

The Annual PL13 Programme *Reducing social inequalities in health* Report for the year 2014

Annotated¹ 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.

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

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. 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.

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*.

The implementation of PL13 Programme in 2014 consisted primarily of the implementation of a pre-defined project and the call for pilot projects, which lasted from 31 March 2014 to 2 June 2014, as well as the formal and substantive-technical evaluation of submitted proposals. The predefined project has so far developed initial versions of the *Assessment of health needs model* and the *Scheme for health promotion and preventive care model*, which were the basis for conducting the call for pilot projects. 156 poviats were eligible to participate in the contest. The situation in these poviats was the worst in terms of total mortality and mortality from the five major groups of causes of death. A total of 98 applications were submitted in the call for proposals, and ultimately, as a result of conducting the assessment and after taking into account the available allocation, there are plans to conclude 24 contracts.

Throughout the whole 2014 the Programme Operator conducted intensive information and promotion activities (e.g. information service point, website, training for potential beneficiaries, 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.

The Polish-Norwegian joint promotional action involved participation in the seventh European Public Health Conference: *Mind the gap: Reducing inequalities in health and health care*.

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.

In addition, in 2014 there were two meetings of the Co-operation Committee, advising on the preparation and implementation of the programme.

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 implementation of pilot projects and the pre-defined project, as well as 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).² In Poland, life expectancy at birth was 76.9 years (80.9 for women and for men 72.8) in 2013.³ 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).⁴ In case of Poland, life in good health for women and men was 62.9 and 59.2 respectively.⁵

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.⁶ In Poland, in 2012 the average life expectancy of women aged 65 years was 19.9 and 15.4 for men.⁷

*Causes of death*⁸

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).

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

² http://ec.europa.eu/health/reports/docs/health_glance_2014_en.pdf (Report Health at a Glance: Europe 2014)

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

⁴ http://ec.europa.eu/health/reports/docs/health_glance_2014_en.pdf (Report Health at a Glance: Europe 2014)

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

⁶ http://ec.europa.eu/health/reports/docs/health_glance_2014_en.pdf (Report Health at a Glance: Europe 2014)

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

⁸ http://stat.gov.pl/cps/rde/xbcr/gus/L_podst_inf_o_rozwoju_dem_pl_do_2013.pdf

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)⁹.

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.¹⁰

In addition, the *Atlas of Polish population mortality in 1999-2001 and 2008-2010*¹¹ 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 mentioned below.

Now the National Development Strategy 2020¹² 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. 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 Strategy¹³ indirectly relating to the PL13 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*.

⁹ *Narodowy Rachunek Zdrowia za 2012 rok*, CSO

¹⁰ WHO Report *Social inequalities in health in Poland* Warsaw, 2012

¹¹ *Wojtyniak B, Rabczenko D, Pokarowski P, Poznańska A, Stokwiszewski J; Atlas umieralności ludności Polski w latach 1999-2001 i 2008-2010 - wydanie internetowe; www.atlas.pzh.gov.pl*

¹² Resolution No 157 of the Council of Ministers of 25.09.2012 (MP of 2012, item 882)

¹³ Resolution No 17 of the Council of Ministers of 12.02.2013 (MP of 2013, item 136)

3. Reporting on outputs

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

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

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

3.1

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 constituted 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.

Therefore in 2014 as a part of pre-defined project implementation a draft *Model of health needs assessment* and a draft *Model of community-based health promotion and/or disease prevention programmes* were developed. They will be refined after the implementation of the pilot projects.

Commenting on the information on the outputs of competition projects will be possible after signing of contracts and the start of the projects. At the moment, taking into account the application forms indicated in the ranking list, the Programme Operator sees no risk of failure to achieve the indicators submitted in the programme proposal.

3.2

The Minister's of Health decision on Predefined Project titled *Reducing social inequalities in health* financing with Norwegian Financial Mechanism 2009-2014 implemented within a framework of PL13 Programme was taken on 29 January 2014 and as a result funds contracted for its implementation amounted to PLN 14,176,239*

The predefined project has so far developed initial versions of the *Assessment of health needs model* and the *Scheme for health promotion and preventive care model*, which constituted a basis for the districts submitting the application to a call for proposal The final models will be reported in the context of indicators for outcome 1 at the result level.

