

## The Annual PL07 Programme *Development and better adaptation of health care to demographic and epidemiological trends* Report for the year 2014

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

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

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

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

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

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

### **1. Executive summary**

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

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

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 2014 involved mainly the substantive assessment of applications submitted in the call for proposals and signing project contracts with the beneficiaries. In total, 33 project accomplishment contracts have been concluded in 2014 with a total value of financing of PLN 205,431,391, while in 2015 there are plans to conclude further contracts, in accordance with the recommendations of the Project Selection Committee, to use the remainder of the allocation. One of the projects implemented under the Programme PL07 will be implemented in Polish-Norwegian partnership. It should be emphasised that the number of applications is evidence of the huge interest in the PL07 Programme.

Throughout the whole 2014 the Programme Operator conducted intensive information and promotion activities (e.g. information service point, website, announcements) and actions for strengthening bilateral relations (e.g. call for proposals to the Fund for Bilateral Relations at the programme level, website, seminar in Norway). Furthermore, the Programme Operator participated in two meetings of Programme Operators that served as means for strengthening bonds between the Donor and Beneficiary States.

In addition, the Programme Operator in co-operation with the Norwegian Directorate of Health, the Norwegian Ministry of Health, the Norwegian Ministry of Foreign Affairs and the World Health Organization organised a two-day conference devoted to aspects of population aging. The international conference "Healthy and active population aging" in Warsaw gathered numerous Polish and Norwegian representatives of science, government, experts in geriatrics, social inequalities in health, demographers and sociologists.

Where appropriate and necessary, the Programme Operator, in accordance with Article 4.8 of the Regulations, updated the documents developed in 2013: Description of the Management and Control System and the Manual of Procedures and Audit Trails for the Programme. In addition, as a result of audit of the management and control system, the system of the Programme Operator was rated in the category number 1 – *the system works well, only minor improvements are needed*.

The main challenge facing the Programme Operator in 2015 is to effectively monitor the implementation of projects and to organise meeting of Programme Operators.

## **2. Programme area specific developments**

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

## Statistics and trends in health care

### *Life expectancy*

According to the report Health at a Glance: Europe 2014, published by the EC in December 2014, in 1990-2012, life expectancy at birth in the EU Member States increased by more than five years, to 79.2 years (82.2 for women and 76.1 for men).<sup>2</sup> In Poland, life expectancy at birth was 76.9 years (80.9 for women and for men 72.8) in 2013.<sup>3</sup> According to Eurostat data, it is expected that by 2080, life expectancy at birth for men and women will rise respectively to 90.4 and 85.7 years in Poland.

On average in the EU in 2012, women lived six years longer than men. This difference between sexes is only one year in case of healthy life years (defined as the number of years lived without limitation of activity).<sup>4</sup> In case of Poland, life in good health for women and men was 62.9 and 59.2 respectively.<sup>5</sup>

Average life expectancy at the age of 65 also increased significantly, and in 2012 was on average 20.4 years for women and 16.8 years for men in the EU. The difference in average life expectancy at the age of 65 between the countries with the highest and lowest life expectancy is about five years.<sup>6</sup> In Poland, in 2012 the average life expectancy of women aged 65 years was 19.9 and 15.4 for men.<sup>7</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>8</sup>

### *Causes of death*<sup>9</sup>

In Poland, the main causes of death are cardiovascular disease and cancer which account for over 70% of all deaths. The third group of causes are injuries and poisonings, accounting for 6.2% of all deaths.

It should be noted that for several years there has been an improvement in the mortality from cardiovascular disease. At the beginning of the 1990s, it was the cause of approx. 52% of all deaths, on the turn of the century – almost 48%, while in 2012 it accounted for approx. 46% of all deaths.

