

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

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

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

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

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

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

**ANNUAL PROGRAMME REPORT**  
**EEA and Norwegian Financial Mechanisms 2009 – 2014**  
for the period/year 2013

<b>Beneficiary State</b>	Poland
<b>Program title</b>	Reducing social inequalities in health
<b>Programme number</b>	PL13
<b>Grant rate awarded</b>	85% (15 % of eligible expenditures is covered from national budget)
<b>Grant awarded (euro)</b>	18 000 000
<b>Date of Donor commitment</b>	4.09.2012 – information about approval of the Programme Proposal was provided to the Programme Operator with letter from Financial Mechanism Office dated on 28 September 2012  20.12.2012 – date of signature of Programme Agreement (10.02.2012 – date of submission of the Programme Proposal to Donors by National Focal Point)
<b>Programme completion date</b>	30.04.2017

**1. Executive summary**

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

*Write this section last once you've written the entire report. Please note that this section should serve as a stand-alone document that gives a wider audience a clear overview. Briefly point to the main results, progress and issues encountered in the reporting period (previous calendar year).*

Implementation of Programme PL13 constitutes an answer to the main problems resulting from demographic and epidemiological trends in Poland as well as the issues related to diverse health condition of Poles depending on the place of residence. It should be noted that nowadays two main trends can be observed: decrease in population caused by the reduction in births and a longer life longevity (ageing of the society) with simultaneous drop in the number of healthy life years. The analysis of detailed data indicates a significant growth in the demand for nursing and caring services. In 2010, the main reasons for deaths, constituting together slightly more than 70% of all fatalities were cardiovascular diseases followed by tumours (46.0% and 24.5% of all deaths respectively). Despite decreasing infant mortality in Poland, the ratio expressing the number of infant deaths per 1000 live births is still one of the highest in Europe. Additionally, clear diversity of Poles' health condition depending on the voivodeship of residence is observed, which has been presented in a report published by the World Health Organization in 2012, entitled *Social inequalities in health in Poland*.

In 2013 in accordance with the provisions of Article 4.8 of the Regulation, the Programme Operator established a management and control system by preparing relevant documents - the Description of Management and Control System, as well as the Manual of Procedures and Audit Trails for Programme PL13 and obtained an opinion from the Audit Authority that the

management and control system complied with the Regulation.

The main actions carried out by the Programme Operator under Programme PL13 related to the assessment of a pre-defined project application form, as well as preparation of application documentation necessary for announcing the call for proposals for pilot projects that has been finally postponed to the 1st quarter of 2014.

In 2013 two meetings of the Cooperation Committee, advising on preparation and implementation of the programme took place (in August and December). At the first meeting of the Committee a report on the assessment of the pre-defined project was discussed and actions under the Fund for Bilateral Relations at the programme level were planned (call for proposals, training for Project Promoters, international conference). On the other hand, at the second meeting the discussed issues were e.g. criteria for selecting projects in the open call for pilot projects as well as methodology of selecting poviats eligible for participation in the call for proposals. The members of the Cooperation Committee signed the Report on the assessment of a pre-defined project after its acceptance via electronic means on 10 October 2013.

Furthermore, throughout the whole 2013 the Programme Operator conducted intensive informational and promotional activities (e.g. an information service point, a website, announcements, publications) and actions for strengthening bilateral relations (e.g. a website).

Under the cooperation with the Programme Partner, the Programme Operator participated in the 6th European Public Health Conference organized by the European Public Health Association (EUPHA) and the Association of the Schools of Public Health in the European Region (ASPHER), as well as in two meetings of Programme Operators used for strengthening relations between Donor States and Beneficiary States.

The main challenge faced by the Programme Operator in 2014 is conducting the call for pilot project proposals, as well as efficient execution of the process of signing contracts on implementing projects with Project Promoters.

