

## Template Annual Programme Report EEA and Norwegian Financial Mechanisms 2009-2014

*This 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.*

<b>Checklist questions before submitting the Annual Programme Report</b>	<b>YES</b>	<b>NO</b>
<i>Has the Annual Programme Report template (from the POM) been used?</i>	X	
<i>Have all the sections in the Annual Programme Report been addressed, including any relevant Horizontal concerns?</i>	X	
<i>Does the executive summary serve as a stand-alone document?</i>	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 to the FMO.*

*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.*

**ANNUAL PROGRAMME REPORT**  
**EEA and Norwegian Financial Mechanisms 2009 – 2014**

for the period/year 2013

<b>Beneficiary State</b>	Poland
<b>Program title</b>	Development and better adaptation of health care to demographic and epidemiological trends
<b>Programme number</b>	PL07
<b>Grant rate awarded</b>	80,28% (percentage of total eligible expenditures in Programme financed from EEA FM and NMF) 98,37% (percentage of total eligible expenditures, without required Project Promoter's contribution (20% of total), in Programme financed from EEA FM and NMF)
<b>Grant awarded (euro)</b>	58 000 000
<b>Date of Donor commitment</b>	4.09.2012 – information about approval of the Programme Proposal was provided to the Programme Operator with letter from Financial Mechanism Office dated on 28 September 2012 20.12.2012 – date of signature of Programme Agreements (31.01.2012 – date of submission of the Programme Proposal to Donors by National Focal Point)
<b>Programme completion date</b>	30.04.2017

**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 2010, the main reasons for deaths, constituting together slightly more than 70% of all fatalities were cardiovascular diseases followed by tumours (46.0% and 24.5% of all deaths respectively). Despite decreasing infant mortality in Poland, the ratio expressing the number of infant deaths per 1000 live births is still one of the highest in Europe.

As early as in the first quarter of the implementation of Programme PL07, on 15 March 2013 a call for proposals was announced, and closed on 28 June 2013. As a result of increasing allocation for Programme PL07 by 6 million euro in July 2013, the amount of project subsidy intended for the open call for proposals increased by 5 549 950 euro. Eventually the total allocation of funds available from the EEA Financial Mechanism and Norwegian Financial Mechanism grant for the call for proposals is PLN 217 600 286, i.e. 52 545 225 euro. The call met with huge interest, which is proven by 585 of submitted applications. The evaluation of application forms lasted throughout the entire 2nd half of 2013, and due to a large number of the submitted applications it has been extended to 2014.

In 2013, in accordance with the provisions of Article 4.8 of the Regulation, the Programme

Operator established a management and control system, by preparing relevant documents - the Description of Management and Control System and the Manual of Procedures and Audit Trails for Programme PL07, which allowed them to obtain a confirmation from the Audit Authority that the management and control system complied with the Regulations.

Throughout the whole 2013 the Programme Operator conducted intensive information and promotion activities (e.g. information service point, website, conference, training courses, announcements, publications) and actions for strengthening bilateral relations (e.g. call for proposals to the Fund for Bilateral Relations at the programme level, website). Furthermore, the Programme Operator participated in two meetings of Programme Operators that served as means for strengthening bonds between the Donor and Beneficiary States.

The main challenge faced by the Programme Operator in 2014 is to terminate the process of evaluating applications, and to efficiently continue the signing of projects contracts as well as to begin the project implementation by the Project Promoters.

## 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 protection

It should be noted that two main trends can be observed in Poland: the decrease in population caused by a fall in the number of births and a longer life expectancy (ageing of the society) along with a simultaneous drop in the number of healthy life years. According to the demographic forecasts <sup>1</sup> the rate of society aging in Poland has deepened and intensified. In the years to come the number of working-age and pre-working-age people will decrease dramatically and the number of people in post-working age will regularly grow. Due to society aging alone, the number of those in need of health care will increase.

#### *Life expectancy*

According to the data of the Central Statistical Office (GUS), the average life expectancy in 2011 was 72.4 years for men, and 8.5 years more, i.e.80.9 years for women, whereas in EU27 the difference for both sexes was only 5.7 years<sup>2</sup>.