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

<sup>2</sup> [http://ec.europa.eu/health/reports/docs/health\\_glance\\_2014\\_en.pdf](http://ec.europa.eu/health/reports/docs/health_glance_2014_en.pdf) (Report Health at a Glance: Europe 2014)

<sup>3</sup> <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

<sup>4</sup> [http://ec.europa.eu/health/reports/docs/health\\_glance\\_2014\\_en.pdf](http://ec.europa.eu/health/reports/docs/health_glance_2014_en.pdf) (Report Health at a Glance: Europe 2014)

<sup>5</sup> System for development monitoring Strateg <http://strateg.stat.gov.pl/>

<sup>6</sup> [http://ec.europa.eu/health/reports/docs/health\\_glance\\_2014\\_en.pdf](http://ec.europa.eu/health/reports/docs/health_glance_2014_en.pdf) (Report Health at a Glance: Europe 2014)

<sup>7</sup> <http://ec.europa.eu/eurostat/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=tsdph220&language=en>

<sup>8</sup> M. Augustyn (ed.), *Opieka długoterminowa w Polsce – opis, diagnoza, rekomendacje*, Warsaw 2010

<sup>9</sup> [http://stat.gov.pl/cps/rde/xbcr/gus/L\\_podst\\_inf\\_o\\_rozwoju\\_dem\\_pl\\_do\\_2013.pdf](http://stat.gov.pl/cps/rde/xbcr/gus/L_podst_inf_o_rozwoju_dem_pl_do_2013.pdf)

### *Number of births*

In Poland, the trend of decreasing birth rate has been maintained since 2010. The number of live births per 1,000 population in 2013 was 9.6 and was 0.4 lower as compared to the previous year.<sup>10</sup>

Infant mortality in Poland is decreasing. The coefficient expressing the number of infant deaths per 1,000 live births in 2013 and 2014 was 4.6.<sup>11</sup> According to the European Commission report published on 9 September 2013, the significant differences from the past between EU countries in terms of life expectancy and infant mortality are becoming less noticeable.<sup>12</sup> It should be noted, however, that this indicator continues to be one of the highest in Europe (only 6 other EU Member States had higher rates than Poland). The causes of more than half of infant deaths are diseases and conditions of the perinatal period, i.e. arising during pregnancy and during the first 6 days of life of the newborn.

### *Expenditures on health*

In Poland the expenditures on health expressed as a GDP percentage and expenses per capita are among the lowest in comparison with the European Union Member States. Total expenditure on health care, i.e. current and capital expenditures in 2012 amounted to PLN 107.8 billion and accounted for 6.8% of Gross Domestic Product (6.9% of GDP in 2011)<sup>13</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>14</sup>

In addition, the *Atlas of Polish population mortality in 1999-2001 and 2008-2010*<sup>15</sup> prepared by the National Institute of Public Health – National Institute of Hygiene, presented at poviats level, the spatial differentiation of Polish population mortality due to major causes, broken down by gender and two main age groups – 0-64 years, which defines premature mortality, and 65 years or more, which is for the older population and which accounts for the majority of deaths due to selected major causes of mortality.

### 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

<sup>10</sup> System for development monitoring Strateg <http://strateg.stat.gov.pl/>

<sup>11</sup> System for development monitoring Strateg <http://strateg.stat.gov.pl/>

<sup>12</sup> [http://ec.europa.eu/health/social\\_determinants/policy/index\\_pl.htm](http://ec.europa.eu/health/social_determinants/policy/index_pl.htm)

<sup>13</sup> *Narodowy Rachunek Zdrowia za 2012 rok*, CSO

<sup>14</sup> WHO Report *Social inequalities in health in Poland* Warsaw, 2012

<sup>15</sup> *Wojtyński 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*

mentioned below.

Now the National Development Strategy 2020<sup>16</sup> is being implemented, which replaced the National Development Strategy 2007-2015 set out in the Programme Proposal. The objective I.3. *Strengthening the conditions for the satisfying of individual needs and citizen activity* indicated the direction of intervention: I.3.3. *Increasing the security of citizens* taking into account, *inter alia*, the activities related to the health care system. The National Strategy for Regional Development 2010-2020: Regions, Cities, Rural Areas (NSRD)<sup>17</sup>, implemented since 2010, concerns the issue of access to health care (with a focus on perinatal care and prevention of cancers). Moreover, since 2013, the Human Capital Development Strategy (HCDS) is implemented, in which problems and planned activities related to health are described in the context of two specific objectives: *Longer working lives and ensuring effective functioning of the elderly* and *Improvement of health of citizens and efficiency of the health care system*. In addition to the above strategy, the Efficient State Strategy<sup>18</sup> indirectly relating to the PL07 Programme has been implemented since 2013, which one of the important objectives is *Effective health care system*, including, among others, intervention directions concerning *Improvement of health infrastructure, teaching facilities in medical universities and research institutes, Improvement of access to health services and improvement of management of the health care system and medical information*, as well as *Improvement of quality and safety of health services*.