## 2. Programme area specific developments

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

### Statistics and trends in health protection

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

#### *Life expectancy*

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

#### *Causes of death*

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

---

<sup>1</sup> Population forecast for Poland in 2008 -2035, the Central Statistical Office (GUS)  
[http://www.stat.gov.pl/cps/rde/xbcr/gus/L\\_progniza\\_ludnosci\\_PI\\_2008-2035.pdf](http://www.stat.gov.pl/cps/rde/xbcr/gus/L_progniza_ludnosci_PI_2008-2035.pdf)

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

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

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

#### *Number of births*

The number of live births after 2003 was growing until 2009, however, in 2010, the ratio of births decreased from 11.0 to 10.8 per 1000 people as compared to the previous year. There is a decreasing infant mortality trend in Poland. The ratio of infant deaths per 1000 live births in 2011 amounted to 4.9. According to a report published on 9 September 2013 by the European Commission the past significant differences between EU states in terms of average life expectancy and infant mortality are currently evening out.<sup>4</sup> However, it should be emphasized that this ratio is still one of the highest in Europe (ratios higher than in Poland occurred only in 6 EU Member States). The reason for more than half of infant deaths are diseases and conditions occurring in the perinatal period, i.e. those developing during pregnancy and in the first 6 days of the newborn's life. It should be emphasized that early infant mortality is significantly affected by insufficient medical care.<sup>5</sup>

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

It should be pointed out that data concerning the extension of life expectancy that plays the key role in the process of double ageing of the population (rapid increase in the percentage of people of 80 years and more as well as 65 years and more in the whole society) suggest a significant growth in the demand for nursing and caring services. Assuming that the scale of the demand for services for dependent persons is determined by the number of people of 80 years and more, the forecasts are as follows: in 2035, the total number of people of 80 years and more will increase by up to 125.8%, while the number of people aged 65 years and more will increase by 62.9% as compared to 2007.<sup>6</sup>

#### *Expenditures on health*

In Poland the expenditures on health expressed as a GDP percentage and expenses per capita are among the lowest in comparison with the European Union Member States (7% of the GDP, whereas the average value for the EU countries is 9.8%).<sup>7</sup>

#### *Inequalities in health*

The diversity of health condition among Poles with relation to the voivodeship (province) was presented in a report published by the World Health Organization in 2012, entitled *Social inequalities in health in Poland*. The objective benchmark for the research on inequalities in health is the analysis of the length of life expectancy and the level of infant mortality, which are characterized by clear diversity among voivodeships. The conducted analysis also confirmed substantial diversity, especially in the case of mortality due to digestive and respiratory system diseases as well as external reasons.<sup>8</sup>

#### Changes in strategic documents

In 2012, the National Development Strategy for the years 2007-2015 mentioned in the Programme Proposal was replaced with the National Development Strategy 2020.<sup>9</sup> Under Objective 1.3. *Intensification of conditions favourable for the realization of individual needs and activity of citizens*, the following direction of intervention has been indicated: 1.3.3. *Increased safety of citizens* including actions involving health care system. Furthermore, on 7 August 2013 the Human Capital Development Strategy (HCDS) came into effect,<sup>10</sup> which was referred to in the Programme Proposal. The problems and planned actions concerning the protection of health have been described in HCDS under two sub-objectives: *The extension of the professional activity period and ensuring effective functioning of the elderly* and *Improvement in health of*

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

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

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

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

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

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

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

*citizens and the effectiveness of the health care system. Apart from the aforementioned strategies, on 12 February 2013 the Efficient State Strategy was adopted,<sup>11</sup> in which one of the significant objectives was *Effective health care system* containing areas of intervention involving *Improvement in infrastructure of health care, didactic resources of medical universities and research institutes, Improvement in the access to health care services and improvement in health care system management and medical information*, as well as *Improvement in the quality and safety of health care services*.*

#### Signing the Agreement on the implementation of Programme PL13

After signing the Programme Agreement in 2012 between the Donors and the National Focal Point, an Agreement on the implementation of the programme entitled "Reducing social inequalities in health" was concluded between the Programme Operator and the National Focal Point within the Norwegian Financial Mechanism 2009-2014 in January 2013.

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

In 2013 the following documents were prepared by the Programme Operator: Description of Management and Control System, as well as the Manual of Procedures and Audit Trails for Programme PL13, Reducing social inequalities in health, which then, after approval by the Director of the Department of European Funds, were transferred to the National Focal Point in the designated time frame. Furthermore, according to the provisions of Article 4.8 of the Regulation, the English version of the Description of Management and Control System was provided for the Donors.

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

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

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

The improved governance in health care will be achieved by the implementation of the pre-defined project that will strengthen the organization and functioning of the public health in Poland. The model of health needs assessment and the model of community-based health promotion and/or disease prevention programmes by local communities, elaborated under the pre-defined project will constitute a basis for the districts submitting the application to a call for proposal. The comprehensive programmes tailored to specific target groups will lead to preventing or reducing life-style related diseases.

At the present stage of implementing the programme it is not possible to make reference to information concerning project outputs.

