

The Annual PL13 *Reducing social inequalities in health* Programme Report for the year 2015

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 voivodship 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 2015 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. In 2015 finally, 26 contracts for project implementation were signed (24 project promoters selected in the main call and 2 from the reserve list) for the total amount 68 686 678 PLN.

Within the predefined project so far the preliminary versions of the *Model of assessment of health needs* and the *Model of a health promotion program and/or preventive health care* were elaborated, on the basis of which the call for proposals for the pilot projects was carried out. In addition, two training programs were developed under the sub-activity 3.1 *Concept of training courses and seminars for selected groups of stakeholders in public health*, including a module A for medical staff and module B for those responsible for managing the system of public health at the level of local government. The recruitment for the above trainings is conducted through the platform <http://www.kdkevents.pl/nierownosci/>. Several reunions for training participants were realized, which marks the commencement of the implementation of the sub-activity 3.2. *Trainings and seminars for selected groups of stakeholders*. Furthermore, the thematic scope of particular studies, which constitute the project indicators, was finally elaborated and the work on them was initiated.

Throughout the whole 2015 the Programme Operator conducted intensive information and promotion activities (e.g. information service point, website, trainings for 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 organised in Warsaw a meeting of Programme Operators from the field of Healthcare initiatives combined with training workshops on communication issues. In order to strengthen the bond between the Donor States and beneficiary States, the representatives of the Programme Operator took part in the OPs meeting in Prague, Czech Republic.

Additionally, the Programme Operator in co-operation with the Norwegian Directorate of Health, organised in June 2015 an international seminar on inequalities in health, aiming also at exchanging experiences in implementing national strategies on reducing inequalities in health, which gathered nearly 100 participants, representatives of the Polish and Norwegian science,

central administration, experts on geriatrics, social inequalities in health, demographers and sociologists.

In addition, in 2015 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.

It should be stressed that the Donors have granted their acceptance to the extension of the eligibility date of expenditures within 16 projects (including the predefined project) until 30 April 2017 at the latest. Thanks to this the project promoters who filed for the extension will have a chance to successfully implement and close their projects and use potential savings. As a result of Addendum no 4 to the Programme Agreement the eligibility date of Programme costs has been extended to 31 December 2017.

Furthermore, on 21.09 and 1.10.2015 the NFP conducted the planned on-site monitoring visit at the premises of the PL13 Programme Operator, elaborating conclusions and recommendations regarding primarily the improvement of the process of planning of the financial resources claimed by the OP so that they meet to the largest extent possible the real needs; annexing the decision on the predefined project and project agreements taking into account the consent of the Donors to extend the date of eligibility of costs in selected projects beyond 30 April 2016; further elaboration on the bilateral strategy including new activities and preparation of the irregularity register in case they should occur. All of the recommendations have been implemented.

The main challenge facing the Programme Operator in 2016 is to effectively monitor the implementation of pilot projects, predefined projects and Bilateral Relations Fund projects, submitting the expenditures for certification and substantial, as well financial closure and settlement of projects ending in 2016.

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 published by the OECD in November of 2015 *Health at a Glance: OECD Indicators*, life expectancy at birth continues to increase steadily in OECD countries, going up on average by 3 to 4 months each year and in 2013 reached on average 80,5 years (83,1 years for women and 73,8 years for men)². In the European Union this indicator reached on average 79,6 years (83,3 years for women and 77,8 years for men).³ In Poland life expectancy amounted to 77,1 years (81,2 years for women, 73 years for men) what confirms the growing trend.⁴ 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.⁵

On average in the EU in 2013, women lived six years longer than men. However, this difference between sexes disappears in relation to the number of healthy life years (defined as the number of years lived without limitation of activity). In 2013 women in the EU could expect to live 61.5 years free from any form of disability, what constitutes 74% of the life expectancy at birth, just 0.1 years more than men.⁶ In case of Poland, life in good health for women and men was 62.7 and 59.2 respectively.⁷

The percentage of the population aged 65 and over, which started to rise sharply from the latter part of the last century, is continuing to rise. On average across OECD countries, the share of the population aged over 65 years has increased from less than 9% in 1960 to 15% in 2010 and is expected to nearly double in the next four decades to reach 27% in 2050. In about two thirds of OECD countries, at least one quarter of the population will be over 65 years of age by 2050.⁸ In 2013, according to the OECD data, average life expectancy at the age of 65 was 19,5 years: 21 years in case of women and 18 years in case of men.⁹ In the EU this indicator also increased, and was on average 20.5 years for women and 18 years for men. The difference in average life expectancy at the age of 65 between the countries with the highest and lowest life expectancy is about six years (minimum average value: 15,5 years; maximum average value: 21,6 years). In Poland, in 2013 the average life expectancy of women aged 65 years was 19.9 and 15.4 for men.¹⁰