From second quarter of 2014 conceptual work on other models and reports were continued within the Project. Their assumptions and scope for analyses were set with the end of 2014.

Due to delayed launch of the Project in connection with long co-financing application assessment process the beneficiary modified material and financial schedule of the Project aiming at closing it before spending eligibility deadline. The modified schedule was adopted by the beneficiary and partners at the beginning of 2015. During its verification the

Programme Operator recognised need for its corrections and for elaborating of some actions. The PO should accept the document in second half of February 2015.

Accepting of most of Project's actions is scheduled for the end of 2015 and the beginning of 2016 therefore the Project is highly risky as regards time of its closure. That is why the beneficiary was obliged to continuous reporting on progress of its activities and to sending drafts of reports to the Programme Operator, except payment applications. First set of reports will be send to the Programme Operator in second half of February 2015.

* Co-financing from the NFM PLN 12,049,803. (85%), PO funds PLN 2,126,436. (15%)

3.3

N/A

4. Reporting on Programme outcome(s)

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

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.

Therefore in 2014 as a part of pre-defined project implementation a draft *Assessment of health needs model* and a draft *Scheme for health promotion and preventive care model* were developed. The final models will be reported in the context of indicators for outcome 1 at the result level (*Improved governance in health care*).

A detailed analysis of indicators of competition projects will be possible after start of implementation of projects under the PL13 Programme. At the moment, on the basis of projects on the ranking list, the Programme Operator envisages that the indicators planned under outcome 2 (*Life-style related diseases prevented or reduced*) will be achieved.

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 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.

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 has

been obliged to conduct public consultations concerning the prepared strategy.

Progress on horizontal concerns

With regard to the cross-cutting issues, it should be noted that these issues will be discussed in detail in the call for proposals documentation, and one of the planned content related criteria of assessment, conducted by healthcare experts, shall cover the impact on horizontal issues.

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.

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.