Further detailed analysis will be possible after commencement of the pre-defined project implementation and the call for proposals related to financial support for projects under Programme PL13.

With regard to horizontal risk concerning HR shortages that may occur in operational structure of the Programme Operator, which was specified in the Programme Proposal, it should be noted that in 2013 this risk did not have any effect on the implementation of tasks by the Programme Operator - the team of employees dealing with EEA FM and NFM was created, a system of training and incentives is being implemented, there is a possibility of using external services.

In order to minimize the risk associated with lack of social awareness with regard to prophylactic methods crucial for preventing or reducing life-style related diseases,, which might result in a low level of participation in pilot project activities, the projects promoters shall be obliged to carry out informational and promotional activities adjusted to the target groups in the course of implementation of the projects.

---

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

Bearing in mind the need to increase social acceptance for the developed strategies reducing social inequalities in health, the Project Promoter of the pre-defined project will be obliged to conduct public consultations concerning the prepared strategy.

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.

At the same time, during programming and implementation, the Programme Operator followed horizontal principles, e.g. provided wide access to the information concerning Programme PL13, 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.

#### 4. Reporting on outputs

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

At the present stage of implementing the programme the Programme Operator may confirm that they do not notice the risk of failure to reach the expected results of the Programme. The analysis regarding accomplishment of the expected Programme results will be possible after beginning the projects implementation.

At the present stage of implementing the programme it is not possible to make reference to information concerning project outputs.

Further detailed analysis will be possible after commencement of the pre-defined project implementation and the call for proposals for projects supported under Programme PL13.

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

In the first half of the year a proposed application form was being prepared by the Department of Health Insurance of the Ministry of Health, the Project Promoter of a pre-defined project, and it the formal assessment was conducted during which the Programme Operator made a number of comments and objections. The formal assessment ended on 5 July 2013, and then the Pre-defined Project Appraisal Team was established (PPAT). As a result of comments and objections of PPAT members, the Project Promoter of the pre-defined project re-edited and supplemented the descriptive and the financial part of the application. At the third meeting of PPAT members, on 26 September 2013, the project was recommended for financial support. The process of pre-defined project assessment was discussed at the Cooperation Committee meeting on 27 August 2013, the evaluation report was accepted via electronic means on 10 October 2013, while on 17 December 2013, at the second meeting of the Cooperation Committee, it was signed by the members. The report of the evaluation of Pre-defined project was signed by the Secretary of State in the Ministry of Health on 19 December 2013.

The pre-defined project shall be implemented by the Department of Health Insurance in cooperation with the Norwegian Directorate of Health, the Department of Public Health, National Institute of Public Health – National Institute of Hygiene in Warsaw, as well as the National Health Fund. Moreover, some tasks delegated to the National Institute of Public Health-National Institute of Hygiene in Warsaw (NIZP-PZH) shall be performed within a scientific consortium. It shall consist of the following institutions: NIZP-PZH, Institute of Public Health of Collegium Medicum, Jagiellonian University in Kraków (IZP-CM-UJ), Medical Centre for Postgraduate Education in Warsaw (CMKP). The advisability of appointing the consortium results from the fact that despite the wide spectrum of its scientific and didactic activity, NIZP-PZH shall be supported with the knowledge and experience of the two above mentioned institutions of commonly recognized competence with regard to two components of the project.

In the course of preparing pre-defined project implementation by the Department of Health Insurance on the basis of an analysis of selected standardized mortality indicators by the National Institute of Public Health - National Institute of Hygiene a list of poviats eligible for participation in



the restricted call for proposals for projects supported under Programme PL13 was made. Methodological issues concerning the selection of poviats eligible for participation in the call for proposals were consulted with the members of the Cooperation Committee at the meeting in December.

Owing to the extended process of pre-defined project assessment as well as delayed delivery of the documentation necessary to conduct the call by the Project Promoter (the methodology of selecting poviats, the model of health needs assessment in local communities and the model programme for promotion of health and/or disease prevention for local communities), the call for pilot project proposals was postponed to the 1st quarter of 2014, with the approval by the Donors.

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

N/A

## 5. Project selection

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

Owing to the extended process of a pre-defined project assessment, delayed delivery of the documentation necessary to conduct the call (the methodology of selecting poviats, model of health needs assessment in local communities and model of community-based health promotion and/or disease prevention programme by local communities) by the Project Promoter, the Programme Operator took steps to obtain consent from the Donors to postpone the call for pilot project proposals, originally planned for the 4th quarter of 2013, to the 1st quarter of 2014. The said permission was obtained on 4 December 2013.