### 3. Reporting on outputs

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

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

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

3.1

Analysis on achievement of expected results of the Programme will be conducted in the first quarter of 2015 – after signing of all project contracts and start of project implementation by the beneficiaries. At the same time, as data in applications sent by beneficiaries and information provided by them show outputs envisaged for the Programme will be achieved.

Ad. 3.2

N/A

Ad. 3.2

N/A

<sup>16</sup> Resolution No 157 of the Council of Ministers of 25.09.2012 (MP of 2012, item 882)

<sup>17</sup> Resolution of the Council of Ministers of 13.07.2010 (MP No 36 of 2010, item 423)

<sup>18</sup> Resolution No 17 of the Council of Ministers of 12.02.2013 (MP of 2013, item 136)

#### **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.

Commenting on information on project outputs and detailed analysis of project outcomes and results of the Programme will be possible after the completion of the process of signing contracts with beneficiaries. At the same time, as data in applications sent by beneficiaries and information provided by them show outcomes envisaged for the Programme will be achieved.

At the moment, the main challenge identified by the Programme Operator, already mentioned in the report for 2013, concerns short time for project implementation, which is also affected by process of the PL07 Programme evaluation by Financial Mechanisms Office and evaluation process of applications and selecting projects for financing. Therefore, in 2013 the Programme Operator already submitted to the National Focal Point and to the Donors the possibility to extend eligibility period, this proposal was refused. At the same time, the Programme Operator has taken a number of measures for efficient conduct of evaluation of applications and signing of project contracts, and will conduct regular monitoring of projects.

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), in 2013 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.

#### **Progress on horizontal concerns**

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.

Analysis of implemented projects' impact on environmental sustainability and social and economic development will be made during implementation of projects and described in the next annual report.

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 was presented in detail in the annual report for 2013.

The formal evaluation of applications submitted in the open call for PL07 Programme, announced in 2013, ended in the second quarter of 2014. Eventually, 456 applications (78%) passed the formal evaluation and were forwarded for technical and substantive evaluation. Remaining applications were rejected. Technical and substantive evaluation process was carried out concurrently. External experts completed the evaluation of applications in May 2014, and after notifying the applicants of the results, the appeal procedure went on until July 2014. As a result of substantive and technical evaluation of proposals, 398 projects were included in the ranking list.

The Project Selection Committee gathered on 28 July 2014 and recommended 26 projects for co-financing with a total value of PLN 165,834,518. The remainder of allocation in the amount of PLN 51,765,768 was allocated at the next meeting on 3 September 2014 to 11 projects, including 7 with the level of co-financing reduced to 63.7%. This was a group of projects that received the same number of points (129 pts.). The adoption of such a solution by the Committee enabled implementation of all these projects.

The Programme Operator delivered decisions of the Minister of Health to award grants to selected projects to the beneficiaries. The date of issue of the document is the initial date of eligibility of expenditure in the projects. At this stage of the proceedings, three beneficiaries announced their withdrawal from the projects. In accordance with the findings of the Committee taken on 3 September 2014, this allowed the Programme Operator to increase co-financing of projects that received 129 points to 75.7%.