#### *Causes of death*

The two main causes of deaths, constituting slightly more than 70% of all deaths in 2010, were cardiovascular diseases followed by tumours (46.0% and 24.5% of all deaths respectively). On average, cardiovascular diseases constitute a much more frequent cause of premature deaths among the inhabitants of Poland than the EU.<sup>3</sup>

With regard to cancerous diseases it must be added that the most frequent malignant tumours are tracheal, bronchial and lung tumours. The unfavourable changes in terms of the number of deaths and mortality rates were related to lung cancer in women, colorectal carcinoma in men and pancreas cancer in both sexes. However, we are observing a decreasing number of deaths and mortality rates in men with lung cancer, women suffering from colorectal cancer as well as women and men suffering from stomach cancer. Additionally, it should be pointed out that despite decreasing female mortality due to uterine cervix cancer, it remains at a high level.

#### *Number of births*

The number of live births after 2003 was growing until 2009, however, in 2010, the ratio of births decreased from 11.0 to 10.8 per 1000 people as compared to the previous year. There is a decreasing infant mortality trend in Poland. The ratio of infant deaths per 1000 live births in 2011 amounted to 4.9. According to a report published on 9 September 2013 by the European

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<sup>1</sup> Population forecast for Poland in 2008 -2035, the Central Statistical Office (GUS)  
[http://www.stat.gov.pl/cps/rde/xbcr/gus/L\\_prognoza\\_ludnosci\\_PI\\_2008-2035.pdf](http://www.stat.gov.pl/cps/rde/xbcr/gus/L_prognoza_ludnosci_PI_2008-2035.pdf)

<sup>2</sup> B. Wojtyniak, P. Goryński, B. Moskalewicz, *Sytuacja zdrowotna ludności Polski i jej uwarunkowania*, NIZP-PZH, Warsaw 2012

<sup>3</sup> B. Wojtyniak, P. Goryński, B. Moskalewicz, *Sytuacja zdrowotna ludności Polski i jej uwarunkowania*, NIZP-PZH, Warsaw 2012

Commission the past significant differences between EU states in terms of average life expectancy and infant mortality are currently evening out.<sup>4</sup> However, it should be emphasized that this ratio is still one of the highest in Europe (ratios higher than in Poland occurred only in 6 EU Member States). The reason for more than half of infant deaths are diseases and conditions occurring in the perinatal period, i.e. those developing during pregnancy and in the first 6 days of the newborn's life. It should be emphasized that early infant mortality is significantly affected by insufficient medical care.<sup>5</sup>

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

It should be pointed out that data concerning the extension of life expectancy that plays the key role in the process of double ageing of the population (rapid increase in the percentage of people of 80 years and more as well as 65 years and more in the whole society) 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>6</sup>

#### *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 (7% of the GDP, whereas the average value for the EU countries is 9.8%).<sup>7</sup>

#### *Inequalities in health*

The diversity of health condition among Poles with relation to the voivodeship (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 voivodeships. 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>8</sup>

#### Changes in strategic documents

In 2012, the National Development Strategy for the years 2007-2015 mentioned in the Programme Proposal was replaced with the National Development Strategy 2020.<sup>9</sup> Under Objective 1.3. *Intensification of conditions favourable for the realization of individual needs and activity of citizens*, the following direction of intervention has been indicated: 1.3.3. *Increased safety of citizens* including actions involving health care system. Furthermore, on 7 August 2013 the Human Capital Development Strategy (HCDS) came into effect,<sup>10</sup> which was referred to in the Programme Proposal. The problems and planned actions concerning the protection of health have been described in HCDS under two sub-objectives: *The extension of the professional activity period and ensuring effective functioning of the elderly* and *Improvement in health of citizens and the effectiveness of the health care system*. Apart from the aforementioned strategies, on 12 February 2013 the Efficient State Strategy was adopted, indirectly referring to Programme PL07,<sup>11</sup> in which one of the significant objectives was *Effective health care system* containing areas of intervention involving *Improvement in infrastructure of health care, didactic resources of medical universities and research institutes, Improvement in the access to health care services and improvement in health care system management and medical information*, as well as *Improvement in the quality and safety of health care services*.