*Causes of death*¹¹

Despite substantial declines in recent decades, cardiovascular diseases remain the main cause of mortality in most OECD countries, accounting for nearly one-third (32.3%) of all deaths in 2013. Cancer is the second leading cause of mortality in OECD countries after cardiovascular diseases, accounting for 25% of all deaths in 2013, up from 15% in 1960. In a number of countries, cancer is now the most frequent cause of death. The rising share of deaths due to

² <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

³ <http://ec.europa.eu/health/dyna/echi/datatool/index.cfm?indlist=10a>

⁴ <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

⁵ <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

⁶ <http://appsso.eurostat.ec.europa.eu/nui/show.do>

⁷ <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

⁸ <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

⁹ <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

¹⁰ http://ec.europa.eu/health/indicators/indicators/index_en.htm

¹¹ http://stat.gov.pl/cps/rde/xbcr/gus/L_podst_inf_o_rozwoju_dem_pl_do_2013.pdf

cancer reflects the fact that mortality from other causes, particularly cardiovascular diseases, has been declining more rapidly than mortality from cancer.¹²

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 expenditure on health care, i.e. current and capital expenditures in 2013 amounted to PLN 106 billion and accounted for 6.38% of Gross Domestic Product¹³.

Inequalities in health

The diversity of health condition among Poles with relation to the voivodship (province) was presented in a report published by the World Health Organization in 2012, entitled *Social inequalities in health in Poland*. The objective benchmark for the research on inequalities in health is the analysis of the length of life expectancy and the level of infant mortality, which are characterized by clear diversity among voivodships. The conducted analysis also confirmed substantial diversity, especially in the case of mortality due to digestive and respiratory system diseases as well as external reasons.¹⁴

In addition, the *Atlas of Polish population mortality in 1999-2001 and 2008-2010*¹⁵ 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.

¹² <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>

¹³ *Narodowy Rachunek Zdrowia za 2013 rok*, CSO

¹⁴ WHO Report *Social inequalities in health in Poland* Warsaw, 2012

¹⁵ *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*

Now the National Development Strategy 2020¹⁶ is being implemented, which replaced the National Development Strategy 2007-2015 set out in the Programme Proposal. The objective I.3. *Strengthening the conditions for the satisfying of individual needs and citizen activity* indicated the direction of intervention: I.3.3. *Increasing the security of citizens* taking into account, *inter alia*, the activities related to the health care system. The National Strategy for Regional Development 2010-2020: Regions, Cities, Rural Areas (NSRD)¹⁷, implemented since 2010, concerns the issue of access to health care (with a focus on perinatal care and prevention of cancers). Moreover, since 2013, the Human Capital Development Strategy (HCDS) is implemented, in which problems and planned activities related to health are described in the context of two specific objectives: *Longer working lives and ensuring effective functioning of the elderly* and *Improvement of health of citizens and efficiency of the health care system*. In addition to the above strategy, the Efficient State Strategy¹⁸ indirectly relating to the PL07 Programme has been implemented since 2013, which one of the important objectives is *Effective health care system*, including, among others, intervention directions concerning *Improvement of health infrastructure, teaching facilities in medical universities and research institutes, Improvement of access to health services and improvement of management of the health care system and medical information, as well as Improvement of quality and safety of health services*.

3. Reporting on outputs

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

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

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

3.1

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.

Having analysed the assumptions of the realised pilot projects, the Programme Operator does not see the risk of not achieving the indicators set out in the programme proposal, and envisages, on the contrary, that they will be exceeded.

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

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

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

Expected outcome	Improved governance in health care			
Output	Output indicator	Baseline value	Target value	Value as of: 31.12.2015
Models developed and reports elaborated	Number of models and reports elaborated	0	6	2
Cross sectoral strategy for reducing social inequalities in health elaborated	Number of strategies/policies elaborated	0	1	0
Public health trainings carried out	Number of participants	0	3 000	1 222*
Expected outcome:	Life-style related diseases prevented or reduced			
Output	Output indicator	Baseline value	Target value	Value as of: 31.12.2015
Community-based health promotion programmes	Number of people participating in health promotion programmes, including health promotion events	0	5 000	122 735
Community-based disease prevention programmes	Number of people participating in disease prevention programmes, including screening examinations	0	10 000	99 417

* working data

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 14 176 239 PLN*

On 28 April 2015 the above decision was annexed with Annex no 1, under which the issue of processing personal data of project participants has been regulated and a pool of funds to

finance the remuneration of financial services of the Beneficiary was established. In 2016 another Annex, amending the final date of cost eligibility in the project, shall be signed.

