offers prior to submitting the application and in case of diagnosing the above mentioned risk – to present a proposal for a way to avoid the risk (e.g. by creating an emergency list of training courses). The Operator also grants its consent to change the topic of trainings for the most appropriate one and relevant for the achievement of the project goal, in case there are no offers on the market.

In the course of project implementation the Project Promoters are obliged to undertake information and promotional activities adjusted to the target groups in order to minimize the risk specified in the Programme Proposal as lack of social awareness about methods of prevention, which constitute the key to reducing the occurrence of diseases related to lifestyle, resulting in a low level of participation in the Programme's activities. The number of trainings and meetings conducted, exceeding substantially the envisaged values proves a large engagement of the beneficiaries in broadening the social awareness on realised projects and services provided within their scope.

During the implementation of the Programme the Programme Operator conducts regular monitoring of the projects based on risk analysis, including the risk of delays, in order to undertake appropriate measures that enable a reduction in the consequences of current delays.

One of the main challenges identified by the Programme Operator, already mentioned in the reports for previous years, concerned short time for project implementation, which was also affected by the process of the PL07 Programme evaluation by the Financial Mechanisms Office and evaluation process of applications and selecting projects for financing. Therefore, in 2013 the Programme Operator already submitted to the National Focal Point and to the Donors the possibility to extend eligibility period; this proposal was originally refused. At the end however, the Donors decided to accept the extension of the eligibility date in 25 projects beyond 30 April 2016. In effect of signing Addendum no 3 to the Programme Agreement the eligibility period for the Programme costs have also been extended until 31 December 2017.

At the same time, independently of the above Donors decision, the Programme Operator has taken a number of measures for efficient signing of project contracts and monitoring of projects in order to quickly react to potential problems.

Furthermore, the Programme Operator, similarly to recent years, identifies some difficulties that may involve spending funds allocated for Programme PL07 management costs resulting from prolonging tender procedures. In order to minimize the above risk the following remedies are undertaken: planning tender procedures in advance, conclusion of contracts for periods longer than one year, training employees. Independently from the above, in 2015, in the course of the information and promotion activities no major problems were identified, which might negatively influence the implementation of the PL07 Programme.

In order to minimise risk of low interest of potential beneficiaries in the Fund for Bilateral Relations, the Programme Operator carried out intensive information and promotion activities to encourage potential beneficiaries to engage with stakeholders from the Donor States (e.g. telephone helpline, website). In addition, in case of failure to use the allocation available on the call for proposals in FBR, the PO will allocate unused funds to existing or other activities related to bilateral co-operation.

## 10. Information and publicity

With reference to the Communication Plan provided in the Programme proposal (ref. Chapter 3.13 of the Programme Operators' Manual) give a summary of the activities carried out during the reporting period.

In accordance with the Communication Plan, in 2014 the information and promotion activities relating to the PL07 Programme were adjusted to the next stage of this Programme implementation, i.e. the implementation of individual projects. Information and promotion activities aimed at promoting the programme among the public, as well as knowledge about the financial mechanisms and bilateral co-operation between Poland and the Donor States by encouraging establishment of partnerships at the project level. In addition, special emphasis was put on informing the project promoters on the correct project implementation. The Programme Operator in 2015 used following tools and methods for information and promotion activities:

### Information service point

The special phone number launched in 2011 is still operating, allowing beneficiaries access to information related to the PL07 Programme. Beneficiaries could also send questions by e-mail to the address set up for this purpose. Answers and explanations to questions directed to the Programme Operator were provided on a regular basis by e-mail and telephone. A particular emphasis was however put on a direct contact between the beneficiary and the representative of the PO in charge of the project monitoring.

### Website

The website [www.zdrowie.gov.pl](http://www.zdrowie.gov.pl) includes updated information on the EEA Financial Mechanism and the Norwegian Financial Mechanism. There is also English version of the website.

The website dedicated to the EEA FM and the NFM includes a section with information on the Fund for Bilateral Relations for the PL07 Programme, which is to facilitate establishing co-operation with entities from the Donor States.

In 2015, in the period from January 1 to December 31, the website was visited 115 966 times, this means 318 visits per day on average. Information about MF EEA and the NFM 2009-2014 is also available on the main website of the Ministry of Health [www.mz.gov.pl](http://www.mz.gov.pl) in the section dedicated to European Funds.

### Press releases

On 2 November 2015 a nationwide daily newspaper (circulation of 221 thousand copies) published announcements on the call for proposal within the Bilateral Relations Fund.