#### Signing the Agreement and increase in allocation for Programme PL07

After signing the Programme Agreements in 2012 between the Donors and the National Focal Point, in January 2013, the Programme Operator and the National Focal Point signed the Programme Implementation Agreement. Subsequently, in July 2013 the Addenda to the

<sup>4</sup> [http://ec.europa.eu/health/social\\_determinants/policy/index\\_pl.htm](http://ec.europa.eu/health/social_determinants/policy/index_pl.htm)

<sup>5</sup> GUS, *Podstawowe informacje o sytuacji demograficznej Polski w 2011 roku*

<sup>6</sup> M. Augustyn (ed.), *Opieka długoterminowa w Polsce – opis, diagnoza, rekomendacje*, Warsaw 2010

<sup>7</sup> WHO data, 2009 (HFA DB, January 2012)

<sup>8</sup> WHO Report *Social inequalities in health in Poland* Warsaw, 2012

<sup>9</sup> Resolution of the Council of Ministers no. 157 of 25.09.2012 (MP of 2012, item 882)

<sup>10</sup> Resolution of the Council of Ministers no. 104 of 18.06.2013 (MP of 07.08.2013, item 640)

<sup>11</sup> Resolution of the Council of Ministers no. of 17 of 12.02.2013 (MP of 07.03.2013, item 136)

Programme Agreements were signed between the National Focal Point and the Financial Mechanism Office, governing issues related to increasing the allocation for Programme PL07 by 6 million euro, including changes in indicators. As a result, it was necessary to sign Annexes to Agreements between the National Focal Point and the Programme Operator. Issues concerning the adjustment of the current indicators for Programme PL07 in accordance with those visible in the DORIS system were the subject of agreements between the Programme Operator, the National Focal Point and the Financial Mechanism Office, however up till now they have not been reflected in the DORIS system.

#### Establishment of management and control procedures and system implementation compliance audit

In 2013 the following documents were prepared by the Programme Operator: Description of Management and Control System, as well as the Manual of Procedures and Audit Trails for Programme PL07, Development and better adaptation of health care to demographic and epidemiological trends, which then, after approval by the Director of the Department of European Funds, were transferred to the National Focal Point in the designated time frame. Furthermore, according to the provisions of Article 4.8 of the Regulations, the English version of the Description of Management and Control System was provided for the Donors.

In the first half of 2013, the Audit Authority conducted an audit of the implementation system in order to verify its compliance with the Regulations and generally adopted principles of accounting, as a result of which the Programme Operator obtained an opinion from the General Inspectorate of Fiscal Control about compliance of the management and control system with the Regulations. The audit report confirmed that the requirements of the management and control system are proportional to the effectiveness in attaining the programme objectives.

### **3. Reporting on Programme outcome**

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

At the present stage of implementing the programme, taking into account the ongoing evaluation of application forms, it is impossible to refer to the projects' outputs.

At the same time, based on the analysis of applications submitted in the call for proposals and the influenced indicators planned to implementation by the applicants, the Programme Operator may confirm that they do not notice the risk of failure to reach the expected results. Currently, the main challenge identified by the Programme Operator applies to the short time of project implementation, which was also influenced by the process of assessing Programme PL07 by the Financial Mechanism Office and the process of evaluating application forms and selecting projects for financial support. As a result, the Programme Operator has already suggested the National Focal Point and the Donors to consider the possibility of prolonging the period of projects' expenditure eligibility. At the same time the Programme Operator has taken a number of actions to efficiently conduct the application assessment procedure (e.g. by involving a large number of employees responsible for conducting the formal assessment, organizational improvements).

Further detailed analysis of the results and outcomes of the Programme will be possible after the conclusion of the application assessment procedure, signing project contracts and the initiation of projects implementation by the Project Promoters.

