The Annual PL07 Programme *Development and better adaptation of health care to demographic and epidemiological trends* Report for the year 2016

Annotated[1] 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.

[1] 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 2016 involved mainly the substantive implementation of projects, for which the agreements have been closed in the previous years. It was 37 projects with the total value of co-financing of 227 034 999 PLN.

Throughout the whole 2016 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). Furthermore, the Programme Operator participated twice in the OPs meetings.

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.

17 projects have been completed by 30 April 2016, ie. they have been completed in their activities. 12 of them will not have the possibility of applying for an extension of and participate in the call for the implementation of the additional scope of the project (based on Art. 6.9 Regulations), because they didn't claim for the consent of donors to extend the implementation period beyond 30 April 2016. Others may participate in the procedure reallocation and continue the project activities, provided that their final reports have not been approved.
4 projects have already been settled and the final payment was paid.

PO began in 2016 the procedure for the reallocation of savings generated between projects. Available are 4 409 000 PLN (1 064 667.25 Euro). Amount requested from all the positively evaluated applications exceeded the available allocation.
The main challenge facing the Programme Operator in 2017 is to effectively monitor the implementation of projects as well as BRF projects, submitting the expenditures for certification and substantial as well financial closure of projects ending in 2016 and 2017.

In addition, the Operator will take action to increase the visibility of the Programme and disseminate its results, as well as commission an evaluation of the Programme.

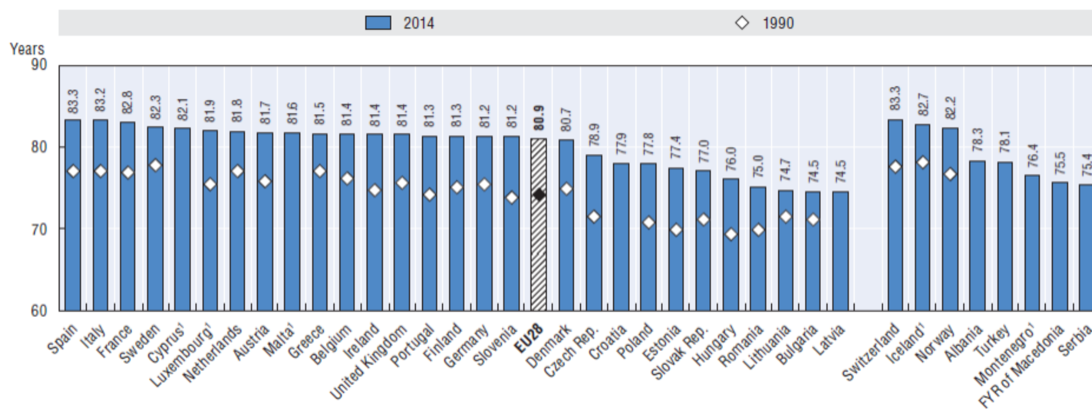
2. Programme area specific developments

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.

<u>*Statistics and trends in health care*</u>

Life expectancy

According to the report published by the OECD in November of 2016 Health at a Glance: ***Europe 2016. State of Health in the EU Cycle***, life expectancy at birth continues to increase in EU countries, going up on average by 3 months each year and in 2014 reached on average 80,9 years (83,6 years for women and 78,1 years for men), although latest for France and Italy data indicate, that in this countries in 2015 it will be shorten, first time since many years[2]. In Poland life expectancy amounted to 77,8 years (81,7 years for women, 73,7 years for men) what confirms the growing trend. [3]



Source: OECD/EU (2016), *Health at a Glance: Europe 2016 – State of Health in the EU Cycle*, OECD Publishing, Paris. *http://dx.doi.org/10.1787/9789264265592-en*

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. [4]

On average in the EU in 2014, women lived 5.5 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 2014 women in the EU could expect to live 61.8 years free from any form of disability, only 0.4 year longer than men (HLY 6.,4 years).[5] In case of Poland, life in good health for women and men was 62.7 and 59.8 respectively[6], what means that comparing to the data from 2013 increase (about 0.6 year) appear only for men, and *expectancy* for women remain without changes. what constitutes 74% of the life expectancy at birth, just 0.1 years more than men. It is noteworthy that the observed values of the length of healthy life account for 81% of the total life expectancy of men and 77% for

[2] OECD/EU (2016), *Health at a Glance: Europe 2016 – State of Health in the EU Cycle*, OECD Publishing, Paris. *http://dx.doi.org/10.1787/9789264265592-en*