### Information and promotion materials

In 2015, the Programme Operator had information and promotional materials (gadgets) with NFM and EEA FM logos (e.g. pens, calendars, mugs, bookmarks, bags, USB sticks), which were distributed to participants during meetings, trainings and conferences held in 2015 as part of the implementation of PL07 and PL13 Programmes. Additionally, in December of 2015 the contract for production and delivery of information and promotional gadgets (calendars, pendrives, pens) which will be used in 2016, was finalised.

All measures and communication tools used by the Programme Operator were tailored to the needs of the target groups, the language of messages was simple and understandable.

As part of the information and promotion activities, the Programme Operator collaborated with other organizational units of the Ministry of Health, including the Press and Promotion Office, with regard to responding to letters addressed to the Ministry of Health concerning the possibility of obtaining financial resources and the stage of programme advancement. Co-operation with media took place in accordance with principles adopted in the MoH – also through the Press and Promotion Office. Newspaper articles on Financial Mechanisms are analysed and collected in the press book.

Updated information about the PL07 Programme and contact information are transmitted to the National Focal Point with a request for posting on [www.eog.gov.pl](http://www.eog.gov.pl).

Given the scope of information and promotion activities undertaken by the Programme Operator and their scale, it should be noted that the implemented information and promotion projects seem to be efficient and effective and are consistent with the Communication Plan prepared by the Programme Operator.

## **11. Cross-cutting issues**

Describe how the Programme has performed (positively or negatively) in relation to the three crosscutting issues (ref. Chapter 3.11 of the Programme Operators' Manual), and which measures, if any, that have been put in place to improve performance.

The Programme Operator has included the principles of good governance, issues related to the gender equality and the environmental sustainability in the process of planning and implementing the Programme. The Programme Operator provided, among others, wide access to the information concerning the Programme and the area and rules of intervention as well as the principles of project selection, used clear and lawful procedures of awarding orders related to provision of services related to the programme implementation and ensured that there was no conflict of interests among people and institutions involved in the appraisal of application forms. In the course of good governance during the implementation the Programme Operator closely cooperated with the National Focal Point and EEA Financial Mechanism Committee, as well as the Norwegian Ministry of Foreign Affairs.

Moreover the Programme Operator updated documents developed in 2013: the Description of the Management and Control System and the Manual of Procedures and Audit Trails for the PL07 Programme *Development and better adaptation of health care to demographic and epidemiological trends*. The updates resulted from the need to adapt contents of the above

documents to revised organisational structure and division of responsibilities between various divisions of the European Funds Department, as well as to take into account modification of the Regulations. Moreover, the Manual of Procedures and Audit Trails was also supplemented with the sampling methodology of the financial documents for the verification of the applications for payment and during on-the-spot controls, as well as information on procedures regarding the procedure of verification of procurement documentation, which is annexed to the application for payment. Updated documents received the favourable opinion of the National Focal Point.

In accordance with Order No. 14 of the Director General of the Ministry of Health of 20 August 2015 on establishment of internal organisational regulations of the European Funds Department, the tasks of the Programme Operator in the European Funds Department are now performed by five units: the Development Policy Co-ordination Unit, the Financial Mechanisms Unit, the Organisation Assistance Unit, the FM Irregularities Unit and the Legal Unit. Also an Independent Post for Organisation Audit in charge of i.a. evaluation issues of the Programme was created. This amendment is consistent with the provisions of Article 4.7 of the Regulations relating to the requirement to establish organisational structure of the Programme Operator to ensure independence and separation of functions between unit responsible for verification of payment requests and other units responsible for programme implementation.

Taking environment context into consideration the Programme Operator uses methods which maximally limit harmful impact on environment (i.a. duplex printing, black & white instead of colour printing). Moreover the Programme Operator follows equality of women and men rule e.g. does not limit participation of any gender in organised events (conferences, trainings, seminars) as well as pays attention to make content of websites and language of publications and training and promotion materials “sensitive” to gender and not to promote stereotypes.

In addition, the Programme Operator included the need to refer to the cross-cutting issues in the documentation for the call for proposals as well as in the applications for payment. The aspects related to the cross-sectional issues were one of the elements assessed during the process of application evaluation by expert members of Content Related Assessment Team and they are verified in the reporting documents. Moreover according to project agreements beneficiaries must assure that all left or not used projects materials will be re-used, re-cycled, or stored in an environmentally safe manner.

These issues have been thoroughly discussed in the documentation on the call for proposals, and one of the criteria assessed as part of the content-related assessment by healthcare experts was the impact on horizontal issues. The applicants were obliged to refer to the following aspects: environmental, economic, social aspects of sustainable development, equality of opportunities and gender equality as well as good governance, and they are obliged to report on these issues in the applications for payment.