Therefore in 2015 the advancement of the pre-defined project is as described below:

- 1.1 *Diagnosis of inequalities in health and their determinants* 1.2 *Diagnosis of the current situation and functioning of the public health system in Poland* and 1.3 *Model of the assessment of the influence of legal regulations on health* 2.1 *Model of the population health management and functioning of public health in Poland* – concept works were concluded, task-forces were created and substantive implementation was commenced
- 1.4 *Cross-sectoral strategy on reducing social inequalities in health* - concept works were concluded, task-force created. In 2016 it is planned to conduct consultations with experts and non-governmental organisations.
- 2.3 *Model of health needs assessment* and 2.2 *Model of community-based health promotion and/or disease prevention programmes* – preliminary versions, necessary for the announcement of the call for proposals (2014), were developed. Eventually these tools will be elaborated after the evaluation planned in the framework of sub-activity 2.4,
- 2.4 Assessment of the implementation of pilot projects carried out by poviats. The task force has elaborated the concept of the evaluation and its preliminary scheme. In 2016 the tender for the selection of the evaluator will be announced – an entity independent from the Beneficiary.
- 3.1 Concept of trainings and seminars for selected groups of stakeholders from the public health sector – activity completed (2015)
- 3.2 Trainings and seminars for selected groups of stakeholders from the public health sector – recruitment for trainings and realisation of trainings is in progress. Due to attendance issues the Programme Operator, after the request of the Beneficiary, agreed to broaden the target group (within module A – originally dedicated to the basic health care staff (POZ). The actions undertaken resulted in increasing the number of participants. Furthermore, in order to improve the trainings, the Beneficiary has delegated the logistic part of the trainings to an external company.
- 3.3 Elaboration of a knowledge-base – the tool will be elaborated by the end of the project, after the elaboration of all other models and reports.

As it results from the description above, the implementation of the predefined project is delayed in respect to the original timetable. This is due to the time-consuming process of the appraisal of the project application for co-financing, as well as due to problems encountered by the Beneficiary already at the stage of implementation such as lack of Norwegian experts (due to their engagement in other projects). In view of this the beneficiary and the Norwegian partner have established a cooperation with experts from Great Britain. What caused difficulties was also the elaboration of the final shape of models and reports, especially sub-activity 1.4 *Cross-sectoral strategy on reducing social inequalities in health* – in the process of creating the concept of the strategy it was necessary to eliminate these works, which could have doubled the statutory tasks of the beneficiary and the Partner.

The substantial realisation of the project has been described in detail in pt. 3.1 of this report. Summing up, the delays arose at the stage of project assessment and implementation have caused the necessity to undertake preventive measures ie. modification of the project schedule (timetable) and delegating the execution of their part to external experts (sub-activity 3.2 Trainings and seminars for selected groups of stakeholders from the public health sector and a part of inputs to reports and models). The amended timetable and the new division of

responsibilities in the project were adopted in the 1st quarter of 2015. The proposed preventive measures have decreased the risk of not realising the planned activities, however the time-related risk was still high. Therefore the possibility to extend the eligibility of project costs until 30 April 2017 was used.

* 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 constituted a basis for the poviats submitting applications to a call for proposals. The comprehensive programmes of health protection and prevention of diseases, tailored to specific target groups will lead to preventing or reducing life-style related diseases.

Under the Programme, 26 pilot projects for health promotion in the field of cardiovascular diseases, cancer prevention, respiratory diseases, reduction of external causes of deaths and for diseases of the digestive system, are being implemented, as well as one predefined project, implemented in cooperation with the Norwegian partner, which aims at elaborating comprehensive actions contributing to improving governance in health-care.

Information on the achievement of outcome indicators is presented below. It will be possible to report on part of the indicators only after the completion of projects.

Expected outcome	Improved governance in health care			
	Outcome indicator	Baseline value	Target value	Value as of 31.12.2015
Standard outcome indicator	Number of actions taken to improve health system design and accountability	0	7	5
Custom outcome indicators	Tools prepared in order to reduce social inequalities in health	0	4	2

	Predefined projects implemented in cooperation with the Norwegian Partner	0	1	1
	Number of training curricula elaborated	0	2	2*
Expected outcome:	Life-style related diseases prevented or reduced			
	Outcome indicator	Baseline value	Target value	Value as of 31.12.2015
Standard outcome indicator	Number of actions/activities aiming to reduce or prevent life-style related diseases at national/local level	0	12	0
Custom outcome indicator	Comprehensive community-based health promotion and disease prevention programmes implemented	0	12	0

* working data

Progress on horizontal concerns

With regard to the cross-cutting issues, it should be noted that these issues will be discussed in detail in the call for proposals documentation, and one of the planned content related criteria of assessment, conducted by healthcare experts, shall cover the impact on horizontal issues. The horizontal concerns are also checked during the verification of the reporting documentation as well as tackled in the direct contacts with project promoters.