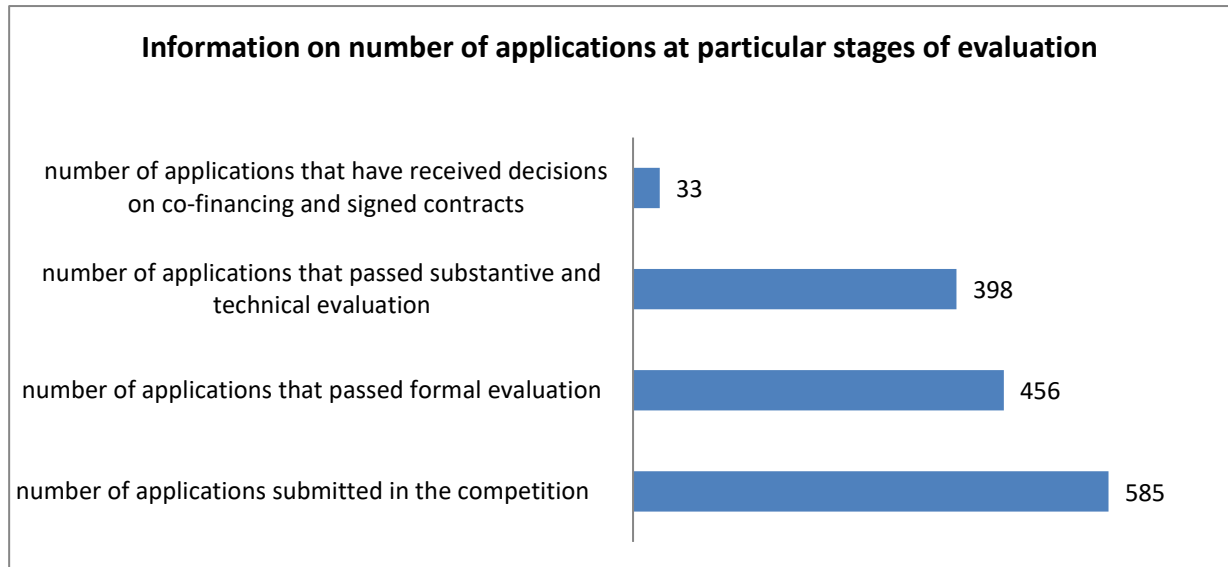
At the stage of signing contracts, yet another beneficiary withdrew from the project. The decision to distribute the released allocation among the applicants on the waiting list will be taken by the Project Selection Committee in January of 2015.

As a consequence, 33 project contracts have been concluded in 2014 with a total value of co-financing of PLN 205,431,391, while in 2015 there are plans to conclude further contracts, in

accordance with the Project Selection Committee recommendations, for the remainder of the allocation. The beneficiaries who asked the Programme Operator for an advance payment received it by the end of 2014.

It should be emphasized that the number of applications is evidence of the huge interest in the PL07 Programme.

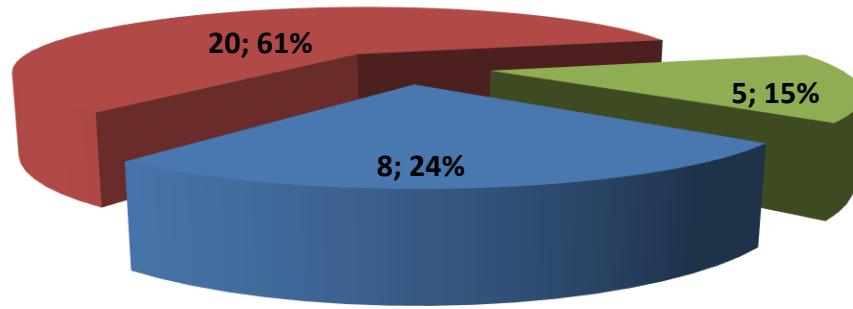
The chart below shows number of applications at subsequent stages of formal and substantive and technical evaluation.



Below number of signed contracts as of 31 December 2014, broken down by thematic areas is shown. More than half of the projects will be implemented in the area *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*, almost a quarter of the projects in the area *Amelioration of perinatal care – preventive services, diagnostics and treatment with a view to increase the number of live births*. In case of 5 projects (15%), the major thematic area was *Cancer prevention aimed at reducing cancer morbidity and mortality indicator in Poland*.



**Data on number of projects implemented in different thematic areas**

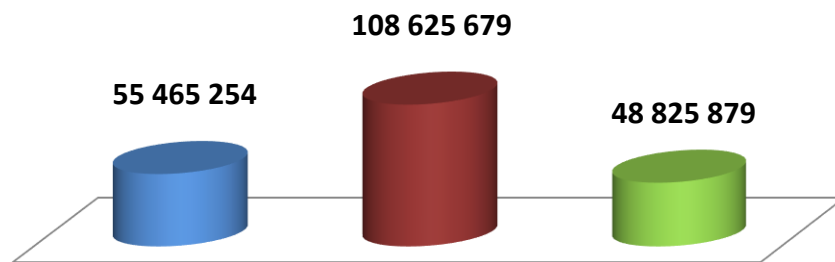


- a) Amelioration of perinatal care – preventive services, diagnostics and treatment with a view to increase the number of live births
- b) Better adaptation of health care in order to meet needs of the fast-growing population of chronically-ill and dependant as well as elderly persons
- c) Cancer prevention aimed at reducing cancer morbidity and mortality indicator in Poland