The project promoters are aware of the necessity of performing all project activities while simultaneously obey to all rules on horizontal concerns presented in the Programme documentation. The day-to-day communication with the beneficiaries via phone or email allows not only for a closer contact but also contributes to taking into account the environmental issues. The project promoters conduct all their procedures resulting from the project timetable with respect to competition and transparency provisions as well as the rules on equality between men and women.

## 12. Reporting on sustainability

If this is a Final Report, provide an assessment of the extent to which the positive effects of the Programme will continue after the funding period.

N/A

## 13. Attachments to the Annual Programme Report

Monitoring Plan, see section 7.3 in the Programme Operators' Manual

Risk assessment of the programme. See proposed template in Annex to the annotated template to the Annual Programme Report.

### Project level results

<b>Expected outcome</b>	Improved access to and quality of health services including reproductive and preventive child health care as well as health care related to ageing society.			
<b>Output</b>	<b>Output indicator</b>	<b>Baseline value</b>	<b>Target value</b>	<b>Value as of: 31.12.2015</b>
Training for medical personnel provided	Number of health professionals trained	0	1,100	2 184
Diagnostic and therapeutic equipment purchased	Number of diagnostic and therapeutic equipment purchased	0	800	2 082
Health care institutions supported with extension, rebuilding, refurbishing (modernisation)	Number of health care institutions supported with extension, rebuilding, refurbishing (modernisation)	0	20	19
<b>Expected outcome</b>	Life-style related diseases prevented or reduced			
<b>Output</b>	<b>Output indicator</b>	<b>Baseline value</b>	<b>Target value</b>	<b>Value as of: 31.12.2015</b>
Health education and health promotion services provided	Number of counselling services provided	0	5,600	71 373

Health education and health promotion events organised	Number of health education and health promotion events (i.e. trainings, meetings) organised	0	170	784
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## **14. Attachment to the Final Programme Report**

Financial annex, see attachment 2 of the Programme Operators Manual

## Annex: Risk assessment of the programme

Programme #	Type of objective <sup>25</sup>	Description of risk	Likelihood <sup>26</sup>	Consequence <sup>27</sup>	Mitigation planned/done
PL07	Cohesion (Programme) outcomes:				
		Delays in the realization of investments due to the problems with application of Public Procurement Law (appeals, repeated procedures etc.) and other conditions (weather, changes on the material market).	4	2	Before announcing the call for proposals the Programme Operator organized training sessions for potential applicants where, among others, the risk related to the investment implementation was discussed. During the implementation of the Programme the Programme Operator shall conduct a systematic monitoring of the projects based on risk analysis, including the risk of potential delays, in order to accelerate the reaction mitigating the consequences of delays. In justified cases a consent was granted to extend the period of project realisation, what minimizes the risk.
		Deficiencies in the offer of professional trainings for medical personnel available on the market.	1	2	The applicants were obliged to examine the training offers available on the market before submitting the application and in case of the above mentioned diagnosed risk – to

<sup>25</sup> The risks should be categorised in one of 3 ways, depending on whether it poses a risk to the cohesion objective, the bilateral objective, or is more of an operational issue.

<sup>26</sup> Each risk should be described as to whether it poses a risk to the cohesion outcomes (programme outcomes), the bilateral outcome or crucial operational issues 4 = Almost certain (75 – 99% likelihood); 3 = Likely (50 – 74%); 2 = Possible (25 – 49%); 1 = Unlikely (1 – 24%)

<sup>27</sup> Assess the consequence(s) in the event that the outcomes and/or crucial operations are not delivered, where 4 = severe; 3 = major; 2 = moderate; 1 = minor; n/a = not relevant or insignificant.

					present a proposal of the plan to avoid the risk (e.g. creating a reserve list of training courses). In justified cases the PO grants the consent to change the training for the thematically closest one and simultaneously relevant for achieving the project goals.
		The lack of social awareness of prevention methods, being the key to reducing life-style related diseases, resulting in low level of participation in the projects' activities.	1	2	Project Promoters will be obliged to conduct publicity and information activities during projects' implementation, tailored to the target groups.
	Bilateral outcome(s):				
		Low interest in the Fund for Bilateral Relations on the part of potential Project Promoters.	2	3	Intensification of informational and promotional activities by the Programme Operator. In case of failure to use the allocation available on the call for proposals in FBR, the PO will allocate unused funds to existing or other activities related to bilateral co-operation.
	Operational issues:				
		Difficulties associated with spending funds allocated for Programme PL07 management costs.	2	1	Planning tender procedures in proper advance, contracts for a period longer than one year, training employees.