At the same time, during programming and implementation, from the very start of the Programme implementation, the Programme Operator follows horizontal principles, e.g. provided wide access to the information concerning Programme 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.

With regard to horizontal concern regarding 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 2015 this concern 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.

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.

As a result of the project selection procedure within the call for proposals, carried out in 2014, finally 24 projects have been recommended for co-financing (1 project due to the time-related risk decided to withdraw). One of the beneficiaries – Grójecki Powiat did not sign the project agreement. In its stead the first project from the reserve list, implemented by the Pułtowski Powiat, was selected. Contracting of the projects in the amount of PLN 64,790,953¹⁹ took place in the first quarter of 2015. As a result of fund shifting from other budget lines of PL13 Programme, additional financial means have been made available in September 2015. Minister of Health acting as PL13 Programme Operator *Reducing social inequalities in health*, has entered into an agreement for the implementation of projects with the following two entities, ranked at the head of the reserve lists.

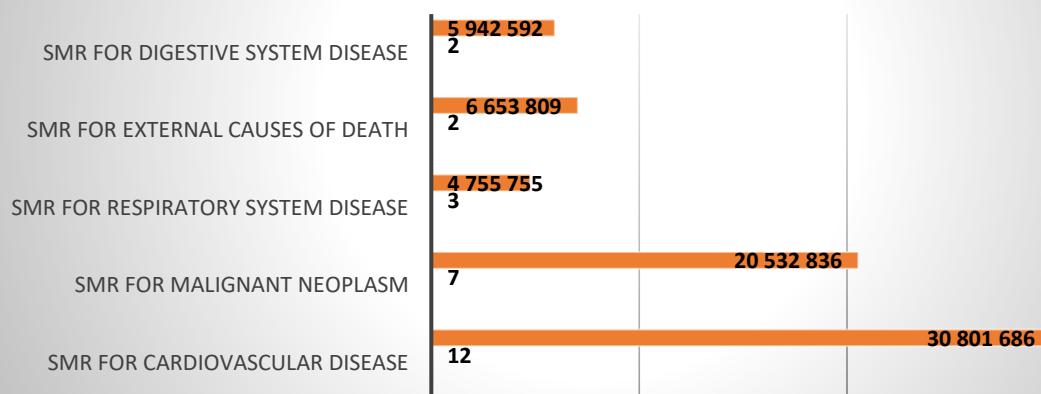
- District Nidzica (Powiat Nidzicki) - the project *Promotion and prevention of respiratory diseases for the residents of the Nidzica District.*;
- District Piotrkow (Powiat Piotrkowski) – the project *Your heart is your life - program to reduce inequalities in health of the residents of the Piotrków District at risk of cardiovascular disease.*

Summing up, 26 pilot projects are currently being implemented, for the amount of co-financing of 68 686 678 PLN.

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.

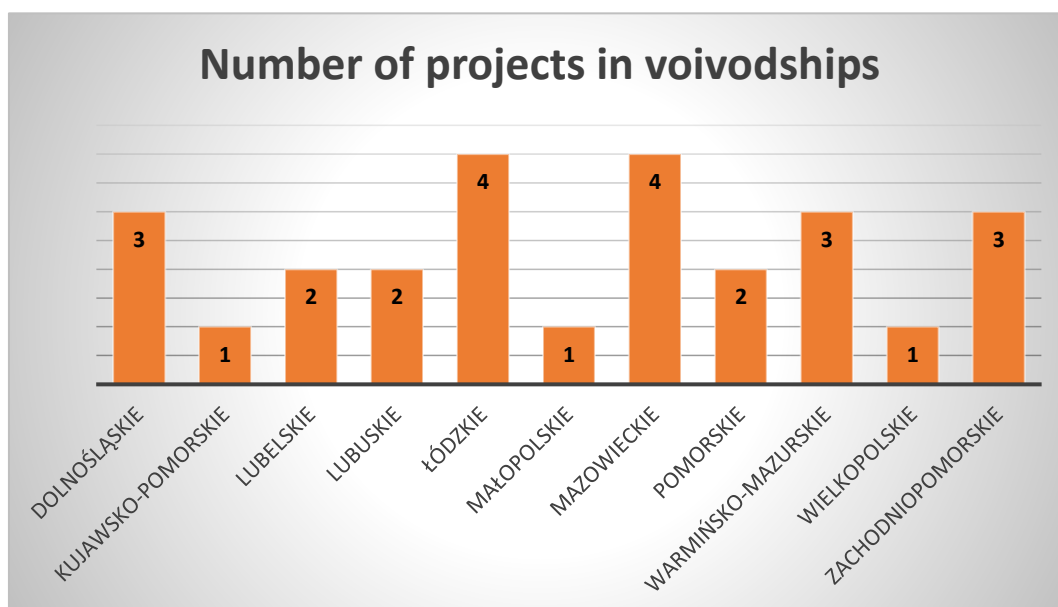
¹⁹ With the commitment of funds from the NMF at the level of 85% of total eligible expenditure, i.e. approx. PLN 55,072,310, 15% of eligible expenses is covered by the PO.