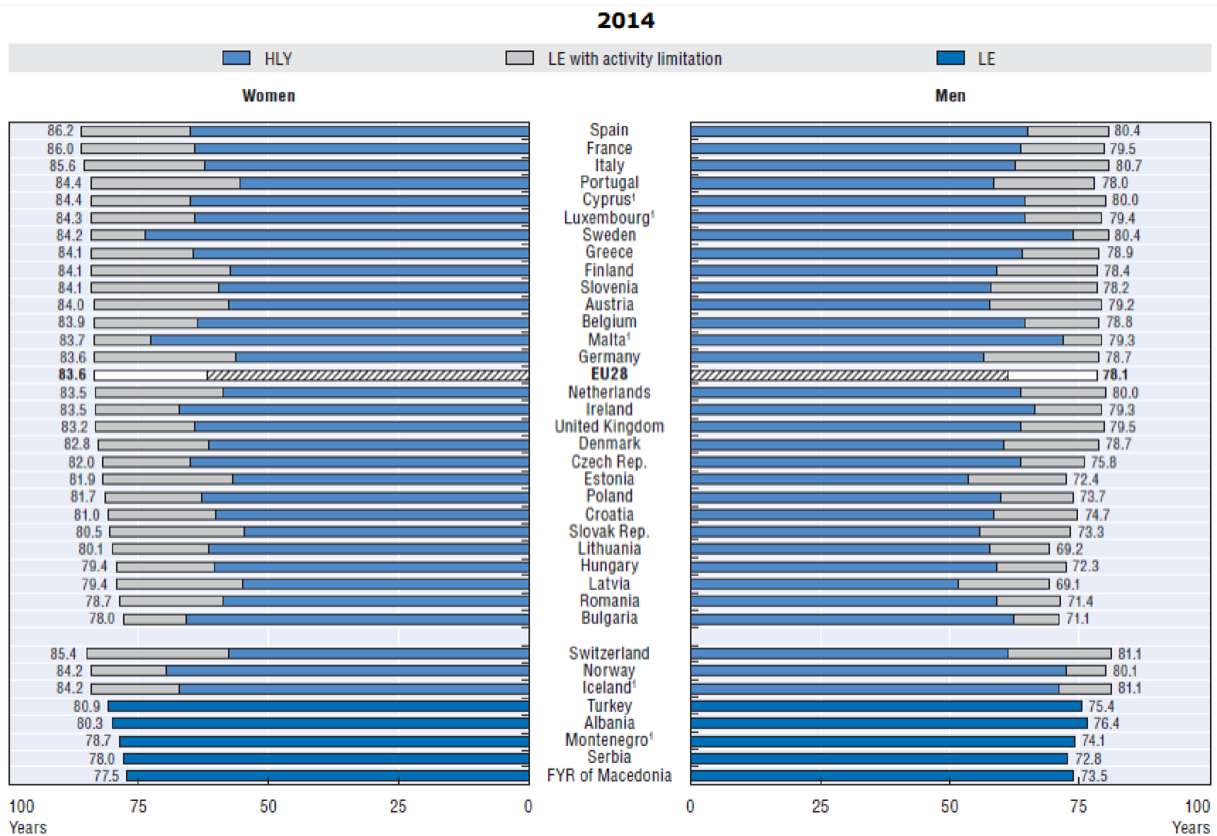
[3] http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00025&plugin=1

[4] http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do

[5] http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tsdph100&plugin=1

[6] http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tsdph100&plugin=1

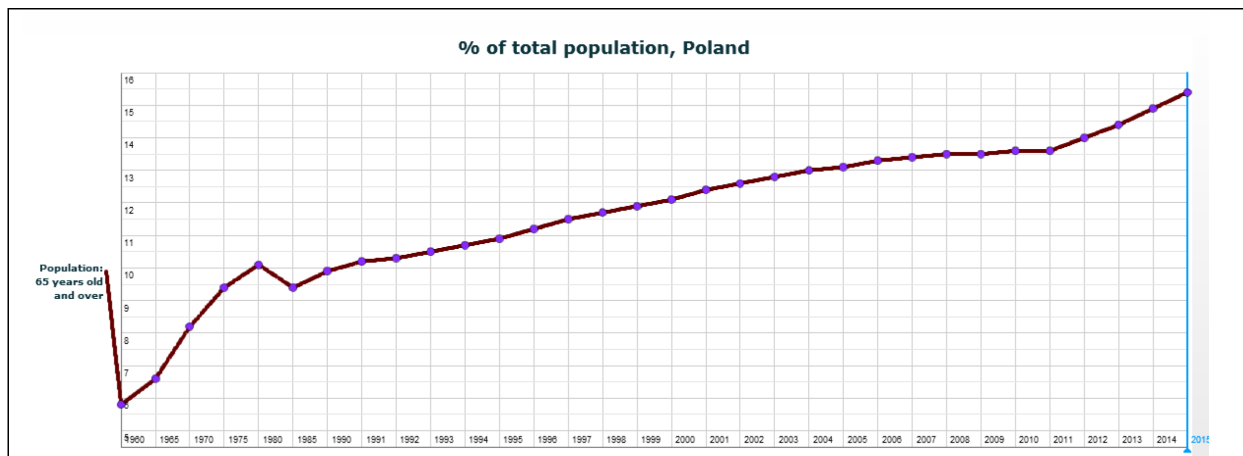
women and represent the remaining years - respectively 13.9 years in relation to the 19 years for men and for women are experienced in conditions of limitation of activity.



Source: OECD/EU (2016), *Health at a Glance: Europe 2016 – State of Health in the EU Cycle*, OECD Publishing, Paris. *http://dx.doi.org/10.1787/9789264265592-en*

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 EU countries, the share of the population aged over 65 years has increased from 9.8% in 1960 to 18.9% in 2015[7]. It is expected that two thirds of OECD countries, at least one quarter of the population will be over 65 years of age by 2050.[8] In 2014 in the EU average life expectancy at the age of 65 was 20 years: 21.6 years in case of women and 18,2 years in case of men. 9 In the EU this indicator also increased, and was on average 20.5 years for women and 18 years for men. The values of this index increased in all EU countries since 1990, and is expected to increase further by an average of 4.7 years for men and 4.5 years for women between 2013 and 2060.[10]
In Poland, the share of persons aged 65+ in the population has increased from the 5.8% in 1960 to 15.4% in 2015.[11]

[7] OECD/EU (2016), *Health at a Glance: Europe 2016 – State of Health in the EU Cycle*, OECD Publishing, Paris. *http://dx.doi.org/10.1787/9789264265592-en*
[8] http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm
[9] http://ec.europa.eu/eurostat/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=tps00026&language=en
[10] OECD/EU (2016), *Health at a Glance: Europe 2016 – State of Health in the EU Cycle*, OECD Publishing, Paris. *http://dx.doi.org/10.1787/9789264265592-en*
[11] http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT



Source: http://stats.oecd.org

According to the criteria of the UN, it means the phase of advanced age population.[12] In 2014, the average further life expectancy of women at age 65 constitute 20.4 years and of men - 15.9 years.[13]
The estimated value of the coefficient of demographic burden of the elderly in the EU show a significant increase in future years - from 28.8 persons aged 65+ per 100 persons aged 15-64 (working age) in 2015 to 49.4 people 2050. In Poland, a change of this indicator will be even more dynamic, from 21.8 people in 2015. to 51.9 people in 2050.[14]

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 2014 this indicator, measured for persons aged 65 and over in the European Union countries reached on average 8.6 for men as well as for women. In Poland the value of this indicator reached 7.5 years for men and 8.1 for women, what constitutes ca. a half of maximum value annotated in Iceland (respectively 15.1 for men and 14.8 for women) and in Norway (respectively: 15.3 and 15.9).[15]
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. [16] In Poland, since 1990 the percentage of the population over 80 doubled and amounted in 2015 approx. 4%[17].

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. Forecasts for Poland show that in 2035 the

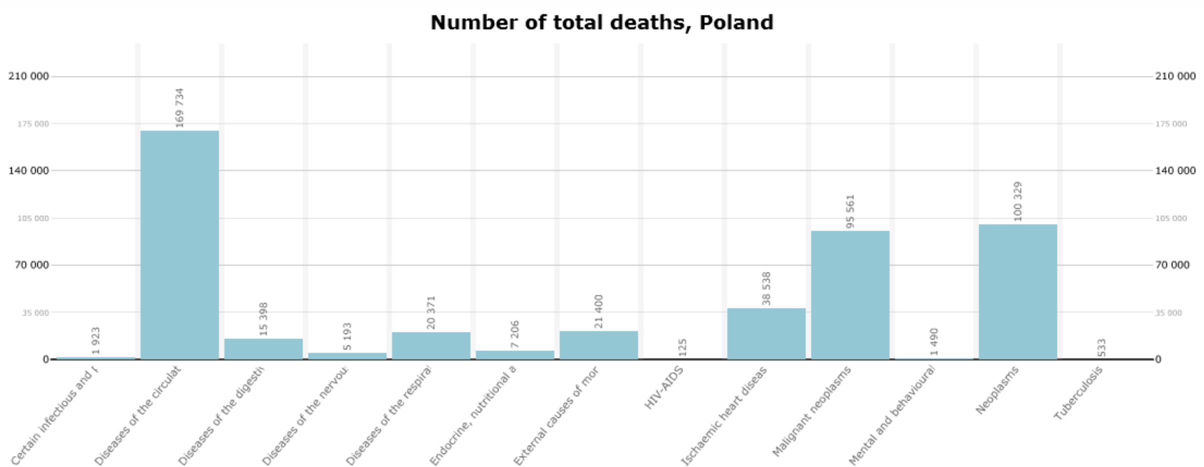
[12] *Prognoza ludności na lata 2014-2050*, Główny Urząd Statystyczny, Warszawa 2014.
[13] http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT
[14] http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tsdde511&plugin=1
[15] OECD/EU (2016), *Health at a Glance: Europe 2016 – State of Health in the EU Cycle*, OECD Publishing, Paris. *http://dx.doi.org/10.1787/9789264265592-en*
[16] http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm
[17] http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT

share of people in so called venerable old age in the population will reach 7.9%, while in 2050 already 10.4%[18].

Causes of death

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. [19] In the EU, cancer is more common cause of death among men than among women (in 2013 it was accounted respectively for: 30% and approx. 24% of deaths), the opposite situation occurs in the case of cardiovascular diseases, responsible for 40% of deaths among women and 34% deaths among men in 2013. [20]

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.



Source: http://stats.oecd.org

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 of approx. 52% of all deaths, on the turn of the century – almost 48%, while in 2014 it accounted for approx. 45% of all deaths. As well in Europe as 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 26.6% of deaths[21]).

Number of births

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[18] http://demografia.stat.gov.pl/bazademografia/Prognoza.aspx

[19] http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm

[20] OECD/EU (2016), *Health at a Glance: Europe 2016 – State of Health in the EU Cycle*, OECD Publishing, Paris. *http://dx.doi.org/10.1787/9789264265592-en*

[21] http://strateg.stat.gov.pl/Home/Strateg, *Podstawowe informacje o rozwoju demograficznym Polski do 2014 roku*, Główny Urząd Statystyczny, Warszawa 27.01.2015

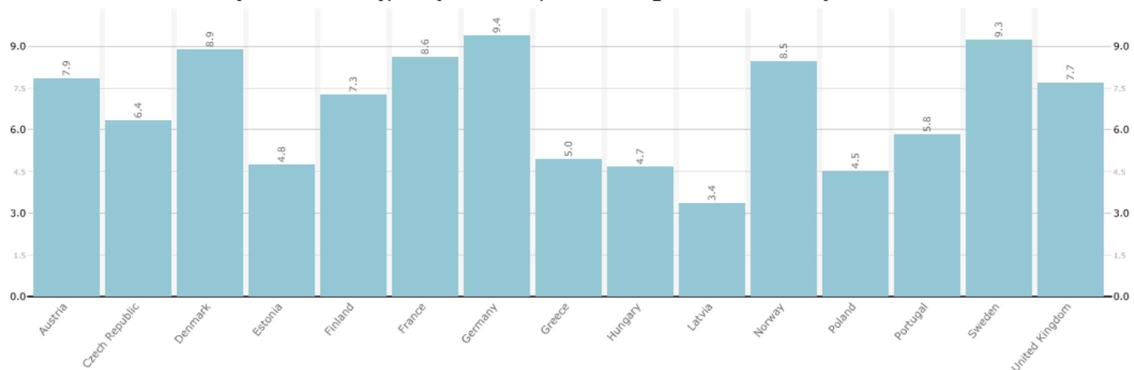
In Poland in the twenty-first century, the highest birth rate was noted in 2009. In 2015 number of live births per 1,000 population decreased compared to the previous year by 0.1 and reached 9.6. From 2013 negative natural increase was observed - its value in 2015 counted on 1000 population reached -0.7[22]