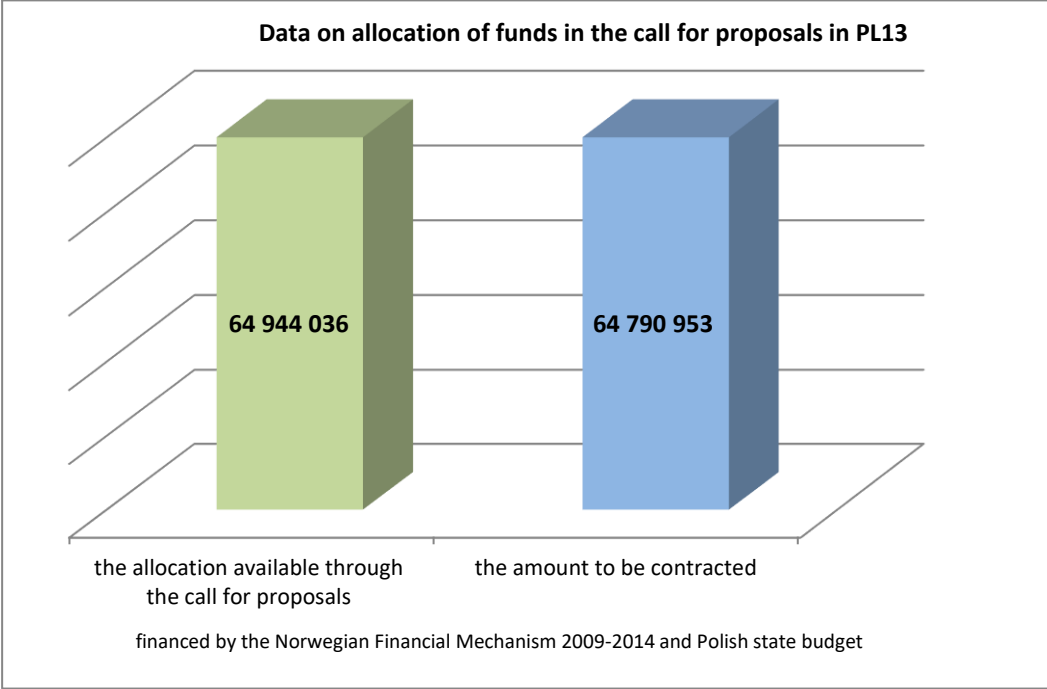
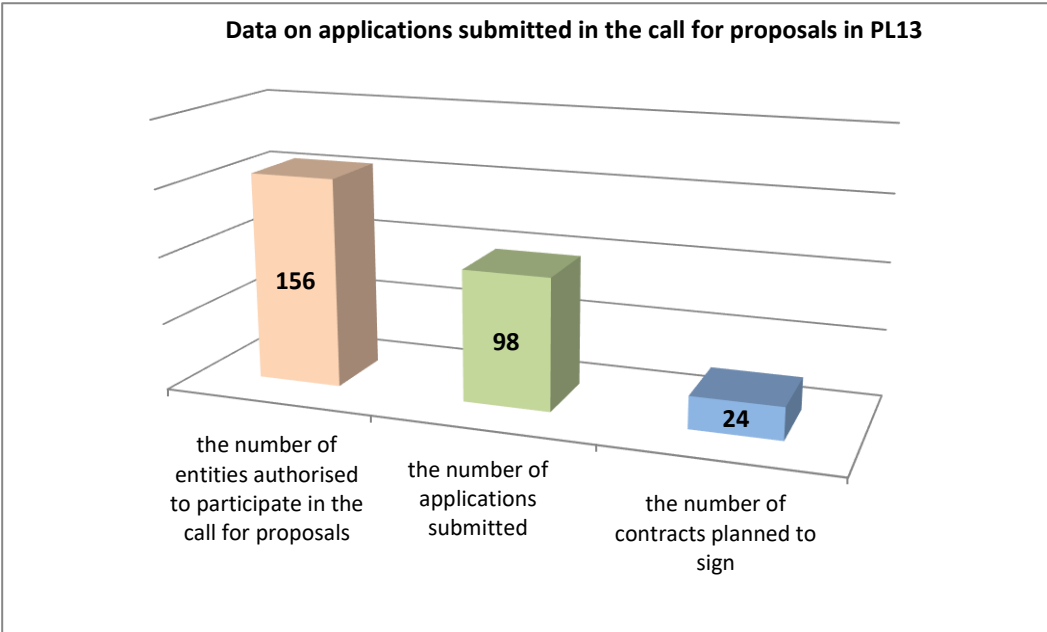
The programme consists of two interrelated components, i.e. the pre-defined project, the beneficiary of which is the Health Insurance Department in the Ministry of Health (HID) and the competition, designed for selected local government units. According to the programme assumptions, the call for proposals for the competition was carried out on the basis of two models developed under the pre-defined project.

Call for proposals for poviats was carried out between 31 March 2014 and 2 June 2014. 156 poviats were eligible to participate in the contest. The situation in these poviats was the worst in terms of total mortality and mortality from the five major groups of causes of death. A total of 98 applications were submitted, of which 1 was withdrawn because one of the applicants sent 2 applications (under the terms of the competition one applicant could submit only one application). Formal evaluation was completed on 10 September 2014. 92 applications received positive opinions, 5 were rejected. There were 3 appeals made against the results of the formal evaluation. Substantive and technical assessment started with a slight delay, due to the necessity of selecting experts in a tender procedure. The agreement with the contractor of this part of the evaluation was signed on 5 September 2014. The evaluation started on 8 September 2014. The contractor evaluated 92 applications. The applicants submitted 52 appeals. The appeal procedure and thus the assessment in the competition part of PL13 ended on 25 November 2014. On 27 November 2014, a meeting of the Project Selection Committee was held, during which 25 projects were recommended for co-financing, including one conditionally, as the available allocation allowed for financing of the 25th project on the list if more funds of the Programme Operator were earmarked.

Ultimately, however, one of the applicants withdrew from the project because of the risk of not making it on time. Thus, the competition part of the PL13 Programme will co-finance 24 projects. Contracting of the projects in the amount of PLN 64,790,953¹⁴ will take place in the first quarter of 2015, when project contracts will be signed.