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), before announcing the call for proposals the Programme Operator had organized a training course for potential applicants, where such issues as the risk related to the investment implementation (the significance of applying the Public Procurement Law and using a schedule in order to avoid the effects of potential delays) were discussed.

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).

In the course of project implementation the Project Promoters shall be obliged to undertake information and promotion 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 constitutes the key to reducing the occurrence of diseases related to lifestyle, resulting in a low level of participation in the Programme's activities.

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

When it comes to the horizontal issues, it should be noted that they 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.

#### 4. Reporting on outputs

4.1 [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.

The analysis regarding the achievement of the expected Programme results will be possible after concluding the application assessment procedure, signing project contracts and the initiation of project implementation by the Project Promoters.

4.2 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.

N/A

4.3 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.

N/A

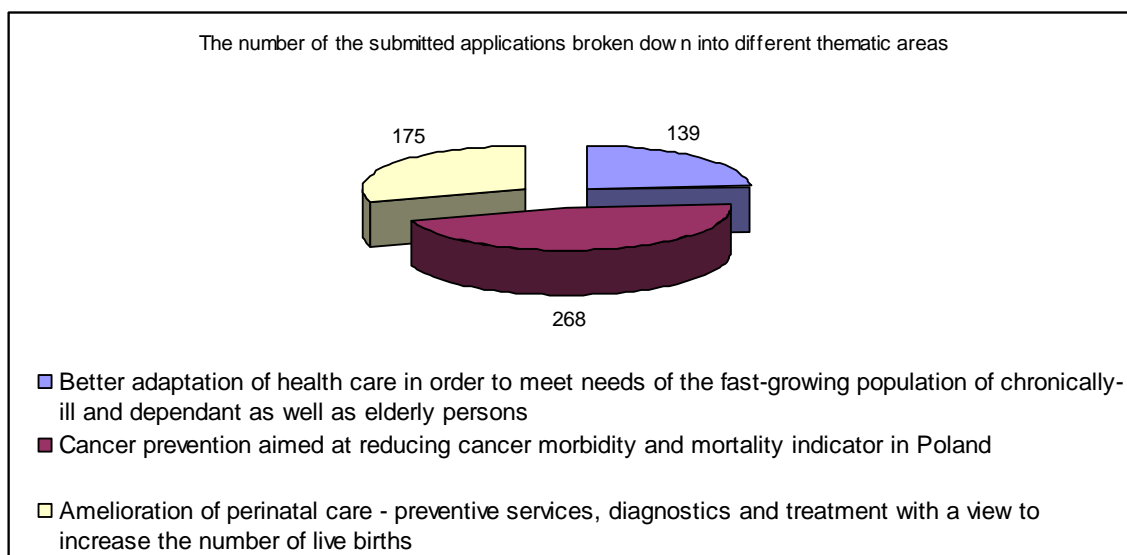
#### 5. Project selection

[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.

After the preparation of the final version of the application documentation, on 15 March 2013 a call for proposals was announced, and closed on 28 June 2013. As a result of the increased allocation for Programme PL07, the amount intended for the call for proposals as part of a open call for project financing was increased by 5 549 950 euro. Eventually, the total allocation of funds available from the EEA Financial Mechanism and Norwegian Financial Mechanism grant for the call for proposals is PLN 217 600 286, i.e. 52 545 225 euro.

The call met with huge interest, which was proven by 585 submitted applications, for the total amount of PLN 3 311 692 138 requested from the EEA FM/NFM. In 22 cases the applications were submitted in partnership with another institution, including two applications submitted in partnership with an institution from Norway. The number of the submitted applications broken down into different thematic areas is presented in the chart below, with the exception of three applications: one of them was submitted with the use of the wrong form, which prevented the identification of the focus area, and two were withdrawn at the request of the applicants. Furthermore, it should be pointed out that a project may apply to more than one area but the applicants of the submitted applications were obliged to indicate the dominant one. It follows from the presented analysis that for more than 40% of the submitted applications (46%) the dominant area was "Better adaptation of health care in order to meet needs of the fast-growing population of chronically-ill and dependant as well as elderly persons". On the other hand, "Cancer prevention aimed at reducing cancer morbidity and mortality indicator in Poland" has been defined as a dominant area among 30% of the applications, and "Amelioration of perinatal care - preventive services, diagnostics and treatment with a view to increase the number of live births" –

among 24% of the applications.