The PL07 Programme includes one project implemented in the Polish-Norwegian partnership. The partner in the project implemented by the John Paul II Independent Public Health Care Facility "Sanatorium" in Górze is NKS Olaviken alderspsykiatriske sykehus AS. The exchange of Polish-Norwegian experience will depend on the introduction of an innovative way of working with dementia patients, called: "Marte Meo", established in Norway and implemented by the project partner.

Data on distribution of the allocation to individual thematic areas are presented in the following graph.

**Co-financing divided into thematic areas (PLN)**



- a) Amelioration of perinatal care – preventive services, diagnostics and treatment with a view to increase the number of live births
- b) 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
- c) Cancer prevention aimed at reducing cancer morbidity and mortality indicator in Poland

During initial ranking list creation phase the Programme Operator analysed applications potentially implemented within the Programme’s framework from point of view of indicators

envisaged to achieve. Next applications of beneficiaries with whom Project agreements were signed were analysed. Analysis and information from beneficiaries show that outcomes envisaged for the Programme will be achieved.

The Programme Operator do not have data on indicators and outcomes achieved in projects so far, because first payment applications where beneficiaries report on achieving planned indicators were submitted in January 2015 and they are being verified now.

## **6. Progress of bilateral relations**

Give a summary of how partnerships between the Beneficiary States and the Donor State(s) have been facilitated during the reporting period. In cases of donor partnership programmes, the cooperation between the Programme Operator and the donor programme partner shall be assessed. State the number of donor partnership projects, and describe what has been done to encourage the establishment of such partnership. Give a brief overview of the use of the Funds for bilateral relations at Programme level.

The objectives of strengthening bilateral relations in 2014 were carried out with the actions described below:

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

Implementation and settlement of the projects approved under the first call for the Fund for Bilateral Relations at the PL07 Programme level, implemented in co-operation with Norwegian partners (project of the Pomeranian Medical University in Szczecin implemented with two partners: Southern Hospital Trust in Kristiansand (Department of Rheumatology) and the University Hospital in Trondheim (The National Center of Pregnancy and Rheumatic Disease, Department of Rheumatology) and Icelandic partner (project of the Medical University of Łódź, implemented in partnership with the University of Iceland in Reykjavik) began in 2014.

Second call for FBR projects was announced as well, where applicants submitted 4 partnerships projects: Nursing Home project in Pleszew, already implemented with the Centre for Development of Institutional and Home Care Services, Abildsø Nursing Home in Oslo, and the other three projects (the Polish Health Programmes Association in partnership with the Nasjonalt Center for samhandling og telemedisin in Tromsø, project of the Pomeranian Medical University in Szczecin implemented with 5 partners: Department of Rheumatology in Haugesund, National Center of Pregnancy and Rheumatic Disease, University Hospital in Trondheim, Clinical immunology unit, Department of internal medicine in Stavanger, Hospital for Rheumatic Diseases in Lillehammer and Landspítali University Hospital in Reykjavik and the project of the Cardiovascular Center Foundation implemented with the Department of Cardiology, University Hospital in Oslo) have been positively evaluated and will be implemented in the first quarter of 2015.

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

### Telephone helpline and website

The Programme Operator maintains a helpline and a website at [www.fbr.zdrowie.gov.pl](http://www.fbr.zdrowie.gov.pl), which is intended for the beneficiaries and potential beneficiaries of the PL07 Programme wishing to co-operate with entities from Donor States and benefit from support under the

Fund for Bilateral Relations, as well as for the potential partners from the Donor States. The website also provides information on calls for proposals together with application documents, and regularly updated information on FBR events, news and allocation. The website is updated in Polish and in English.