In Poland a decreasing infant mortality observed. The coefficient expressing the number of infant deaths per 1,000 live births in 2015 was 4 (decrease of 0.2 compared to previous year).[23] 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.[24] 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[25]). 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 newborn. The situation for children aged to 14 years was shaped similarly - the mortality rate in Poland in 2014 was located at a higher level than the average for the EU (higher values recorded for 6 countries) [26].

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. According to the National Health Account current expenditure on health amounted in 2014 to 108.7 billion PLN and accounted for 6.33% of Gross Domestic Product[27]. In 2015 the average for EU countries amounted 9.9% of GDP[28].

Government schemes and compulsory contributory health care financing schemes, Current expenditure on health (all functions), All providers, Share of gross domestic product



Source: http://stats.oecd.org

Inequalities in health

[22] *Rocznik demograficzny*, Główny Urząd Statystyczny, Warszawa 2016.
[23] *Rocznik demograficzny*, Główny Urząd Statystyczny, Warszawa 2016.
[24] http://ec.europa.eu/health/social_determinants/policy/index_pl.htm
[25] http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00027&plugin=1
[26] OECD/EU (2016), *Health at a Glance: Europe 2016 – State of Health in the EU Cycle*, OECD Publishing, Paris. *http://dx.doi.org/10.1787/9789264265592-en*
[27] Narodowy Rachunek Zdrowia 2014. Notatka informacyjna, GUS, Warszawa 25.11.2016 r.
[28] OECD/EU (2016), *Health at a Glance: Europe 2016 – State of Health in the EU Cycle*, OECD Publishing, Paris. *http://dx.doi.org/10.1787/9789264265592-en*

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.[29]

In addition, the *Atlas of Polish population mortality in 1999-2001 and 2008-2010*[30] prepared by the National Institute of Public Health – National Institute of Hygiene, presented at poviat 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.

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[31] 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[32]. The National Strategy for Regional Development 2010-2020: Regions, Cities, Rural Areas (NSRD)[33], 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[34] 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*.

[29] WHO Report *Social inequalities in health in Poland* Warsaw, 2012
[30] *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*
[31] Resolution No 157 of the Council of Ministers of 25.09.2012 (MP of 2012, item 882)
[32] The works over the updating of the National Development Strategy are currently being undertaken.
[33] Resolution of the Council of Ministers of 13.07.2010 (MP No 36 of 2010, item 423)
[34] Resolution No 17 of the Council of Ministers of 12.02.2013 (MP of 2013, item 136)

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 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

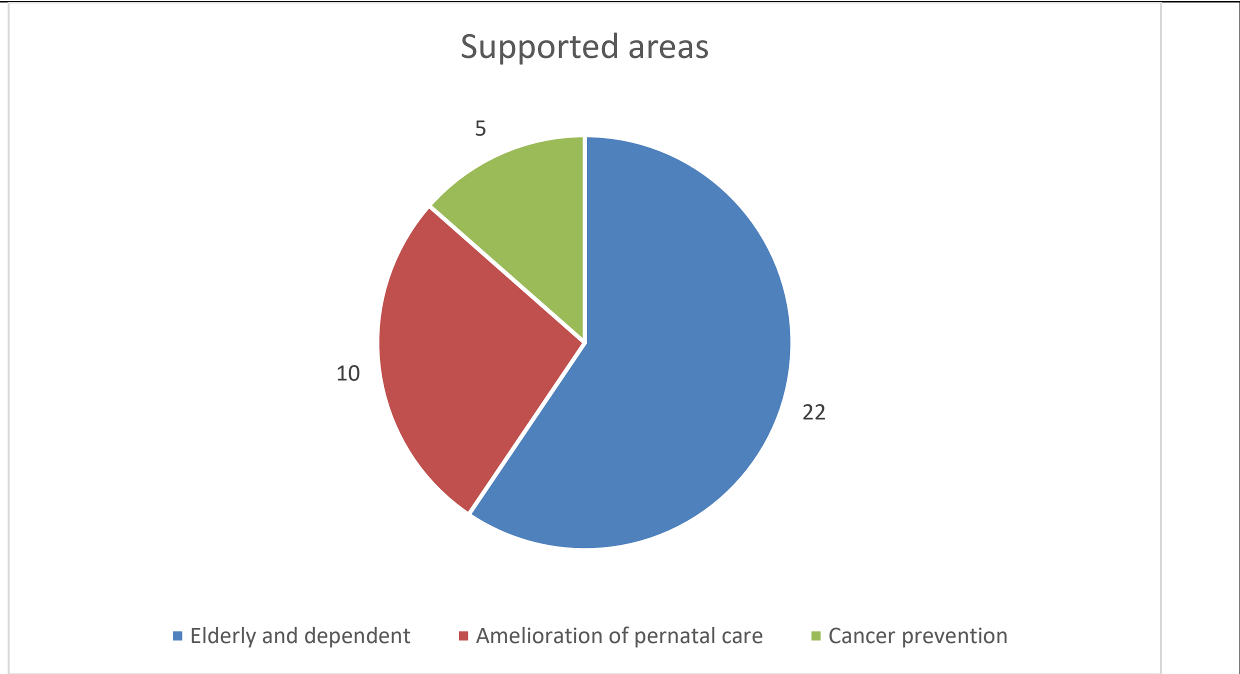
Ad. 3.2

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.