The process of formal evaluation of applications began in the third quarter of 2013, and due to a great number of submitted applications it will last until the end of the first quarter of 2014. The process of content-related assessment of applications began in the 4th quarter and it is esteemed to last until the end of the second quarter of 2014. The Programme Operator plans the signing of the project contracts for the third quarter of 2014, after which the project implementation will begin.

## 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 Program 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.

On 28 June 2013 the Programme Operator announced the first call for proposals for the Fund for Bilateral Relations at the Programme level. The potential applicants could submit their applications until 30 November 2013.

The available allocation amounted to 217 753 euro i.e. PLN 902 000.

5 application forms were submitted for the total amount of PLN 600 362, of which: one has been withdrawn by the applicant, one was rejected due to failure to meet formal and content-related criteria, and three others (for the total amount of PLN 335 984) are under assessment.

The Programme Operator launched a helpline and a new website [www.fbr.zdrowie.gov.pl](http://www.fbr.zdrowie.gov.pl), which is dedicated for the Project Promoters and potential Project Promoters of Programme PL07 who wish to initiate cooperation with entities from the Donor States and benefit from the support under the Funds for Bilateral Relations as well as for potential partners from the Donor States. A great interest has been observed, especially in the helpline.

Furthermore, tender procedures have been initiated involving the organization of a seminar in Norway under the Operational Programme PL07, which will create an opportunity to establish business relationships, exchange views, knowledge, experience and good practices, as well as initiate partnerships. The assessment of the results of the seminars will be possible only after their implementation.

The preparatory works to organize an International thematic conference also took place in 2013. Concept of conference "Ageing society – imminent problem or untapped potential?" was consulted i.a. during the December Cooperation Committee meeting.

The indicators verifying the progress in strengthening bilateral relations will be realised from the next year onward.

At the present stage, the Programme Operator identifies the possibility of risks connected with

little interest on the part of potential Project Promoters in the Fund for Bilateral Relations. As a remedy, the Programme Operator envisages strengthening information and promotion activities.

#### Other measures taken by the Programme Operator

The Programme Operator participated in a meeting for Programme Operators, organized by the Norwegian Directorate of Health and the Norwegian Institute of Public Health on 29-30 May 2013 in Oslo, where the general operational principles of Programme PL07 and Programme PL13 as well as the use of the Funds for Bilateral Relations at the Programme level were presented.

In addition, representatives of the Programme Operator took part in a meeting of Programme Operators under EEA FM and NFM organized by the Norwegian Institute of Public Health and the Hungarian party (National Development Agency) in Budapest on 28-29 November 2013, during which they presented information about the implemented areas, the 2013 call for proposals under Programme PL07 and the call in Programme PL13 intended for the 1st quarter of 2014, as well as the current and planned actions under the Funds for Bilateral Relations at the Programme level.

#### **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 Operator's Manual]

Owing to the persisting process of recruitment and application assessment procedures in 2013, monitoring measures were not carried out.

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.

As the process of signing project contracts is scheduled for 2014, it will be impossible to carry out control on the full project sample in the next reporting period. Moreover, taking into account that in 2014 the projects will be in the initial phase of implementation, the project sample will be accordingly reduced and adapted to the number of project contracts signed in 2014 and to the time remaining for their implementation in the current year. The Programme Operator assumes that the sample will not constitute less than 3% of contracts signed until the end of the 3rd quarter of 2014.

The control plan for 2014 will be drawn up after signing project contracts.

### **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]

In July 2013 between the National Focal Point and the Financial Mechanism Office the Addenda to Programme Agreements was signed, regulating issues related to increasing the allocation for Programme PL07 by 6 million euro, including related changes in ratios. As a result, it was necessary to conclude the Annex to the Agreement on the implementation of the programme entitled "Development and better adaptation of health care to demographic and epidemiological trends" between the National Focal Point and the Programme Operator, under the Financial Mechanism of the European Economic Area 2009-2014 and the Norwegian Financial Mechanism 2009-2014.