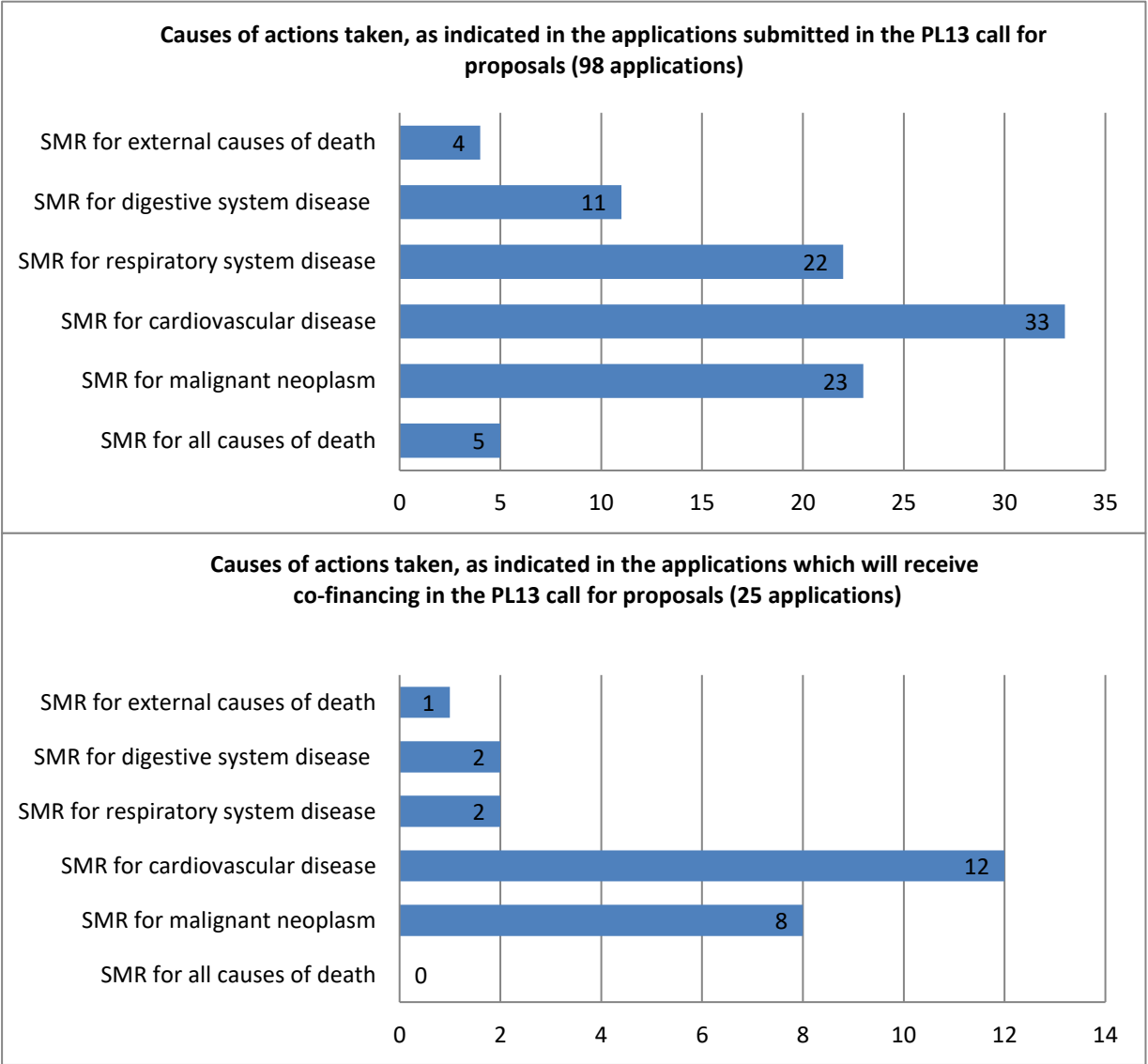
In 2015, a total of 25 projects will be carried out, including one pre-defined project and 24 competition projects. None of the competitions projects was submitted in the Polish-Norwegian partnership.

Below are charts showing: the number of entities authorised to participate in the call for proposals, the number of applications submitted and the number of contracts planned to sign and the allocation available through the call for proposals and the amount to be contracted.