37 projects were implemented in 2016 (22 projects in the area of care for the elderly and dependent, 10 in the area of amelioration of perinatal care, 5 in the prevention of cancer). The action undertake under projects are: medical examinations, campaigns promoting healthy lifestyles, actions aiming at activating dependents, childbirth classes, counseling for parents, rehabilitation services. Medical entities, as well as welfare homes are renovated and retrofitted in medical equipment.



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			
	Outcome indicator	**Baseline value**	**Target value**	**Value as of 31.12.2016**
Standard outcome indicator	Number of patients benefitting from improved health services	0	35 000	662 900
Custom outcome indicators	Number of implemented infrastructure projects	0	20	17

	Number of training sessions for health professionals	0	100	692
Expected result:	Life-style related diseases prevented or reduced			
	Outcome indicator	**Baseline value**	**Target value**	**Value as of 31.12.2016**
Standard outcome indicator	Number of actions/activities aiming to reduce or prevent life-style related diseases at national/local level	0	20	17
	Number of elderly benefiting from improved health services (where 'elderly' includes dependants)	0	10 000	36 454

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.

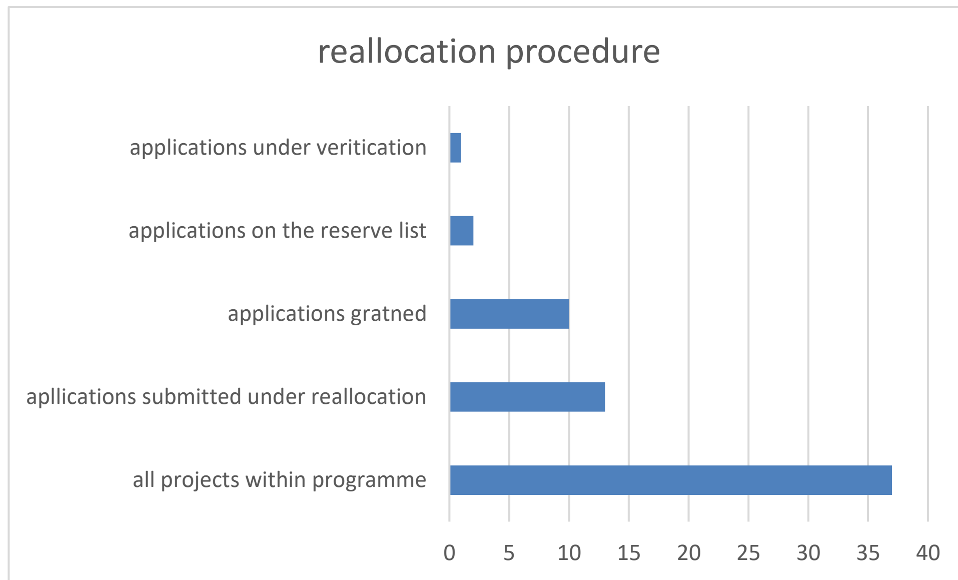
The course of the call for proposals and their formal and content-related appraisal was concluded in 2014.

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 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 project agreements with 3 entities occupying subsequent places on the reserve list. 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.

17 projects were completed by 30 April 2016 ie. they have been completed in their activities. In April of 2016 activities have been completed in 12 projects. Their beneficiaries do not have the possibility of applying for an extension of and participate in the call for the implementation of the additional scope of the project (based on Art. 6.9 Regulations), because they didn't claim for the consent of donors to extend the implementation period beyond 30 April 2016 r. Others may participate in the procedure for the reallocation and continue the project activities, provided that they have not been approved in their final reports. 4 have already been settled with the submission of the final payment. within 17 completed projects 99 083 860, 46 PLN was spent (23 926 364.45 Euro). 11 of them were implemented in the area of elder care, 2 - cancer prevention, 4 - perinatal care. Under them 99 366 people have benefited from the improvement of health services, 10 910 medical personnel was trained and 62 932 services were offered.
In addition, due to the savings generated, 2 December 2016. The Operator announced a call for additional actions (requests to extend the scope of the project), under the reallocation procedure between projects on the basis of art. 6.9 of Regulations. Recruitment is carried out continuously. Applications can run down to the Operator from 4 January 2017. The amount of available allocation amounted to 4 409 000 PLN (1 064 667.25 Euro). Operator received 12

applications. All were assessed positively, 10 received funding, 2 were entered on the reserve list. After the meeting of the Selection Committee, PO received another application. After a positive assessment of the Operator, the request was referred to the Selection Committee members. Additional scope, which resulted in funding will contribute to the implementation of the project receiving additional resources and contribute to the increase of the project results in the form of increased rates. The value of financing for the project, along with the additional allocation may not exceed the maximum ceiling indicated in the open call announcement - 4 210 800 PLN, ie. 1 000 000 Euro. The maximum value of financing as part of additional measures may amount to 800 000 PLN.