## 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), before announcing the call for proposals the Programme Operator had organized a training course for potential applicants, where such issues as the risk related to the investment implementation (the significance of applying the Public Procurement Law and using a schedule in order to avoid the effects of potential delays) was discussed.

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).

In the course of project implementation the Project Promoters shall be 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.

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

Furthermore, the Programme Operator 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.

## 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.

According to the adopted Communication Plan, in 2013 information and promotion actions concerning Programme PL07 were adjusted to the initial stage of its implementation. The primary purpose of the activities was to shape and/or raise social awareness of the existing Programme and to inform about the possibility to apply for funds. In addition, information and promotion actions were implemented to disseminate general knowledge about the Financial Mechanisms, as well as to promote bilateral cooperation between Poland and the Donor States by encouraging the establishment of partnerships at the project level.

In 2013 the Programme Operator used the following tools and methods for implementing information and promotion measures:

### 1) Information service point

The information service point was opened after signing the Memorandum of Understanding of the EEA FM and NFM implementation in 2011 (a separate telephone number and e-mail address were set up, allowing potential Project Promoters to access key information on the Programme directly). A particular increase in activity of the information point could be observed between May and June 2013, that is during the preparation of application forms for the call for proposals. Over 800 answers to inquiries were given by mail, telephone information was given on an ongoing basis and direct meetings with the people interested in Financial Mechanisms were organised in the seat of the Programme Operator.

### 2) Website

On the website of the Programme Operator, [www.zdrowie.gov.pl](http://www.zdrowie.gov.pl), dedicated to the European Funds for health care sector, a tab was launched exclusively for obtaining information about

the Financial Mechanism of the European Economic Area and the Norwegian Financial Mechanism (in Polish and in English). It contains all necessary information about the Programme PL07, including news and tender documents. The number of visits on the website in 2013 amounted to 161 962.

3) Conference inaugurating Programme PL07

The Conference was held on 7 February 2013 in Warsaw. It was opened by Minister Sławomir Neumann and in conference participated representatives of the Embassy of the Kingdom of Norway in Warsaw, the Ministry of Regional Development, serving as the National Focal Point for the EEA FM and NFM, as well as potential Project Promoters.

4) Training sessions for potential Project Promoters of Programme PL07

Before announcing the call for proposals a series of training courses was organized for potential Project Promoters preparing them for application and providing them with information on the rules of participation in the call for proposals. In order to reach out to a greater number of potential stakeholders, the training was organized over the whole country in the following cities: Warsaw, Poznań, Gdańsk, Białystok, Lublin, Kraków, Wrocław, Katowice. The training courses were participated by 590 people.

5) Press announcements

In a daily newspaper of the national range three press announcements were published, informing of the call for proposals for Programme PL07, promoting Financial Mechanisms and Programme PL13. The announcements covered ½ page and were published in *Gazeta Wyborcza* on 27 February, 13 March and 27 March 2013.

6) Information and promotion materials

2 000 pc. of information and promotion leaflets were issued (for both Programmes), 2 000 pc. of Operational Programme PL07 and 700 pc. of rules applying to the preparation of application forms and participation in the open call. The materials have been distributed in a number of ways: they were left at the entrance to the seat of the Programme Operator, on Długa and Miodowa streets, they are handed out in direct contacts with potential Project Promoters and other concerned entities.

All measures and communication tools undertaken by the Programme Operator were adjusted to the needs of the target groups, prepared with the use of understandable language, containing clear and simple messages.

Apart from the aforementioned promotion methods the Programme Operator took other information and promotion actions such as cooperation with other organizational units of the Ministry of Health, particularly with the Press and Promotion Office, within the scope of replying for letters concerning the possibility of fund acquisition.

Cooperation with the media takes place via the Press and Promotion Office of the Ministry of Health – where answers to the journalists' questions are given.