¹⁴ With the commitment of funds from the NMF at the level of 85% of total eligible expenditure, i.e. approx. PLN 55,072,310, 15% of eligible expenses is covered by the PO.

The areas for applications submitted in the PL13 call for proposals and applications that have received co-financing are presented in charts below.



SMR- Standardized mortality ratio

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

During the reporting period we carried out the first call for proposals for the BCF, under which two poviats from the list of approved applicants submitted projects for implementation. Due to substantive shortcomings, these projects did not receive a positive recommendation of the Norwegian Directorate of Health.

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, which is intended for the beneficiaries and potential beneficiaries of the PL13 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 January 2014 a seminar was held in Norway in the framework of the PL13 Operational Programme, which was attended by representatives of Polish poviats. The Norwegian Directorate of Health presented organisation of health care system in Norway, the system and tasks of local governments in Norway, the phenomenon of social inequalities in health, and the structure and objectives of the European Economic Area and the programme of the EEA Financial Mechanism and the Norwegian Financial Mechanism. Each participant presented his home poviat and current solutions and local needs in the field of public health. During the seminar, representatives of Poland get to know the institutional profile and the activities of the Norwegian participants, and conducted workshops in the field of preparatory work for the project. The group had the opportunity to exchange experiences and observations regarding programmes in the field of public health carried out locally in the region of Østfold and Ski commune, where meetings were held with representatives of local authorities and experts in preventive programmes, programmes activating social groups, programmes that promote healthy lifestyle and advisory and consultative programmes for people suffering from diseases of civilization and people with mental disorders. The stay in Norway, implemented as an action under the Fund for Bilateral Relations, created an optimal opportunity for the participants to make contacts, observations of the local system solutions in the field of public health and to exchange knowledge and best practices. It also gave an opportunity to get to know the objectives and expected results of the PL13 Programme *Reducing social inequalities in health* and the Fund for Bilateral Relations for this programme.

Co-operation with the PL13 Programme Partner

Co-operation with the PL13Program Partner – the Norwegian Directorate of Health, with regard to the implementation of the pre-defined project, support in implementation of bilateral activities, as well as giving opinions on the competition documentation was

continued.

The European Public Health Conference

The PL 13 Programme Operator together with the Norwegian partner participated in the seventh European Public Health Conference *Mind the gap: Reducing inequalities in health and health care*. On 21 November 2014, the Norwegian Institute of Public Health and the Norwegian Directorate of Health held a workshop devoted to inequalities in health, during which a representative of the Programme Operator presented the PL13 Programme.

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 partnership agreement between the Project's beneficiary – Health Insurance Department and the Norwegian Directorate of Health as well as 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 PL13 Programme were met.

	Planned value	Real value
Number of project partnership agreements in the beneficiary public sector	1	1
Number of women involved in exchange visits between beneficiary and donor states	5	7
Number of men involved in exchange visits between beneficiary and donor states	10	10

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.

Meetings of the Co-operation Committee

There were two meetings of the Co-operation Committee advising on the preparation and implementation of the programme: on 6 March 2014 and 14 October 2014. The meeting of the Co-operation Committee in October was held in Oslo (Norway) at the headquarters of the PL13 Programme Partner, i.e. the Norwegian Directorate of Health. On this occasion, there was a mini-seminar on inequalities in health organised, during which Norway presented its experience in this field. Poland and Norway mutually agreed that similar seminar should be held in Poland. It will be a great opportunity for further exchange of experience and strengthening of bilateral co-operation.

There are plans to hold two meetings of the Co-operation Committee in 2015, and the first will probably take place in the second quarter.

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, 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.

Pilot projects

Due to call for proposals conducted in 2014 and subsequent process of evaluation of proposals, the monitoring of pilot projects will take place after signing of contracts with beneficiaries of project contracts and start of their implementation.

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

At the same time in 2014 continuous contacts with applicants were maintained e.g. responses and clarifications to questions put to the Programme Operator by e-mail and phone were

provided.

