

Warsaw, 29.11. 2021

CALL FOR PROPOSALS

The Minister of Health, acting as Operator of the *Health programme*¹ financed from the Norwegian Financial Mechanism 2014-2021 and state budget, announces a **call for proposals**² to:

implement pilot projects to test telemedicine models developed within the pre-defined project on telemedicine and e-health policy

Available amount: EUR 10,782,353

The following are Appendices hereto:

- Appendix 1 – Regulations for the call
- Appendix 2 – Telemedicine models
- Appendix 3 – Application form

I. SUBJECT MATTER OF THE CALL

- The call for proposals is intended to **select project promoters to field test telemedicine models**³ developed in the pre-defined project⁴, and **carry out preventive efforts**⁵ in this area.
- The implementation of the pilot projects⁶ shall contribute to the Health Programme Outcome 1, **Reduced social inequalities in health, including improved access to healthcare services (telemedicine and e-health)** and to the Programme Output 1.1:

¹ Programme description can be found at <http://zdrowie.gov.pl/fn>

² The call for proposals is announced pursuant to the Agreement on the “Health” Programme concluded by and between the Norwegian Ministry of Foreign Affairs and the National Focal Point on 12 September 2019 and pursuant to Agreement No. 3/2019/Zdrowie on the implementation of the “Health” Programme concluded on 18 November 2019 by and between the Minister of Health as Programme Operator and the National Focal Point.

³ The telemedicine models have been developed in the pre-defined project “Tackling social inequalities in health with the use of e-health and telemedicine solutions” implemented by the Department of Innovation at the Ministry of Health.

⁴ Pre-defined project “Tackling social inequalities in health with the use of e-health and telemedicine solutions.” For project description, see: http://zdrowie.gov.pl/fn/strona-993-projekt_predefiniowany_telemedycyna.html

⁵ The preventive efforts will consist in not only educational activities for patients, but also recommendations on health-enhancing behaviours as well as diagnostic and therapeutic plans for patients in tertiary care. Details of preventive efforts will depend on the medical field concerned in the telemedicine model. The scope of preventive efforts has been specified in the descriptions of respective telemedicine models found in Appendix No. 2 hereto.

⁶ Pilot project – a project aimed at introducing (implementing) a new technique or method in pre-defined restricted fields or within a restricted scope to verify whether planned actions yield desired results, to limit the risk of project failure, and to obtain user feedback. Therefore, the objective of pilot projects will be to implement and test telemedicine models.

Access to healthcare services improved (telemedicine and e-health) in accordance with Annex 1 to the Programme Agreement the as per the following table⁷:

Outcome 1 - Access to healthcare services improved (telemedicine and e-health)	Expected programme results	Indicator	Target value
Outcome 1 - Access to healthcare services improved (telemedicine and e-health)		Number of beneficiaries of services provided or improved (using telemedicine diagnosis/ treatment) (disaggregated by gender)	20,000
		Number of medical staff with improved telemedicine and e-health skills as a result of training	750
		Number of people declaring satisfaction with services received from new e-health methods	10,000
		Number of telemedicine and e-health models submitted to the Agency for Health Technology Assessment and Tariff System (AOTMiT) for funding verification.	3
	<i>Output 1.1: Access to healthcare services improved (telemedicine and e-health)</i>	Number of healthcare services provided with the use of modern equipment purchased	20,000

THEMATIC SCOPE OF THE CALL

1. Pilot projects to pilot telemedicine model(s) shall be implemented in the following fields:
 - a) *Model 1: Cardiology*
 - b) *Model 2: Geriatrics*
 - c) *Model 3: Psychiatry*
 - d) *Model 4: Diabetology*
 - e) *Model 5: Chronic Diseases*
 - f) *Model 6: Obstetrics*
2. Each pilot project shall be prepared in line with the telemedicine model published for the respective field. The *Models* are found in Appendix No. 2.
3. Each pilot project must consist of the following components:
 - a) Tests of pilot model solutions in line with the description provided in Section B 6 of the *Application form*.

⁷ The details of pilot project's indicators are set out in the application form, section B.4

- b) Partnership with primary health care (PHC) facilities⁸, in line with Section 4.6 of the *Regulations* in Appendix No. 1
 - c) Preventive, information, and promotional efforts concerning public health.
 - d) Purchase of equipment (max. 37% of budget) necessary for the implementation of model solutions
- PHC facilities notwithstanding, projects can be implemented with the additional partners listed in Section 4.6 of the *Regulations*. Projects implemented in partnership with Norwegian institutions will receive additional points in the application assessment.
- **Each pilot project involves testing only one telemedicine model!** If the Applicant wishes to test more than one model **a separate application shall be filed for each model.**
- The pilot project forms part of the *Application form*, in Appendix No. 3.