## Annex: Monitoring plan

Monitoring is carried out in order to ensure the correct performance of the implemented projects and their compliance with the previously adopted assumptions. The monitoring system also aims at identifying potential problems during project implementation and early reaction to the problems by means of taking preventive or corrective action.

Progress in project implementation is monitored mainly by means on-the-spot checks of the project implementation, as well as verification of payment claims submitted to the Programme Operator by the beneficiaries.

### *On-the-spot project control*

According to the documentation of the programme, each year a sample of no less than 10 percent of projects is subject to controls, selected based on risk assessment and including random samples. The annual control plan should include projects in respect to which higher risk has been identified than in respect to other projects. The controls verify among other things substantive and financial progress, time left to project completion and the correctness of prepared reporting documents. On-the-spot controls may also be carried out ad hoc if such a need arises.

The control plan for 2016:

Project number	Project title	Project Promoter	Planned date
174/07/13	Powiatowe Centrum Medyczne w Grójcu sp. z o.o.	Improving health services and health promotion for older people through the establishment of a complex rehabilitation center in Grójec medical center.	I/II quarter
290/07/13	Powiat Pleszewski Pleszew	Improving the standard of care for the elderly and dependents in Pleszew through the prevention of falls and educational action	I/II quarter
360/07/13	Fundacja Podkarpackie Hospicjum dla Dzieci Rzeszów	The rebuilding and equipping of the hospice for children. Information activities and trainings in the field of hospice care in the Subcarpathian province	I/II quarter
423/07/13	Samodzielny Publiczny Specjalistyczny Zakład Opieki Zdrowotnej w Lęborku	A centre for comprehensive health care provided to the ageing population by means of establishing a Geriatric Ward, upgrading of the existing Physiotherapy Ward, acquisition of equipment and educational and training services.	III quarter

### *Verification of payment claims*

The content-related and financial verification of payment claims will be carried out by the Programme Operator. Content-related verification covers among other things the completeness of the application, its timeliness and content-related and financial compliance with the assumptions set out in the project application, correctness of eligible expenditure documentation in relation to PO's guidelines, as well as the verification of project outcomes achieved and completeness of risk analysis carried out by the Project Promoter in relation to the provisions of the project application. The financial verification of the application covers, among other things, accountancy review and correctness of annotation of accounting documents, dates of expenditure and co-financing correctness.

Following conclusion of project contracts with the beneficiaries, verification of first payment requests began in January 2015 and will be continued in 2016.

In the process of the verification of reporting documents submitted by the beneficiaries, in the third and fourth quarter of 2015 the Programme Operator has identified two irregularities relating to public procurement. In both cases, the irregularities were of minor significance, and the beneficiaries returned the wrongfully spent funds. Irregularity identified for the project 290/07/13 is reported in the report on irregularities for the third quarter of 2015 (with the follow-up report for the fourth quarter of 2015 and the irregularity identified for the project 474/07/13 will be presented in the report on irregularities for the fourth quarter of 2015. The reports on irregularities are being submitted to the Audit Authority, to the NFP, Certifying Authority and the Paying Authority Department in the Ministry of Finance.

### *Other measures undertaken by the Programme Operator*

Besides on-the-spot project control and verification of payment claims, which are the main tool of monitoring, the Programme Operator undertakes other measures in terms of monitoring projects, for example:

- systematic monitoring of projects based on risk analysis including risk of delays,
- organizing meetings with Project Promoters for presentation of measures of correct project implementation, rules of information and promotion, reporting procedures and financial flows,
- current monitoring of project implementation by the working contacts between Project Coordinator (from PO) and Project Promoter – each project was assigned with one Project Coordinator from the part of the PO, a day-to-day phone and email contacts are kept in order to briskly react to potential problematic situations,
- familiarising with potential problems during projects implementation,
- system of the verification of payment claims was simplified by introducing amendments of the assessment charts consisting in cancelling the issues which were doubled in the content-related and financial assessment of the payment claim, also a possibility to verify the reporting documentation on samples was introduced,
- group and individual meetings with beneficiaries are being organised, during which the most frequent errors and mistakes are discussed, in order to reduce the number of necessary corrections of the payment claims,
- the possibility to extend chosen projects beyond 30 April 2016 was negotiated with the Donors,

- expertise on the analysis regarding risk of not realising the projects and not meeting the envisaged outputs and indicators in PL07 Programme was carried out. The conclusions from this expertise are being used in the project monitoring.

## Programme Operator signature

	For the Programme Operator	Optional second signature			
<b>Name</b>	Michał Kępowicz				
<b>Signature</b>					
<b>Position</b>	Director				
<b>Date</b>	<b>day</b> <b>month</b> <b>year</b>	<b>day</b> <b>month</b> <b>year</b>			
		2016			