Pre-defined project

The Programme Operator planned to control the pre-defined project in the fourth quarter of 2014, but because of the payment request was not approved, the control didn't take place. The control the pre-defined project is planned for the first quarter of 2015.

At the same time, the pre-defined project was systematically monitored in 2014, which involved, among others, the working contacts with Project Promoter of the pre-defined project and the evaluation of the first payment request submitted on 29 May 2014 by the Health Insurance Department.

Moreover, in the third quarter of 2014, the Programme Operator of PL13 *Reducing social inequalities in health* commissioned evaluation study concerning management of the pre-defined project implemented under the above Programme. The main objective of the evaluation was to assess the effectiveness, relevance and efficiency of the project management system proposed by the beneficiary/project leader. The study identified and analysed its strengths and weaknesses. The study also proposed other effective and efficient solutions in the field of management of similar projects that have been successfully implemented. The analysis allowed for formulation of conclusions and recommendations on how to implement the pre-defined project.

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.

The call for proposals for pilot projects originally planned for the fourth quarter of 2013 was moved with the consent of the Donors from 4 December 2013 to the first quarter of 2014. Subsequently, on 13 February 2014, Addendum No. 2 was added to the Programme Agreement, concluded between the Norwegian Ministry of Foreign Affairs and the National Focal Point. As a result, on 25 April 2014, the National Focal Point and the Programme Operator signed Appendix No. 1 to the Agreement of 29 January 2013 on the implementation of the PL13 Programme, authorising the amendment of the date of announcement of the call. The call for proposals for pilot projects was announced by the Programme Operator on the date resulting from the modification.

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 has been 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 this risk did not have any effect on the implementation of tasks by the Programme Operator - the team of employees dealing with 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. 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 PL13 Programme. Taking into account the risk connected with postponed call for pilot projects proposals, they will be intensified monitored.

In order to minimise any risk of delays in the implementation of the pre-defined project, the Programme Operator introduced a number of remedial actions, involving, among others, increased monitoring of the project activities (e.g. a thorough verification of the payment request the ongoing relationship with the beneficiary for conducting monitoring). In addition, the Program Operator commissioned an evaluation study of management system in the pre-defined project. The main objective of the evaluation was to assess the effectiveness, relevance and efficiency of the project management system proposed by the beneficiary/project leader. The study identified and analysed its strengths and weaknesses. The study also proposed other effective and efficient solutions in the field of management of similar projects that have been successfully implemented in Poland and/or abroad. The analysis allowed for formulation of conclusions and recommendations on how to implement

the pre-defined project.

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

10. Information and publicity

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

In accordance with the Communication Plan, in 2014 information and promotion activities relating to the PL13 Programme were adjusted to the next stage of this Programme implementation, during which call for proposals and formal and substantive evaluations were conducted. The main objective was to inform the public on the Programme, as well as to inform the applicants about the possibilities of applying for funding from the Norwegian Financial Mechanism, and then to provide applicants with information about current stage and results of applications evaluation.

Information service point

The special phone number launched in 2011 is still operating, allowing potential beneficiaries access to information related to the PL13 Programme. Potential beneficiaries could also send questions by e-mail to the address set up for this purpose. Due to the great interest in the PL13 Programme, on 1 April 2014 additional hotline was launched to give the opportunity to directly ask questions and clarify doubts about the Programme. 158 responses were given to questions sent by e-mail. In 2014, a particular increase in the activities of the information point took place in the period of April-June, i.e. at the time of preparation of applications for the competition. The questions submitted both by phone and e-mail by potential beneficiaries are answered on an ongoing basis.

Website

The website www.zdrowie.gov.pl includes updated information on the EEA Financial Mechanism and the Norwegian Financial Mechanism. There is also English version of the website.

The website dedicated to the EEA FM and the NFM includes a section with information on the Fund for Bilateral Relations for the PL13 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 in the section dedicated to European Funds.

Conference launching the PL13 Programme

The Conference launching the PL13 Programme was held in Warsaw on 4 March 2014. On the same day the first of four planned trainings for potential beneficiaries took place too. The

conference was attended by representatives of the Ministry of Infrastructure and Development, the management of the Ministry of Health, the Royal Norwegian Embassy in Poland, the Norwegian Directorate of Health and by potential beneficiaries. The guests of honour were: His Excellency Karsten Klepsvik – Ambassador of Norway in Poland and Mr. Sławomir Neumann, Secretary of State in the Ministry of Health.