## 6. Progress of bilateral relations

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

The Programme Operator launched a helpline and a new website [www.fbr.zdrowie.gov.pl](http://www.fbr.zdrowie.gov.pl), which is dedicated for the Project Promoters and potential Project Promoters of Programme PL13 who wish to initiate cooperation with entities from the Donor States and benefit from the support under the Fund for Bilateral Relations as well as for potential partners from the Donor States. A great interest has been observed, especially in the helpline.

Furthermore, tender procedures have been initiated involving the organization of a seminar in Norway under the Operational Programme PL13, which will create an opportunity to establish business relationships, exchange views, knowledge, experience and good practices, as well as initiate partnerships. The assessment of the results of the seminars will be possible only after their implementation.

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

Cooperation with Programme PL13 Partner covered pre-defined project assessment, support of the implementation of bilateral activities and issuing opinions on the documentation for the open call.

At the present stage, the Programme Operator identifies the possibility of risks connected with little interest on the part of potential Project Promoters in the Fund for Bilateral Relations. As a remedy, the Programme Operator envisages strengthening information and promotion activities.

### Meetings of the Cooperation Committee

In 2013 (in August and December) two meetings of the Cooperation Committee, advising on preparation and implementation of the programme, took place. At the first meeting of the

Committee members the process of pre-defined project assessment was discussed and actions under the Funds for Bilateral Relations at the level of the programme (call for proposals, training for Project Promoters, international conference) were planned. On the other hand, topics of the second meeting included e.g. criteria for selecting projects in the open call for pilot projects as well as methodology of selecting poviats eligible for participation in the call for proposals and the members of the Cooperation Committee signed the Report on the assessment of the pre-defined project after its acceptance via electronic means on 10 October 2013.

#### Other measures taken by the Programme Operator

Within the cooperation with the Programme Partner, the Programme Operator participated in the 6th European Public Health Conference organized by European Public Health Association (EUPHA) and the Association of the Schools of Public Health in the European Region (ASPHER) which took place in Brussels on 14-16 November 2013. Apart from participating in the conference, the representatives of the Programme Operator held additional meetings with representatives of Programme PL13 Partner, during which current issues relating to initiating the call, as well as actions related to implementing the Funds for Bilateral Relations at the Programme level were discussed.

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

Representatives of the Programme Operator also took part in the meeting of programme operators under EEA FM and NFM organized by the Norwegian Institute of Public Health and the Hungarian party (National Development Agency) in Budapest on 28-29 November 2013 where they conveyed information about supported areas, the call for proposals under the PL07 Programme conducted in 2013 and the call under Programme PL13 planned for the 1st quarter of 2014, as well as current and planned actions under the Funds for Bilateral Relations at the Programme level.

#### **Complementary action**

N/A

## **7. Monitoring**

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

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, with the reservation that the pre-defined project is controlled at least once a year. 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.

Bearing on mind the postponement of an announcement of the call for pilot project proposals to the 1st quarter of 2014, the process of assessing applications and signing the project contracts the Programme Operator plans that the commencement of monitoring activities in relation to the pilot projects will be possible in 2015.

Pilot projects control plan for 2015 shall be drawn up after signing project contracts, and project monitoring and control process shall take place after the Project Promoters have started implementing the projects.

The Programme Operator plans to carry out control of the pre-defined project in IV quarter 2014 (decision for the financing the Pre-defined Project *Reducing social inequalities in health* from Norwegian Financial Mechanism 2009-2014 realised within Program PL13 *Reducing social inequalities in health* was signed by the Minister of Health on 29 January 2014).



## 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]

Owing to the extended process of a pre-defined project assessment, delayed delivery of the documentation necessary to conduct the call (the methodology of selecting poviats, model of health needs assessment in local communities and model programme for promotion of health and/or disease prevention for local communities) by the Project Promoter, the Programme Operator took steps to obtain consent from the Donors to postpone announcement of the call for pilot project proposals, originally planned for the 4th quarter of 2013, to the 1st quarter of 2014. The said permission was obtained on 4 December 2013. Due to the above, procedure regarding modification of the Programme was started.

Moreover the Addendum 1 to the Programme Agreement, which legitimizes changes in budget being a consequence of transfer of costs to Preparation of programme proposal costs from Programme Management costs, was signed on 9 July 2013.