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 objective of strengthening of bilateral relations in 2016 has been reached by the actions described below:

Call for proposals for the Fund for Bilateral Cooperation

In the reporting period, 5th and 6th call for proposals have been started.

The fifth call has been announced on 15th of Jan. 2016 and lasted until the 30th of Jun. 2016. Program Operator has received eight applications within the call, submitted by the eligible entities.

Five FBR applications have received funding under the call: Poznan Clinical Hospital of Lord's Transfiguration: "Prevention of Health - A new look at familiar challenges", two applications of the National Health Fund: "Development of mobile applications for smartphones for women with gestational diabetes - SweetPregna" and "Cancell Cancer - preventing the development of cancer through health education", the application of the Pomeranian Medical University in Szczecin: "Fast-

track diagnostics of vasculitis in rheumatology" and the project of the Imago Foundation Imago: "Professional assistant services".
Within the sixth FBR call, announced on the 16th of Sep. 2016, six applications have been submitted. Submitted proposals are currently being evaluated.
In the reporting period Program Operator has approved implementation of projects and assessed payment claims submitted under the third FBR call: Ophthalmology XXI Foundation project, Pomeranian Medical University in Szczecin "How to differentiate thromboembolic disease and inflammatory atherosclerotic vessels?" and a project of Cluster of Innovative Medicine from Wroclaw.
The implementation phase, as well as assessment of the payment claims of the projects submitted in the fourth call continued in the reporting period – i.a. of the WE Patients Foundation project "The Registry of cancer as an effective tool for prevention of cancer" and the City of Krosno project "Increasing access to information on the protection and promotion of health for the elderly by operating of Senior Activity Center INFOSENIOR and implementation of preventive home visits".
The implementation of the projects submitted under the fifth FBR call has also started in the reporting period.

Implementation of projects in partnership

Within the PL07 program one project is being implemented in Polish-Norwegian partnership. A project of the Pope John Paul II Independent Public Healthcare Facility "Sanatorium" in Górno is carried out in partnership with the SSC Olaviken Alderspsykiatriske Sykehus AS. Polish-Norwegian exchange of experience is focused on implementation of innovative methods of working with dementia patients, called "Marte Meo", in Poland, the method employed and implemented in Norway by the project partner.
Between the 8th and 11th of Jun. 2016 a study visit in Norway was held. Program included a visit at the geriatric center in Oslo (Trondheimsveien 235, 0586 OSLO), which is working on the latest methods of supportive care of people with cognitive impairment and dementia, including the patients with Alzheimer's disease. It was followed by a visit in the home of Alma "Alma's house", which uses the latest assistive technology (AT) to support the environment of the demented. The delegation has also visited the SSC Olaviken Alderspsykiatriske Sykehus AS Askvegen, on the 10th of Jun. 2016. The latest methods and equipment to support the care for the elderly have been demonstrated and explained. A series of lectures on the subject has been delivered.

Telephone infoline and a website

Program Operator supports an infoline and a website www.fbr.zdrowie.gov.pl, which is intended for beneficiaries and potential beneficiaries of the PL07 program wishing to develop a bilateral cooperation with the entities of the Donor States and benefit from support in the framework of the Fund for Bilateral Relations, as well as for the potential partners from the Donor States. The website also includes information on FBR calls for applications with the relevant documents and regularly updated information on FBR events, news and a current allocation. The website is updated in Polish and English.

Study visit of the Norwegian delegation in Poland

Between the 14th and the 17th of Jun. 2016 a study visit of the Norwegian delegation in Poland was held, organized at the request of the Norwegian Directorate of Health. This was the second edition of this event - the first visit has taken place in January 2015. The main purpose of the stay of the Norwegian delegation was to understand the functioning of the healthcare system in Poland, with

particular emphasis on the different levels of decision-making in the context of the formation and exercise of health policy and public health policy at the level of central and local government.
Representatives of: the Norwegian Directorate of Health, Norwegian local government from Nordland, Stavanger, Fredrikstad and Lillesand municipality, an NGO in the field of health - the Norwegian Cancer Society, the Norwegian Association of Local and Regional Authorities (KS) and the Norwegian Embassy in Poland participated in the study visit.
The route of the study visit, developed by the Department of European Funds and eHealth of Ministry of Health, reflected the main educational purpose of the Norwegian side and, what is more, allowed them to familiarize themselves with the degree of implementation of selected projects in the field of health implemented by Beneficiaries of the PL07 and PL13 Programs.
On the first day of the visit the delegation has taken part in the seminar on the implementation of the Law on Public Health in Norway organized at the Ministry of Health and has participated in a meeting at the Office of Health Policy of the City of Warsaw, during which a discussion on a number of issues related to the activities of the office and on providing health care to the residents Warsaw has been held.
The second day of the visit began with a meeting in Krakow City Council, and was dedicated to the public health policy in the perspective of the city. The delegation then went to the care and treatment facility in Krakow - the PL07 Beneficiary implementing the project entitled: "Reconstruction of the Pavilion No. 4 of care and treatment facility in Krakow and the implementation of an educational program in the field of long-term care" co-financed by the EEA Financial Mechanism and the Norwegian Financial Mechanism. In the second part of the day, the delegation was received at the Myslenice County Office and was informed on the implementation of the project: "Modernization of Gynaecology, Obstetrics and Neonatal ward - an opportunity for the Myslenice County population to gain access to modern methods of prevention, diagnosis and treatment in the perinatal period, as well as an improvement of the quality of care for mother and child", being implemented at the local District Hospital.
On the third day of the visit, the delegation held a meeting at the Proszowice County Office - Beneficiary of the Pl13 project entitled: "Health promotion through the implementation of prevention programs, including screening and diagnosis, and educational activities in order to reduce the level of morbidity and mortality due to lung cancer and bronchitis in Proszowice County ".
The program of the fourth day was held in Poznań and began with a meeting in the Clinical Hospital of the Lord's Transfiguration - the Beneficiary of the Pl07 project "Greater Oncology - improvement and adaptation of the diagnosis and therapy of cancer to demographic and epidemiological trends in the region, ensuring for the optimization and prevention". During the Poznan ribbon-cutting ceremony the new hospital building has been inaugurated.
An intensive program of study visit in Poland gave an opportunity to get acquainted with the health policy at different levels of government, assess the scale of sectoral cooperation, assess the quality of implemented PL07 and PL13 projects and establish of numerous contacts with local authorities, medical staff and management.