Training for potential beneficiaries

In 2014, there was a series of trainings organised for potential beneficiaries on preparation of applications and rules for participation in the competition. With a view to facilitate participation in trainings for potential beneficiaries, meetings were held in Warsaw, Poznań, Gdańsk and Cracow. Trainings were attended by approx. 160 people. Trainings were carried out by employees of the European Funds Department.

Participation in the conference launching the pre-defined project Reducing social inequalities in health under the PL13 Operational Programme

The conference was organised by the Operator of the pre-defined project, i.e. the Health Insurance Department of the Ministry of Health. The ceremony took place on 26 March 2014 at the Ministry of Health in 15 Miodowa street. The meeting was attended by representatives of: the Ministry of Health, the Ministry of Infrastructure and Development, the Ministry of National Education, WHO Poland, NIPH-NIH, the National Health Fund, the Chief Sanitary Inspectorate, Voivodeship Offices of Marshall Offices, Poviats Starost offices, the Associations of Polish Poviats, the Polish Social Insurance Institution, the Office of the capital city of Warsaw, the Voivodeship Public Health Centre Kraków, the Agency for Health Technology Assessment.

Promotion of the PL13 Programme at the European Public Health Conference (EUPHA 2014) in Glasgow (United Kingdom)

The PL13 Programme Operator together with the Norwegian partner (the Norwegian Directorate of Health) participated in the seventh European Public Health Conference *Mind the gap: Reducing inequalities in health and health care*. On 21 November 2014, the Norwegian Institute of Public Health and the Norwegian Directorate of Health held a workshop devoted to inequalities in health. A representative of the PL13 Programme Operator gave a presentation on the Programme and participated in discussions during the workshops on inequalities in health. The workshop was also attended by, among others, representatives of the Financial Mechanism Office in Brussels and health Programme Operators from Estonia, Slovenia and Hungary.

Press releases

In 2014, a nationwide daily newspaper published four announcements of the call for proposals in the PL13 Programme and promoting the Norwegian Financial Mechanism 2009-2014. Two of them informed about the planned call for proposals in the PL13 Programme, the third informed about the call's starting date, and the fourth informed about the 25 projects recommended for co-financing under the Norwegian Financial Mechanism 2009-2014. The announcements (half page each) appeared on the following dates: 24 February 2014 (circulation of 326 thousand), 10 March 2014 (circulation of 252 thousand), 31 March 2014 (circulation of 252 thousand) and 15 December 2014 (circulation of 262 thousand).

Information and promotion materials

A 200x100 cm information roll-up was prepared for the launch of the PL13 Programme. The participants of the conference launching the PL13 Programme and all participants of trainings received conference materials with NFM logos.

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 PL13 Programme and contact information are transmitted to the National Focal Point with a request for posting on 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 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 and pilot projects.

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.

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 PL13 Programme *Reducing social inequalities in health*. 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 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 constitute one of the elements which will be assessed during the process of application evaluation by expert members of Content Related Assessment Team.

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 ¹⁵	Description of risk	Likelihood ¹⁶	Consequence ¹⁷	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. 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	2	1	Planning tender procedures in proper advance, contracts

¹⁵ 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.

¹⁶ 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%)

¹⁷ 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.

		Programme PL13 management costs.			for a period longer than one year, training employees.
		Staff shortages in the organizational structure of the Programme Operator.	2	2	Team of employees dealing with NFM has been created, a system of training and incentives is implemented, there is a possibility to use external services.
		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

Control plan for pilot projects for 2015 will be drafted in the first quarter of 2015.

Control of the pre-defined project is planned for 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.

Subsequent payment requests submitted by the beneficiary of the pre-defined project will be verified in 2015. In addition, in connection with planned conclusion of project contracts with beneficiaries, in 2015 verification of first payment requests submitted by the beneficiaries of pilot projects 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:

- 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

Name	Michał Kępowicz					
Signature						
Position	Director					
Date	day	month	year	day	month	year
	09	02	2015			