#### Seminar in Norway

In February 2014 a seminar was held in Norway in the framework of the PL07 Operational Programme, which was attended by 18 participants representing public and private entities operating in the Polish health care sector – health care and curative institutions, hospitals, nursing homes, medical universities, therapeutic and rehabilitation centres as well as foundations and associations. The main objective of the seminar was to present the Norwegian system solutions for care of the elderly, chronically ill and dependent, to enable the establishment of contacts with experts and Norwegian entities to share knowledge, experiences, good practices and to establish and develop co-operation with potential partners in projects co-financed by PL07 FBR.

The seminar consisted of a theoretical part, workshops and study visits. During the theoretical part, the participants visited the Norwegian Directorate of Health, where they were informed on organisation of the Norwegian health care system, objectives and structure of care for the elderly in Norway and the structure and functioning of the EEA Financial Mechanism and the Norwegian Financial Mechanism. During workshops, the participants from Poland and Norway made short speeches about their parent institutions and presented their expectations for future projects. The participants also had the opportunity to have an interactive exchange of views within the classes conducted in groups.

During the three study visits the participants from Poland got acquainted with solutions in the field of ensuring optimal environment for people with dementia in a flat at Almas Hus in Oslo, observed work of the research Granli Centre in Sem, dealing with aging processes and organisation and operation of a nursing and rehabilitation home Nygård in Sandefjord.

#### International conference "Healthy and active aging"

The Programme Operator in co-operation with the Norwegian Directorate of Health, the Norwegian Ministry of Health, the Norwegian Ministry of Foreign Affairs and the World Health Organisation organised a two-day FBR conference devoted to aspects of aging population. The conference in Warsaw, co-financed with Norwegian grants, gathered numerous Polish and Norwegian representatives of science, government, experts in geriatrics, social inequalities in health, demographers and sociologists. The conference was attended also by the representatives of the European Commission, OECD, WHO, the UN Economic Commission for Europe, leading academic centres in the field of medical science in Poland and Norway, representatives of organisations of Universities of the Third Age and Polish and foreign NGOs.

The two-day deliberations involved representatives of local authorities, experts from academia, health professionals, businesses and activists of elderly organisations.

The conference was also an opportunity to present examples of projects in the elderly area implemented by beneficiaries of the PL07 and PL13 Operational Programmes *Development and better adaptation of health care to demographic and epidemiological trends* and *Reducing social inequalities in health* respectively and partnership projects in the Fund for

## Bilateral Relations.

### Other activities carried out by the Programme Operator

In June 2014, the Programme Operator participated in the first of two meetings of Programme Operators, which was held in Lisbon. During the meeting attended by representatives of the Norwegian partners (including the Norwegian Directorate of Health), the Financial Mechanisms Office and Programme Operators in the *Initiative for health care* from 8 beneficiary countries, Poland presented information about the progress of call for proposals and evaluation of proposals in all programmes implemented in the above area and led a discussion on issues related to the current state of implementation. The discussion also concerned issues of a new perspective of Financial Mechanisms programming. The second meeting of Programme Operators took place in December in Tallinn and was also attended by representatives of the Norwegian Directorate of Health, the Financial Mechanisms Office and Programme Operators. Poland presented progress of implementation of PL07 and PL13 Programmes and the Fund for Bilateral Relations at the level of these programmes. The meeting was an occasion to organise training for PO on irregularities in projects.

Taking into consideration the number of participants who took part in exchange visits broken down by gender it should be underlined that indicators for the Fund for Bilateral relations for PL07 Programme were met.

|  | Planned value | Real value |
|--|---------------|------------|
| Number of women involved in exchange visits between beneficiary and donor states | 15            | 25         |
| Number of men involved in exchange visits between beneficiary and donor states   | 15            | 15         |

In 2015 the Ministry of Health plans to organise a two-day meeting of Programme Operators at the national level within the framework of the Fund for Bilateral Relations (initial date: 10-11 June 2015). The first day is one of the meetings held periodically of Donors and Programme Operators. The topics will address common issues related to the implementation of programmes in the field of initiatives for public health, taking into account current issues and needs reported by participants. The overall aim will be closer bilateral co-operation between the beneficiary countries, such as: Bulgaria, Cyprus, Czech Republic, Estonia, Lithuania, Poland, Portugal, Romania, Slovenia and Donors of the EEA Financial Mechanism and the Norwegian Financial Mechanism. The second day is a seminar on the issue of social inequalities in health. The purpose of the meeting will be to exchange experiences between Polish and Norwegian participants, as well as representatives of other beneficiaries on how to create and implement cross-sectoral strategies to combat this phenomenon. Representatives from Norway and those beneficiaries who implement such strategies, including experts from the Polish Ministry of Health (MoH), will make speeches. The meeting will be attended also by the representatives of other ministries and government departments that work with MoH.