Distribution of projects among thematic fields - number of projects and value of co-financing (in PLN)



SMR - Standardized mortality ratio

Number of projects in voivodships



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 2015 were carried out with the actions described below:

Call for proposals for the Fund for Bilateral Relations

During the reporting period 2nd and 3rd call for proposals for the BRF was carried out. The second call was announced on 30.03.2015 and lasted until 30.06.2015. Within the second call the Programme Operator received two applications submitted by two entities from the list of poviats entitled for support. Due to substantive errors these projects were not granted with positive recommendation of the Norwegian Directorate of Health. In the third call for BRF announced on 31.07.2015, 4 applications were submitted. Three of them were positively recommended by the Norwegian Directorate of Health (two applications from Prudnicki Poviats and the application of the Medycyna Polska Association from Tarnów. In case of one application (of My Pacjenci Foundation from Warsaw) additional information were requested. Due to a limited level of allocation for the third call (65 000 EUR) the application of My Pacjenci Foundation (according to the order of application submission) was approved for implementation, whereas the remaining applications shall be implemented under the next call (4th call for BRF funds) under the condition they shall again be submitted.

The project implemented under the third call is realised in partnership with NTNU (Norwegian University of Science and Technology). Two applications of Prudnicki Poviats assume partnerships with respectively: Frøya Municipality and University Hospital in Trondheim. The application of My Pacjenci Foundation assume the partnership with Frøya Municipality.

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.

Study visit of the Norwegian delegation

In the days 19-23.01.2015 a study visit of the Norwegian delegation in Poland was held, organized at the request of the Norwegian Directorate of Health. The main objective was to obtain a better understanding of the health care system in Poland, with particular emphasis on the different levels of decision-making in the context of policy formulation and exercising in health care and public health at central and local government.

The visit was attended by representatives of the Norwegian Directorate of Health, Norwegian local governments - municipalities Frøya, Levanger, Norwegian NGOs in the field of health care - the Norwegian Cancer Society, the Norwegian Embassy in Warsaw and the Ministry of Health.

The itinerary of the study visit study prepared by the Department of the European Funds of the Ministry of Health, reflected the main educational assumptions of the Norwegian side and allowed to become familiar with the degree of implementation of selected projects in the field of health protection implemented by Beneficiaries within the Programmes PL07 and PL13. The delegation participated in a seminar concerning the health care system in Poland

organized at the headquarters of the Ministry of Health and met with Norwegian medical students and authorities of the II Faculty of Medicine and Division of Teaching in English of the Medical University of Warsaw.

In the following days the visit, meetings were held at the Office of the Marshal of Lower Silesia in Wrocław devoted to health policy in the voivodship perspective and becoming familiar with the assumptions of locally implemented project within the PL07 "Mały Dolnoślązak", demographic challenges for the region and modern solutions in the field of e-health, implemented by the private sector.

Next, the delegation got acquainted with the new infrastructure in the fields of health care in the region while visiting the construction of a new regional hospital. Subsequently, meetings were held at the district office in Polkowice and Polkowice Centre for Health Services, where guidelines for the projects: "Improving the health and quality of life of the elderly and dependent by extending the scope of home care, outpatient and community in Poland" under PL07 Programme and "Prevention of lung cancer by improving accessibility to specialist medical examinations and multi-level health education in the district Polkowice" under the PL13, implemented by these entities were presented. On the itinerary of the following day the visit included meetings at the District Hospital in Rawicz - Beneficiary of the project "Rehabilitation center" under the PL07 and meetings at the district office in Pleszew, the nursing home in Pleszew and Pleszew Medical Center - Beneficiaries of the Programme PL07, implementing projects "Improving standards of health care for the elderly and dependent in DPS Pleszew with the prevention of falls and educational action" and "Improving the conditions of health care for the elderly, dependent or chronically ill through the expansion and modernization of the Department of Rehabilitation and long term care in Pleszew Medical Center".