Other activities

On 9-10 June 2016, representatives of the European Funds and eHealth Department have taken part in Program Operators meeting in Vilnius together with the workshop in the field of communication and project promotion with the use of social media. They acquainted with a current information on

the implementation of operational programs in each Beneficiary-State. The Polish side presented the current status of the implementation of PL07 and PL13 programs and the actions taken under the Fund for Bilateral Relation at the level of PL07 and PL13 programs. During the communication training FMO stressed the importance of promoting the results achieved in projects using modern methods of communication with the use of social media. Attention was also drawn to the formulation of communication in an attractive and modern form, with frequent updates.

The next Program Operators meeting was held in Bucharest, Romania on 23-25 November 2016. Representatives

Representatives of the Department of European Funds and eHealth acquainted with current information on the progress of the implementation of relevant national operational programs in individual countries and presented the current status of the implementation of PL07 and PL13 programs and initiatives of the Fund for Bilateral Relations at the level of these programs.

An FMO representative stressed the importance of the bilateral component of the implemented programs and evaluation in the implementation of programs.

Moreover, between the 9th and 12th of November 2016, representatives of the Ministry of Health have taken part in the ninth EUPHA conference in Vienna. The theme of this year was the 30th anniversary of the Ottawa Charter – a document considered for the beginning of the process of institutionalization of public health promotion. During the conference The Vienna Card was presented, which referred to the provisions of the Ottawa Charter, taking into account the challenges which have emerged in the area of public health in the last 30 years. Thanks to the initiative of the Norwegian Directorate of Health and the Norwegian Institute of Public Health there has also been a session devoted to the impact of projects implemented under the EEA Financial Mechanism and the Norwegian Financial Mechanism on the reduction of health inequalities in Europe.

In this session, a representative of the Ministry of Health presented the project "Greater Oncology: Improvement and adaptation of diagnosis and therapy of cancer to demographic and epidemiological trends region with the provision of conduct and prevention", implemented by the Clinical Hospital from Poznan. The presented project has been chosen in a competition announced by the Norwegian partners.

EUPHA Conference is the largest event of its kind in the field of public health, organized by the European Association of Public Health. This year's edition was attended by approx. 1,700 delegates from 73 countries and representatives of international organizations.

Given the number of participants taking part in the international visits and other FBR activities, divided into men and women, it should be noted that these indicators identified in the framework of the PL07 Fund for Bilateral Relations have been achieved.

	Base value	Achieved value
Number of women involved in exchange visits between beneficiary and donor states	15	37
Number of men involved in exchange visits between beneficiary and donor states	15	27

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 2016 on-site monitoring visits of 4 projects were conducted (290/07/13 – Pleszewski Poviat , 174/07/13 – PCM Grójec, 360/07/13 - Foundation Podkarpackie Hospice for Children in Rzeszow and 423/07/13 – Lębork Hospital).

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 in 2016 three controls of the ad hoc character were conducted:

1. Ad hoc control of project 158/07/13 LUXMED Tabita Ltd. – control was undertaken due to the suspicion of the use by the beneficiary of equipment purchased under the project to commercial activity. The control found that equipment purchased under the project is not used for commercial purposes, and the project promoter provided the division of organization units of performing therapy on purchased equipment by appropriate signs and instruction of staff;
2. Ad hoc control of project 474/07/13 SPSP ZOZ Suwałki – the control was undertaken due to control findings included in the report of the control carried out in 2015. The control revealed an improvement in the implementation of the project, which thanks to the implementation of 2015 control recommendations and the extension of the duration of the project should be implemented fully;
3. Ad hoc control of project 300/07/13 City Hospital in Olsztyn - the control was undertaken due to informationon possible irregularities in the tender conducted. Conducted in cooperation with external experts evaluating the correctness of the solutions applied by the project promoter equivalent technical solutions, the audit found reservations presented by the informant groundless.

The control plan for the next reporting period 2017 – is presented in the attachment to this report.
Two of the projects (158/07/13 LUXMED Tabita Sp. Ltd and 184/07/13 ZOLiRM in Poznan) were in 2016 inspected by the Supreme Chamber of Control. Checks showed no irregularities.

Audit Authority conducted audit of 4 projects. In the project 326/07/13 it identified one irregularity: an excessive amount of money was paid for a service performed. Programme Operator prepared a report on irregularities for the fourth quarter of 2016, including also two irregularities in projects: 463/07/13 and 437/07/13 related to conducting public procurement. These irregularities were not identified as significant.

During on-going monitoring of projects (verification of reporting documents submitted by beneficiaries) in third quarter of 2016, the Programme Operator identified one irregularity on conducting public procurement. The irregularity was not significant, the beneficiary returned the amount of money that was incorrectly spent. The irregularity was identified in the project 058/07/13 and described in the report on irregularities for the third quarter of 2016. The reports on irregularities were submitted to the Audit Authority and to NFP, Certifying Authority and the Department of Payment Authority in the Ministry of Finance.