## 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 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.

Due to ongoing in 2014 evaluation of application forms and process of signing project contracts it was not possible to conduct monitoring of the projects.

The control plan for 2015 will be drafted in the first quarter of 2015.

Moreover in 2014 other monitoring actions were taken, consisting in informal contacts between project coordinators (from PO) and beneficiaries and in continuous providing of answers and clarifications to questions put to the Programme Operator by e-mail and phone.

## 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.

N/A

## 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), in 2013 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 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.

During the implementation of the Programme the Programme Operator will 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.

During the implementation of activities related to information and publicity, the Programme Operator identified some disadvantages related to the performance of tasks under the Public Procurement Law, where sometimes for reasons beyond the control of the Purchaser the contract is not executed. For example, the offer made by the contractor for printing of book calendars and three sectional calendars for 2015 exceeded twice the amount allocated for this purpose by the Purchaser, despite the fact that the Purchaser estimated value of the contract on the basis of previously executed contract and on the basis of market research – i.e. by asking potential contractors. Despite that, in the course of implementation of activities related to information and publicity, there were no particular problems, which could have an impact on the implementation of the PL07 Programme.

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

At the moment, the main challenge identified by the Programme Operator, already

mentioned in the report for 2013, concerns short time for project implementation, which is also affected by process of the PL07 Programme evaluation done by Financial Mechanisms Office and evaluation process of applications and projects for co-financing selection. Therefore, in 2013 the Programme Operator submitted to the National Focal Point and to the Donors the possibility to extend the eligibility period, which was refused. At the same time, the Programme Operator has taken a number of measures for the efficient conduct of the evaluation of applications and signing of project contracts, and will conduct regular monitoring of projects.

## 10. Information and publicity

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

In accordance with the Communication Plan, in 2014 the information and promotion activities relating to the PL07 Programme were adjusted to the next stage of this Programme implementation, during which the formal and substantive evaluations of applications were conducted. 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 applicants on current stage of evaluation of applications and results of call for proposals. The Programme Operator in 2014 used following tools and methods for information and promotion activities:

### Information service point

The special phone number launched in 2011 is still operating, allowing potential beneficiaries access to information related to the PL07 Programme. Potential beneficiaries could also send questions by e-mail to the address set up for this purpose. In 2014, a large number of inquiries were submitted by potential beneficiaries in the course of formal and substantive evaluation of proposals and during evaluation of the documentation prepared for the project contracts under the PL07 Operational Programme. Answers and explanations to questions directed to the Programme Operator were provided on a regular basis by e-mail and telephone.

### Website

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

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

In 2014, in the period from January 1 to December 31, the website was visited 141,013 times, this means 387 visits per day on average. Information about MF EEA and the NFM 2009-2014 is also available on the main website of the Ministry of Health [www.mz.gov.pl](http://www.mz.gov.pl) in the section dedicated to European Funds.

### Press releases

On 24 November and 15 December 2014 a nationwide daily newspaper (circulation of 231 thousand copies) published announcements promoting the PL07 Programme and presenting results of the call for proposals.

#### Information and promotion materials

In 2014, the Programme Operator had information and promotional materials (gadgets) with NFM and EEA FM logos (e.g. pens, calendars), which were given to participants during meetings, trainings and conferences held in 2014 as part of the implementation of PL07 and PL13 Programmes.

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. Co-operation with media took place in accordance with principles adopted in the MoH – also through the Press and Promotion Office. Newspaper articles on Financial Mechanisms are analysed and collected in the press book.