The program of the fourth day was implemented in Poznań and began with a meeting in the City Hall, dedicated to, among others, health policy, public health strategies and health programs implemented so far. The delegation also got acquainted with the objectives of the project "Improving the quality of care of dependent persons with mental and intellectual disabilities" and met with patients and staff of the Care-treatment and medical rehabilitation Facility in Owińska. In the second part of the day, meetings were held with senior medical and management staff of the hospital of the Transfiguration (Przemienienia Pańskiego Hospital) - Beneficiary of the project "Oncology in Wielkopolska – improving and adjusting diagnosis and treatment of cancer to the demographic and epidemiological trends in the region, together with optimizing procedures and prophylaxis" under the PL07.

On the fifth day of the visit the delegation met again at the Ministry of Health where they took part in the seminar and discussion concerning the predefined project under the PL13, whose beneficiary is the Department of Health Insurance at the MoH.

Seminar in Norway

Between 29.09 - 02.10. 2015 the Ministry of Health, together with the Norwegian Directorate of Health organized a seminar within the Bilateral Relations Fund at the PL07 and PL13 Programmes level. This year's seminar was held in Norway in Trondheim, Sistranda village on the island of Frøya and in Levanger.

The seminar was attended by 29 representatives of local authorities and public and private entities operating in the health sector, representing medical care facilities, hospitals,

hospices, medical universities and foundations. The main objective of the seminar was the presentation of Norway's solutions in the field of public health, enabling networking with experts and Norwegian institutions to share knowledge, experience and best practices that will help in the implementation of joint projects within the framework of the Bilateral Relations Fund at the Programme level of PL07 and PL13.

The seminar program consisted of the workshop part, theoretical part and study visits. As part of the workshop, participants from the Polish and Norwegian side made a presentation of their parent institutions and presented their expectations towards future BRF projects to be realized under PL07 and/or PL13 Programmes. The theoretical part consisted of a series of lectures delivered by the representatives of national and local authorities and the representatives from the field of science and culture regarding the planning, implementation, promotion and evaluation of activities in the area of public health, as well as measures to promote healthy lifestyles among the society. The lectures were organized thematically and held in three regions of the country. During the seminar also study visits were held, which accounted as an example of practical implementation of Norwegian solutions in the field of public health by entrepreneurs, scientists and Norwegian society.

International seminar on reducing inequalities in health

In June 2015, the Ministry of Health and the Norwegian Directorate of Health Affairs hosted an international seminar devoted to the exchange of experiences in implementing the strategy for reducing inequalities in health by the beneficiary states of Norway grants.

The aim of the seminar was to exchange knowledge and experiences of individual countries in implementing the strategy for reducing inequalities in health. The problem of rising inequality in health affects many European countries. Despite a steady increase in life expectancy and improvement of the health status of the population in many European countries, these countries will record an increase in inequalities in health caused by a variety of social factors. These include both general socio-economic factors (e.g. unequal opportunities to acquire education, employment, inadequate child-upbringing), as well as directly related to the behavior affecting the health of society (e.g. smoking, poor diet, alcohol consumption).

The experts from the Norwegian Directorate of Health Affairs and the Norwegian Institute of Public Health presented their experiences in the field. Experts from the National Institute of Public Health - National Institute of Hygiene, Medical University of Warsaw and the Ministry of Health presented an analysis of the prevalence of social inequalities in health in Poland, a cross-sectoral strategy to reinforce public health and the National Health Programme in Poland for the years 2016-2020.

The seminar participants also had the opportunity to familiarize themselves with the approach to the topic of social inequalities in health in Estonia and Lithuania. The meeting was attended by nearly 100 guests from Norway, Poland, Lithuania, Estonia, Portugal, Czech Republic, Slovenia, beneficiaries of the PL13 Programme Reducing social inequalities in health, and representatives of various ministries.

Other activities carried out by the Programme Operator

In June 2015 the Programme Operator organized in Warsaw the meeting of Programme Operators of the EEA and Norway grants from the thematic area Health Protection Initiatives.

It was an opportunity for a closer cooperation, exchange of experiences and improvement of the communication between partners.

Meetings of the Programme Operators are organized twice a year by individual Beneficiary states. In 2015, the host of the first meeting was the Ministry of Health, together with the Norwegian Directorate of Health, which is the Programme Partner PL13 *Reducing social inequalities in health*.

This meeting was an opportunity to strengthen cooperation between Beneficiary states and the Donors. It was also an opportunity to exchange experiences in implementing programmes and to provide updated information on the developments in different programmes implemented by individual countries.