II. SCOPE OF FINANCING

1. The Programme Operator shall finance **100% of total eligible costs** of pilot project. Detailed rules on the eligibility of expenditure are specified in Section 7.2 of the *Regulations* in Appendix No. 1.
2. Total available amount for the call is EUR 10,782,353⁹.
3. Total maximum eligible costs for the project shall be **EUR 675,000**. Total minimum eligible costs for the project shall be **EUR 200,000**.
4. Contributions shall be awarded in EUR and paid out in PLN (translated using the Commission's monthly accounting rates for EUR/PLN published in the C series of the Official Journal of the European Union¹⁰ in the month when expenditures became credited to the account of the PO). Foreign exchange risk shall be borne by the Project promoter, and pursuant to Article 8.7.d of the Regulations, exchange losses, among other categories of costs listed therein, shall not be considered eligible.

⁸ Primary health care is the first point of contact for beneficiaries within the meaning of the Act of 27 August 2004 on publicly funded health care services (Polish Journal of Laws of 2021, items 1285 & 1292), hereinafter referred to as the "beneficiary," except in cases where the beneficiary faces an immediate risk to their health, as referred to in Article 3(8) of the Act of 8 September 2006 on the State Medical Rescue Service (Polish Journal of Laws of 2020, item 882, as amended), or where they enjoy services referred to in Article 57(2) of the Act of 27 August 2004 on publicly funded health care services, hereinafter referred to as "the Services Act," within the framework of which access is ensured to preventive, diagnostic, treatment, nursing, and rehabilitative publicly funded health care services. The Act of 27 October 2017 on primary health care (Polish Journal of Laws of 2021, item 1050).

⁹ Translated to PLN based on the European Commission's monthly accounting rates for EUR/PLN published in the C series of the Official Journal of the European Union, calculated for the six-month period preceding the month in which the call for proposals is announced.

¹⁰ <https://ec.europa.eu/budget/graphs/inforeuro.html>

5. The final eligibility date is 31 December 2023
6. Payment flows
 - a) Advance and interim payments are made in pre-financing instalments for up to 90% of the total project grant amount.
 - b) The advance payment will be transferred to the Project Promoter within 30 days from the signature of the project contract.
 - c) The interim payment(s) shall be paid within 20 days of the approval of the project interim report(s) and may be paid when at least 70% of the previous pre-financing (advance and interim) instalment(s) has been settled.
 - d) Upon approval of the final project report, a final balance, if applicable, shall be made within 20 days. Where the total amount of earlier payment(s) is higher than the final amount of the grant, the payment of the balance will take the form of recovery.
 - e) The frequency and size of individual payments in relation to the projects' duration of implementation shall be annexed to the project contract.

III. APPLICATION DRAFTING AND SUBMISSION DEADLINE

1. Applications shall be filed solely in electronic form via the *application filing system of the Ministry of Health*, <https://konkursy.mz.gov.pl/login>. The deadline for applications is **2.03.2022, 11:59 PM**¹¹.
 2. The date the application is received in the application filing system of the Ministry of Health is decisive. **Applications received after the above deadline, i.e., dated later than 2.03.2022 shall not be considered.** The *Application form* to be filled out is available at the *application filing system of the Ministry of Health*, and – for informational purposes – on the website of the Programme Operator, www.zdrowie.gov.pl/fn
 3. Applications shall be drafted by **completing Appendix No. 3**, "*Application form*." The form must be signed with a qualified electronic signature in the XAdES format (XML Advanced Electronic Signatures) by a person authorised to file the application on behalf of the Applicant.
 4. The Application shall bear the following inscription: "Call title/number, project title, applicant name...".
- The application shall be filed **in one copy** before the deadline of **2.03.2022**. Applications **filed after this deadline shall not be considered**. The Applicant may file **one application** per test one model. **Applicants may not file more than one application to test the same model!** If the Applicant files more than one application to test the same model, **only the**

¹¹ For more information on submission of tenders via the application filing system of the Ministry of Health, please go to https://konkursy.mz.gov.pl/assets/files/Instrukcja_uzytkownika.pdf

application filed last shall be assessed, whereas earlier applications shall be dismissed.

→ For more information, please call +48 882 359 035, +48 882 359 427 on working days between 10 AM and 2 PM or write an e-mail to: nmf@mz.gov.pl. Information shall be provided within five working days.