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 connection with the extension of the programme duration, it was necessary to make shifts between budget lines in order to ensure the effective and correct implementation of the programme. The Operator claimed for a shift of savings generated in projects to management costs, as well as shifts between results.
The Donors and the National Focal Point (in connection with the acceptance of the OP's claim) concluded in October 2016 an appropriate Addendum to the Programme Agreement, under which in November 2016 an annex to the agreement between the NCP and the OP was signed.

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 on 29th of February 2016 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.

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.

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 2016 the information and promotion activities relating to the PL07 Programme were adjusted to the 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 2016 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 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.
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 in the section dedicated to European Funds. There have been 194 785 to enter the site.

Meetings (training) with project promoters

29th of February 2016 a training course was organised, 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.

In December, a meeting for project promoters was also organized, during which the rules for granting of additional funds for expanding the scope of the project on the basis of art 6.9 of regulations were presented.

Training were conducted by employees of the European Funds and e-Health Department.

Information and promotion materials

In 2016, the Programme Operator had information and promotional materials (gadgets) with NFM and EEA FM logos (e.g. pens, calendars, bookmarks, USB sticks), which were distributed to participants during meetings, trainings and conferences held in 2016 as part of the implementation of PL07 and PL13 Programmes.

Other activities

In December 2016 a representative of Programme Operator presented key results of the program during a conference organized by the National Centre for Research and Development (PL12 Programme Operator), addressed to the institutions operating in the field of health, conducting research programmes.

Operator Programme published 3 press advertisements in countrywide newspaper (Gazeta Wyborcza). They informed, among others, on bilateral cooperation concerning health care and public health..

In addition, photos were made part of the projects carried out by the EEA FM and the NFM. They are currently used in our promotional activities.

Photos will also be passed on to the beneficiaries, in order to promote individual projects.

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.

Programme Operator has collaborated with the DPP and the Financial Mechanism Office in the conduct of information and promotion activities. Within its framework short videos about the projects and articles for FMO's use were prepared.

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 and e-Health Department. National Focal Point expressed he reservation for the documents.

In accordance with Order No. 29 of the Director General of the Ministry of Health of 17 June 2016 on establishment of internal organisational regulations of the European Funds and e-Health Department (amended by Order No. 39 0f 13 September 2016 and Order No. 51 of 2 December 2016), the tasks of the Programme Operator in the European Funds and e-Health Department are now performed by seven units: the Aid Programme Unit, the Development Policy Co-ordination Unit, the Financial Unit, the Implementation Assistance Unit, the Public Procurement Unit, the Control and Supervision Unit and the Legal Unit. 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.

In 2016 the Supreme Chamber of Control carried out (within the control of the implementation of the state budget in 2015.) the verification of the Programme implementation. The assessment was favourable.

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

Expected outcome	Improved access to and quality of health services including reproductive and preventive child health care as well as health care related to ageing society.			
Output	**Output indicator**	**Baseline value**	**Target value**	**Value as of: 31.12.2016**
Training for medical personnel provided	Number of health professionals trained	0	1,100	7,324
Diagnostic and therapeutic equipment purchased	Number of diagnostic and therapeutic equipment purchased	0	800	4,424
Health care institutions supported with extension, rebuilding, refurbishing (modernisation)	Number of health care institutions supported with extension, rebuilding, refurbishing (modernisation)	0	20	19
Expected outcome	Life-style related diseases prevented or reduced			

Output	Output indicator	Baseline value	Target value	Value as of: 31.12.2016
Health education and health promotion services provided	Number of counselling services provided	0	5,600	163,149
Health education and health promotion events organised	Number of health education and health promotion events (i.e. trainings, meetings) organised	0	170	1,103

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[35]	Description of risk	Likelihood [36]	Consequence[37]	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).	2	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

[35] 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.
[36] 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%)
[37] 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:				
		Lack of sufficient funds for management costs, enabling efficient and effective settlement of projects and dissemination of results.	2	4	The shifts of savings generated within projects and management costs were applied.
		Staff shortages in the organizational structure of the Programme Operator.	1	2	Team of employees dealing with NFM has been created, a system of training and incentives is implemented, there

					is a possibility to use external services.

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 2017:

Project number	Project title	Project Promoter	Planned date
215/07/13	Strengthen prenatal care and mother and child care, taking into consideration the importance of close contact between parents and child, and promotion of breast feeding	Public Healthcare Institution Voivodeship Medical Center in Opole	I/II quarter
324/07/13	The implementation of the Project on the Diagnosis and Geriatric Prevention using elements of telecare for better adaption of the health care system to the needs of the rapidly growing population of people over 60 years old.	Nowa Rehabilitacja sp. z o.o. in Krakow	I/II quarter
365/07/13	Digestive system cancer prevention aimed at reducing morbidity and mortality in	Healthcare Centre in Sucha Beskidzka	I/II quarter

	Suski and the neighbouring area		
498/07/13	Neoplasmatic diseases prophylaxis in the town Nowy Sacz and Nowy Sącz district, accomplished in : Jedrzej Sniadecki Special Hospital In Nowy Sącz	Jedrzej Sniadecki Special Hospital in Nowy Sacz	I/II 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. To verification of the reporting documentation is carried out on samples.

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,
- 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		
Name	Izabela Ostaszewicz					
Signature						
Position	Deputy Director					
	day	**month**	**year**	**day**	**month**	**year**
Date	08	02	2017	08	02	2017