## 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.

According to the information included in the Programme Proposal, in order to minimize the risk related to the lack of social acceptance for the developed strategy reducing social inequalities in health, the Project Promoter of the pre-defined project will be obliged to conduct public consultations concerning the prepared strategy. Moreover, in order to apply conclusions from the prepared strategy and implement pilot programmes in the selected poviats, models prepared during the implementation of the pre-defined project will need to contain a number of guidelines and a wide range of tools which will be adaptable to specific needs of poviats carrying out pilot projects.

In order to minimize the risk associated with lack of social awareness with regard to prophylactic methods crucial for limiting diseases related to lifestyle, which results in a low level of participation in pilot project activities, the Project Promoters shall be obliged to perform informational and promotional activities adjusted to the target groups in the course of implementation of the projects.

With regard to horizontal risk concerning HR shortages that may occur in operational structure of the Programme Operator, which was specified in the Programme Proposal, it should be noted that in 2013 this risk did not have any effect on the implementation of tasks by the Programme Operator - the team of employees dealing with EEA FM and NFM was created, is conducted a system of training and incentives, there is a possibility of using external services.

Furthermore, the Programme Operator identifies some difficulties that may be connected with spending funds allocated for management costs of Programme PL13 resulting from prolonged tender procedures and the postponed call for pilot project proposals. In order to minimize the above risk the following remedies are undertaken: planning tender procedures in advance, conclusion of contracts for periods longer than one year, training employees.

## 10. Information and publicity

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

According to the adopted Communication Plan, in 2013 information and promotion actions concerning Programme PL13 were adjusted to the initial stage of its implementation. The primary purpose of the activities was to inform the society about the existing Programme and to inform about the possibility to apply for funds within the Norwegian Financial Mechanism.

Owing to the postponement of call for pilot project proposals concerning promotion of health and/or disease prevention for local communities, there is a need to delay some of the informational and promotional activities planned for 2013 to the 1st quarter of 2014 (the conference opening Programme PL13 and training courses for Project Promoter).

#### Tools

In 2013 the Programme Operator used the following tools and methods for implementation of informational and promotional activities:

##### 1) Information point

The information point was opened after signing the Memorandum of Understanding on the implementation of NFM in 2011 (a separate telephone number and e-mail address was allocated providing potential Project Promoters with direct access to key information about the Programme and about possibilities to initiate bilateral cooperation between institutions from Norway and Poland).

##### 2) Website

The website of the Programme Operator [www.zdrowie.gov.pl](http://www.zdrowie.gov.pl) includes a section devoted to the European Funds for healthcare sector designed exclusively for information on the Financial Mechanism of the European Economic Area and on the Norwegian Financial Mechanism (in Polish and in English). It contains all necessary information on Programme PL13. The number of visits to the website in 2013 amounted to 161 962.

##### 3) Informational and promotional materials

2 000 informational and promotional leaflets were issued (common for both Programmes), as well as 2 000 for the PL13 Operating Programme. They include different means of distribution: the brochures were placed at the entry to the registered office of the Programme Operator, on Długa and Miodowa streets, they are handed out to prospective Project Promoters and other concerned entities in direct contacts.

##### 4) Press announcements

Three press advertisements informing on the call for proposals to PL07 Programme and promoting the Financial Mechanisms and Programme PL13 were published in a national daily newspaper. The announcements covered half a page and were published in *Gazeta Wyborcza* on 27 February, 13 March and 27 March 2013.

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

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

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

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

The updated contact details and information about Programme PL13 are submitted to the National Focal Point and subsequently uploaded on [www.eog.gov.pl](http://www.eog.gov.pl).

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

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

The principles of good governance, the issues related to equality of men and women and the environmental impact have been taken into consideration by the Programme Operator in the process of planning and implementing the programme. While pursuing the first principle, the

Programme Operator provided, among others, wide access to the information concerning the Programme as well as the area and rules of financial support and 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 evaluation of the predefined project.

In the course of good management policy implementation the Programme Operator closely cooperated with the National Focal Point, the Norwegian Ministry of Foreign Affairs as well as the Programme Partner.

Furthermore, pursuant to Article 4.8 of the Regulation, the Programme Operator established a system of management and control by preparing relevant documents - the Description of Management and Control System, as well as the Manual of Procedures and Audit Trails for Programme PL13 and obtained an opinion from the Audit Authority that the management and control system complied with the Regulation.

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

Moreover, in the call for proposals documentation the Programme Operator will include the need to refer to the horizontal issues by the applicants.