III. ELIGIBLE APPLICANTS

Eligible applicants under the call for proposals shall be limited to:

1. **Supra-regional hospitals** defined as medical entities established by a minister or a central body of government administration, public medical university of public university engaged in teaching and research activities in the area of medical science¹², operating pursuant to the Act of 15 April 2011 on medical activity (Polish Journal of Laws of 2021, item 711, as amended) and providing services pursuant to the Act of 27 August 2004 on publicly funded health care services; having the legal form specified in the Regulation of the Council of Ministers of 30 November 2015 on the mode and methodology of running and updating the national official business register and templates for applications, surveys and certificates (Polish Journal of Laws of 2015, item 2009, as amended), **§ 7(2)(zj) independent public medical institutions (code 146)**.
2. **Research institutes** engaged in research and development activities in the field of medical science being a part of healthcare system¹³, operating pursuant to the Act of 15 April 2011 on medical activity and providing services pursuant to the Act of 27 August 2004 on publicly funded health care services; having the legal form specified in the Regulation of the Council of Ministers of 30 November 2015 on the mode and methodology of running and updating the national official business register and templates for applications, surveys and certificates, **§ 7(2)(zy) research institutes (code 165)**.

In accordance with Section 4.6 of the *Regulations*, “projects shall be implemented as partnership projects with medical institutions which provide health care within PHC pursuant to agreements concluded with the National Health Fund.”

IV. FORMAL REQUIREMENTS

¹² medical entities established by a minister or a central body of government administration, public medical university of public university engaged in teaching and research activities in the area of medical science,” legal form – code 146 per <https://stat.gov.pl/metainformacje/slownik-pojec/pojecia-stosowane-w-statystyce-publicznej/97,pojecie.html?pdf=1>)

¹³ institutes (definition: “research institutes engaged in research and development activities in the field of medical science being a part of healthcare system,” legal form – code 165 per <https://stat.gov.pl/metainformacje/slownik-pojec/pojecia-stosowane-w-statystyce-publicznej/97,pojecie.html?pdf=1>)

1. Detailed formal requirements can be found in the *Formal assessment chart* in Section 8 of the *Regulations*.
2. For the application to satisfy formal requirements, all components of the *Application form* constituting Appendix No. 3 hereto shall be filled out correctly, i.e., all fields in Sections A-D must be completed in line with the instructions provided in the respective points.
3. A power of attorney to file the application and sign documents on behalf of the Applicant, including to sign statements and appendices, shall be attached to the aforesaid documents (if applicable), unless such a power of attorney arises from other documents filed by the Applicant.

V. SUBSTANTIVE REQUIREMENTS AND SCORE

1. The filled-out *Application form* shall satisfy all substantive requirements laid down in the *Substantive assessment chart* in Section 9 of the *Regulations*.
2. The detailed description of criteria along with scores is found in the *Substantive assessment chart*. The chart shows how many points the Applicant may receive for satisfying the respective criteria.
3. **The total maximum score is 60 points.**
4. **The minimum score to be eligible for funding is 36 points.**

VI. APPLICATION ASSESSMENT PROCEDURE

The application assessment procedure is described in Section 5.3 of the *Regulations*. Applicant are urged to familiarise themselves with the procedure before filing the application.

VII. AWARDING OF GRANTS

1. The Selection procedure is described in detail in Section 5.4 of the *Regulations*.
2. A ranked list of projects is drafted following application assessment. After consultation with the Selection Committee, the Programme Operator shall make the final decision on the projects to be funded.
3. After the Minister of Health approves the selection of pilot project promoters, the Programme Operator shall publish *Selection process results* on the Programme Operator's website, listing the pilot project promoters and the amount of grants awarded.
4. Note: In the event that many applications are received, it is possible that not all those fulfilling formal and substantive requirements will receive funding.

VIII. COMMENTS

- A list of applications fulfilling formal requirements, as well as a list of applications filed after the submission deadline shall be published on the website of the Programme Operator: <http://zdrowie.gov.pl/fn>
- A list of applications failing to satisfy formal requirements with information on formal defects shall be published on the website of the Operator of the Health Programme, with the notice that the Applicants may repair formal defects in electronic form (with a qualified electronic signature) within a period of 14 days (14 calendar days) of the publication, whereas the date of receipt of repaired formal defects via the *application filing system of the Ministry of Health* – <https://konkursy.mz.gov.pl/login> – shall be decisive; if the Applicant fails to observe this deadline, their application shall be dismissed.
- Good governance policy is intended to ensure implementation of Financial Mechanisms in line with the principles of transparency, clarity, and responsibility. Anyone who suspects cases of poor governance may lodge a complaint. Information on reporting irregularities can be found at: <https://www.eog.gov.pl/strony/zapoznaj-sie-z-funduszami/zasady-zglaszania-nieprawidlowosci/>