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 bilateral indicators 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	17
Number of men involved in exchange visits between beneficiary and donor states	10	11

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 12 June 2015 and 8 December 2015 in Warsaw. During the CC meetings the issue of the extension of the duration of selected projects, and the state of the Programme implementation were discussed. A particular emphasis was given to the discussion on increasing the spending in the Bilateral Relations Fund.

There are two Cooperation Committee meetings planned for 2016, the first probably will take place in June.

Complementary action

N/A

7. Monitoring

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

According to the documentation of the programme, each year a sample of no less than 10 percent of projects is subject to controls, selected based on risk assessment and including random samples. The annual control plan includes projects where a higher risk has been identified in respect to other projects. The controls verify among others substantive and financial progress, time left to project completion and the correctness of prepared reporting documents. On-the-spot controls may also be carried out on *ad hoc* measure, if such a need arises.

Pilot projects

According to the control plan for 2015, on-site monitoring visits of 3 projects were conducted:

- District of Kutno (Powiat Kutnowski) – project no. 009/13/14
- District of Kwidzyn (Powiat Kwidzyński) – project no. 026/13/14
- District of Gryfice (Powiat Gryficki) – project no. 059/13/14

The outcomes of the conducted monitoring visits show a correct realisation of projects. The controls have indicated omissions of small significance and the ex-post recommendations refer only to the improvement of systems of project implementation.

During the day-to-day monitoring of projects (verification of reporting documents submitted by beneficiaries) in the fourth quarter of 2015, the Programme Operator has identified one irregularity with regard to public procurement rules. The irregularity detected was of minor significance, and the beneficiary returned the wrongfully spent funds. The irregularity identified for the project 081/13/14 is presented in the report on irregularities for the fourth quarter of 2015 and is submitted to the Audit Authority, to the NFP, Certifying Authority and the Paying Authority Department in the Ministry of Finance.

The control plan for the next reporting period – 2016 is attached to this annual report.

Pre-defined project

The Programme Operator carried out the control of the predefined project (National Institute of Public Health – PZH – predefined project partner) in May 2015.

The outcomes of the control show the correct implementation of the project.

At the same time, the pre-defined project was systematically monitored in 2015, which involved, among others, the working contacts with Project Promoter of the pre-defined project and the evaluation of payment requests submitted by the Health Insurance Department.

Moreover, in the third quarter of 2014, the Programme Operator of PL13 *Reducing social inequalities in health* commissioned an 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, which have been endorsed by the project promoter..

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.

Due to savings in the budget lines of the Programme: reserve for exchange rate losses and management costs, additional funds could have been shifted to the budget line of outcome 2, in the framework of which pilot projects are being implemented. The Donors and the National Focal Point concluded in June-July 2015 an appropriate Addendum to the Programme Agreement in which these amendments have been reflected.

Due to delays related to the evaluation of the program, procedure of the call for proposals and their assessment, the time remaining for the implementation of projects significantly diminished. This created a large part of the beneficiaries request for the extension of eligibility of costs in the projects. The Donors have accepted the submissions, recommended by NFP, concerning the extension of eligibility of project expenditures beyond 30 April 2016.

As a result of the above decision, 16 projects (including the predefined project) were granted permission to extend the implementation period.

The Donors and the National Focal Point concluded in November 2015 an appropriate Addendum to the Programme Agreement, under which the period of eligibility of programme costs has been extended to 31.12.2017.

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 (expert) 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 are 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. Despite that, in the course of implementation of activities related to information and publicity, there were no particular problems encountered, which could have an impact on the implementation of the PL13 Programme.

In order to minimise any risk of delays in the implementation of the pre-defined project, the Programme Operator introduced a number of preventive actions, involving, among others, increased monitoring of the project activities (e.g. a thorough verification of the payment request the working contacts with the beneficiary in order to perform a day-to day 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. The beneficiary has put into place all the recommendations formulated.

Bearing in mind the need to increase social acceptance for the developed strategies of reducing social inequalities in health, the Project Promoter of the pre-defined project has been obliged to conduct public (expert) consultations concerning the prepared strategy. The strategy is currently in the process of elaboration by the project team.

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. A large number of project applications, exceeding the available allocation under the third BRF call, indicate the fact that the risk was minimised.

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 2015 information and promotion activities relating to the PL13 Programme were adjusted to the next stage of this Programme in which the project agreements with beneficiaries were concluded and the project implementation started. The main objective was to inform the public on the Programme, as well as to conduct trainings for beneficiaries and provide information on the possibilities to apply for the BRF funds. The Programme Operator in 2015 used following tools and methods for information and promotion activities:

Information service point

The special phone number launched in 2011 is still operating, allowing beneficiaries access to information related to the PL13 Programme. Beneficiaries could also send questions by e-mail to the address set up for this purpose. Answers and explanations to questions directed to the Programme Operator were provided on a regular basis by e-mail and telephone. A particular emphasis was however put on a direct contact between the beneficiary and the representative of the PO in charge of the project monitoring.