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

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

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

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

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

Moreover the Programme Operator updated documents developed in 2013: the Description of the Management and Control System and the Manual of Procedures and Audit Trails for the PL07 Programme *Development and better adaptation of health care to demographic and epidemiological trends*. The updates resulted from the need to adapt contents of the above documents to revised organisational structure and division of responsibilities between various divisions of the European Funds Department, as well as to take into account modification of the Regulations. Moreover, the Manual of Procedures and Audit Trails was also supplemented



with new annexes (e.g. payment application form and control sheets), and because of the short time remaining until the completion of the projects and the need to ensure financial settlements, a provision was made for the settlement limit of the first advance payment received by the beneficiary under the project contract. Updated documents received the favourable opinion of the National Focal Point.

In accordance with Order No. 15 of the Director General of the Ministry of Health of 26 June 2014 on establishment of internal organisational regulations of the European Funds Department, the tasks of the Programme Operator in the European Funds Department are now performed by four units: the Development Policy Co-ordination Unit, the Financial Mechanisms Unit, the Technical Assistance 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.

In the second half of 2014, the Audit Authority carried out an audit of the management and control system, which rated the Programme Operator system in the category number 1 – *the system works well, only minor improvements are needed*.

In December 2014, the National Focal Point carried out a control of the obligations of the Programme Operator. Due to the ongoing process of determining the post-audit information, the Programme Operator will comment on this issue in the next annual report.

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. 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.

Moreover according to project agreements beneficiaries must reassure that all left or not used projects materials will be re-used, re-cycled, stored in a environment safe way.

## **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**

It will be possible to fill in this section at a more advanced stage of project implementation.

## **14. Attachment to the Final Programme Report**

Financial annex, see attachment 2 of the Programme Operators Manual

## Annex: Risk assessment of the programme

| Programme # | Type of objective <sup>19</sup> | Description of risk   | Likelihood <sup>20</sup> | Consequence <sup>21</sup> | Mitigation planned/done   |
|-------------|---------------------------------|---|--------------------------|---------------------------|---|
| PL07        | Cohesion (Programme) outcomes:  |   |                          |                           |   |
|             |                                 | Delays in the realization of investments due to the problems with application of Public Procurement Law (appeals, repeated procedures etc.) and other conditions (weather, changes on the material market). | 4                        | 2                         | Before announcing the call for proposals the Programme Operator organized training sessions for potential applicants where, among others, the risk related to the investment implementation was discussed. During the implementation of the Programme the Programme Operator shall conduct a systematic monitoring of the projects based on risk analysis, including the risk of potential delays, in order to accelerate the reaction mitigating the consequences of delays. |
|             |                                 | 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 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):           |   |                          |                           |   |

<sup>19</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>20</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>21</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.

|  |                     |  |   |   |  |
|--|---------------------|--|---|---|--|
|  |                     | Low interest in the Fund for Bilateral Relations on the part of potential Project Promoters. | 2 | 3 | Intensification of informational and promotional activities by the Programme Operator. In case of failure to use the allocation available on the call for proposals in FBR, the PO will allocate unused funds to existing or other activities related to bilateral co-operation. |
|  | Operational issues: |  |   |   |  |
|  |                     | Difficulties associated with spending funds allocated for Programme PL07 management costs.   | 2 | 1 | Planning tender procedures in proper advance, contracts for a period longer than one year, training employees.   |

## **Annex: Monitoring plan**

Monitoring is carried out in order to ensure 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, as well as verification of payment claims submitted 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 2015 will be drafted in the first quarter of 2015.

### *Verification of payment claims*

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

Following conclusion of project contracts with the beneficiaries, verification of first payment requests in January 2015 will begin.

### *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:

- systematic monitoring of projects based on risk analysis including risk of delays,
- 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,
- familiarising with potential problems during projects implementation,
- other working contacts with Project Promoters

## Programme Operator signature

**For the Programme Operator**

**Optional second signature**

|                  |                 |              |             |            |              |             |
|------------------|-----------------|--------------|-------------|------------|--------------|-------------|
| <b>Name</b>      | Michał Kępowicz |              |             |            |              |             |
| <b>Signature</b> |                 |              |             |            |              |             |
| <b>Position</b>  | Director        |              |             |            |              |             |
| <b>Date</b>      | <b>day</b>      | <b>month</b> | <b>year</b> | <b>day</b> | <b>month</b> | <b>year</b> |
|                  | 09              | 02           | 2015        |            |              |             |