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

## 12. Attachment to the Annual Programme Report

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

*Risk assessment of the programme, see proposed template in Annex to the annotated template to the Annual Programme Report]*

☒ Monitoring Plan

☒ Risk assessment of the Programme

### Programme Operator signature

	For the Programme Operator			Optional second signature		
<b>Name</b>	Michał Kępowicz					
<b>Signature</b>						
<b>Position</b>	Director of Department of European Funds					
	day	month	year	day	month	year
<b>Date</b>	15	04	2014			

## Annex: Risk assessment of the programme

Programme #	Type of objective <sup>12</sup>	Description of risk	Likelihood <sup>13</sup>	Consequence <sup>14</sup>	Mitigation planned/done
PL13	Cohesion (Programme) outcomes:				
		Lack of social approval for the elaborated strategies of reducing social inequalities.	2	2	Project promoter of the pre-defined project will conduct social consultation of the elaborated strategy.
		Applying conclusions from the prepared strategy or pilot programmes implementation may be hindered by specific conditions in various administrative units (voivodeships, poviats).	2	3	Models developed during the implementation of the pre-defined project will need to contain a number of guidelines and a wide range of tools which will be adaptable to specific needs of particular poviats.
		Lack of social awareness of prevention methods crucial for reducing life-style related diseases, which results in a low level of participation in pilot project activities.	2	3	The Project Promoters shall be obliged to perform informational and promotional activities adjusted to the target groups in the course of project implementation.
	Bilateral outcome(s):				
		Low interest in the Fund for Bilateral Relations on the part of potential Project Promoters.	3	3	Intensification of informational and promotional activities by the Programme Operator.

<sup>12</sup> The risks should be categorised in one of 3 ways, depending on whether it poses a risk to the cohesion objective, the bilateral objective, or is more of an operational issue.

<sup>13</sup> Each risk should be described as to whether it poses a risk to the cohesion outcomes (programme outcomes), the bilateral outcome or crucial operational issues 4 = Almost certain (75 – 99% likelihood); 3 = Likely (50 – 74%); 2 = Possible (25 – 49%); 1 = Unlikely (1 – 24%)

<sup>14</sup> Assess the consequence(s) in the event that the outcomes and/or crucial operations are not delivered, where 4 = severe; 3 = major; 2 = moderate; 1 = minor; n/a = not relevant or insignificant.

	Operational issues:				
		Staff shortages in the organizational structure of the Programme Operator.	2	2	Team of employees dealing with EEA FM and NFM has been created, a system of training and incentives is implemented, there is a possibility to use external services.
		Difficulties related to spending funds allocated for management costs under the PL13 Programme.	2	1	Planning tender procedures in proper advance, contracts for a period longer than one year, training employees.
		Delays in a pre-defined project realization and necessity of completing of all activities of a pre-defined project in shorter time (for example pilot projects evaluation).	3	2	Updating timetable, implementation of tasks according to timetable, current cooperation Project Promoter with Project Partner, supervision by the Programme Operator in a scope of timeliness.

## **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 PO by Project Promoters and on-the-spot checks of the project implementation.

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

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, with the reservation that the pre-defined project is controlled at least once a year. 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

Bearing in mind the postponement of an announcement of the call for pilot project proposals to the 1st quarter of 2014, the process of assessing applications and signing the project contracts the Programme Operator plans that the commencement of monitoring activities to the pilot projects will be possible in 2015. Pilot projects control plan for 2015 shall be drawn up after signing project contracts, and project monitoring and control process shall take place after the Project Promoters have started implementing the projects.

The Programme Operator plans to carry out control of the pre-defined project in IV quarter 2014 (decision for the financing the Pre-defined Project *Reducing social inequalities in health* from Norwegian Financial Mechanism 2009-2014 realised within Program PL13 *Reducing social inequalities in health* was signed by the Minister of Health on 29 January 2014).

### *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.

In 2014 the Pre-defined Project Promoter is obligated to submit two payment claims for the reporting periods January-April 2014 and May-August 2014. The Programme Operator anticipates that the pilot Project Promoters will submit first payment claims in 2015.

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

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

- organising meetings with Project Promoters for presentation of measures of correct project implementation, rules of information and promotion, reporting procedures and financial flows,
- current monitoring of project implementation by the working contacts between Project Coordinator (from PO) and Project Promoter,
- familiarizing with eventual problems during projects implementation,
- other working contacts with Project Promoters.