Articles published in the press on the subject of the Financial Mechanisms, are analyzed and stored in a press book.

The updated contact details and information about Programme PL07 are submitted to the National Focal Point and subsequently uploaded on [www.eog.gov.pl](http://www.eog.gov.pl).

Taking into account the degree of interest expressed by the applicants for the Programme and the number of submitted applications, one should consider the information and promotion measures taken by the Programme Operator as effective.

## 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 Operator's 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. While pursuing the first principle, 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.

Furthermore, pursuant to Article 4.8 of the Regulations, the Programme Operator established a system of management and control by preparing relevant documents - the Description of Management and Control System, as well as the Manual of Procedures and Audit Trails for the PL07 Programme, and obtained an opinion from the Audit Authority that the management and control system complied with the Regulations.

In the 4th quarter of 2013, due to the release of Regulation no. 36 by the Director General of the Ministry of Health of 21 October 2013 on establishing the internal organizational regulations of the Department of European Funds, amending the division of tasks within the Department, the work on updating the Description of Management and Control System, as well as the Manual of Procedures and Audit Trails commenced. Currently there are four units in the Department of European Funds that perform particular tasks of the Programme Operator: Financial Mechanisms Programming and Monitoring Unit, Aid Programmes Implementation and Finance Unit, Technical Assistance Unit and Law Unit. This change complies with article 4.7 of the Regulation, referring to the requirement of establishing organizational structures of the Programme Operator that ensure independence and functional separation of the unit responsible for verification of payment applications and other units responsible for the implementation of the programme.

Moreover, in the process of applying for financial support the applicants were obliged to refer to the horizontal issues, which had been thoroughly discussed in the call for proposals documentation.

The aspects related to the cross-sectional issues are one of the elements assessed during the process of application evaluation by expert members of Content Related Assessment Team.

## 12. Attachment 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]*

- Monitoring Plan
- Risk assessment of the Programme

### Programme Operator signature

	For the Programme Operator	Optional second signature												
<b>Name</b>	Małgorzata Zadorožna													
<b>Signature</b>														
<b>Position</b>	Deputy Director of Department of European Funds													
<b>Date</b>	<table border="1"> <tr> <td>day</td> <td>month</td> <td>year</td> </tr> <tr> <td>10</td> <td>02</td> <td>2014</td> </tr> </table>	day	month	year	10	02	2014	<table border="1"> <tr> <td>day</td> <td>month</td> <td>year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	day	month	year			
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## Annex: Risk assessment of the programme

Programme #	Type of objective <sup>12</sup>	Description of risk	Likelihood <sup>13</sup>	Consequence <sup>14</sup>	Mitigation planned/done
	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).	3	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
		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 present a proposal of the plan to avoid the

<sup>12</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>13</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>14</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.

					risk (e.g. creating a reserve list of training courses).
		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.	2	3	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.	3	3	Intensification of informational and promotional activities by the Programme Operator.
	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 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 of verifying payment claims submitted to the Programme Operator by Project Promoters and on-the-spot checks of the project implementation.

### *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.

As the process of signing project contracts is scheduled for 2014, it will be impossible to carry out control on the full project sample in the next reporting period. Moreover, taking into account that in 2014 the projects will be in the initial phase of implementation, the project sample will be accordingly reduced and adapted to the number of project contracts signed in 2014 and to the time remaining until their execution in the current year. The Programme Operator assumes that the sample will not constitute less than 3% of contracts signed until the end of the 3rd quarter of 2014.

The control plan for 2014 will be drawn up after signing project contracts.

### *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.

As signing project contracts is scheduled for III quarter of 2014, the Programme Operator anticipates that the verification of first payment claims will take place in 2014 in case of Project Promoters having signed project contracts at the beginning of first quarter (Project Promoters will be obligated to submit first payment claims for the period until August 2014 – it should be taken into account that in justified cases the Programme Operator may approve to merge upon no more than two reporting periods).

### *The remaining measures undertaken by the Programme Operator*

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

- organising 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,
- familiarizing with eventual problems during projects implementation,
- other working contacts with Project Promoters