Website

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

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

In 2015, in the period from January 1 to December 31, the website was visited 115 966 times, this means 318 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.

Training for potential beneficiaries

In April 2015 in Warsaw a training for the beneficiaries of the pilot projects was organised, during which the issues relating to the principles of the project implementation and payment claim preparation were discussed. Also the issues regarding the Bilateral Relations Fund and public procurement in the projects were covered. The training was conducted by the employees of the Department of the European Funds.

Press releases

In the beginning of 2016 there are two articles promoting the Programme planned in a nationwide press.

Information and promotion materials

In 2015, the Programme Operator had information and promotional materials (gadgets) with NFM and EEA FM logos (e.g. pens, calendars, mugs, bookmarks, bags, USB sticks), which were distributed to participants during meetings, trainings and conferences held in 2015 as part of the implementation of PL07 and PL13 Programmes. Additionally, in December of 2015 the contract for production and delivery of information and promotional gadgets (calendars, pendrives, pens) which will be used in 2016, was finalised.

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 PL07 Programme *Development and better adaptation of health care to demographic and epidemiological trends*. The updates resulted from the need to adapt contents of the above documents to revised organisational structure and division of responsibilities between various divisions of the European Funds Department, as well as to take into account modification of the Regulations. Moreover, the Manual of Procedures and Audit Trails was also supplemented with the sampling methodology of the financial documents for the verification of the applications for payment and during on-the-spot controls, as well as information on procedures regarding the procedure of verification of procurement documentation, which is annexed to the application for payment. Updated documents received the favourable opinion of the National Focal Point.

In accordance with Order No. 14 of the Director General of the Ministry of Health of 20 August 2015 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 five units: the Development Policy Co-ordination Unit, the Financial Mechanisms Unit, the Organisation Assistance Unit, the FM Irregularities Unit and the Legal Unit. Also an Independent Post for Organisation Audit in charge of i.a. evaluation issues of the Programme was created. 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.

On September 21, and October 1, 2015, the National Focal Point carried out an audit of the fulfilment of the obligations of the Programme Operator according to the provisions of the Programme Agreement. The controlling unit stated that the Operator implements the Programme according to the Programme Agreement. The NFP has formulated the recommendations towards the PO regarding: informing the NFP about the control of the predefined project by the Audit Authority; correct planning of the requested amounts of the advance payments, so that there is no situation of accumulation of funds by the PO; preparing the Financial Reports and the attachments thereto with due diligence; immediate annexing the project agreements and the Decision of the Minister of Health on the predefined project in view of the extension of selected projects beyond 30 April 2016; undertaking measures to increase spending within the BRF; signing declarations of impartiality by the members of the controlling team; keeping the irregularities register. All the NFP recommendations have been taken into account.

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 were assessed during the process of application evaluation by expert members of Content Related Assessment Team and they are being monitored by the PO during the process of verification of payment claims submitted by the beneficiaries.

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

Project level results have been described in section 3.1 of this report.

14. Attachment to the Final Programme Report

Financial annex, see attachment 2 of the Programme Operators Manual

Annex: Risk assessment of the programme

Program me #	Type of objective ²⁰	Description of risk	Likelihood ²¹	Consequence ²²	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 (voivodships, 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.	1	2	Continuation of informational and promotional activities by the Programme Operator. In case of failure to use the allocation available on the call for proposals in FBR, the PO will allocate unused funds to existing or other activities related to bilateral co-operation.
	Operational issues:				
		Difficulties associated with spending funds allocated for Programme PL13 management costs.	2	1	Planning tender procedures in proper advance, contracts for a period longer than one year, training employees.
		Staff shortages in the organizational structure of the Programme Operator.	1	2	Team of employees dealing with NFM has been created, a system of training and incentives is implemented, there is a possibility to use external services.

²⁰ 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.

²¹ 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%)

²² 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.

		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).	1	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. Extension of eligibility date of the project.
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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 2016:

Project number	Project title	Project Promoter	Planned date
	Ministry of Health – Department of Health Insurance	Predefined project – Reducing social inequalities in health	IV quarter
011/13/14	Koszaliński Powiat	Fighting tumors – cancer prevention program in Koszalin District	II quarter
034/13/14	City of Łódź	Łódź versus liver diseases	II quarter
061/13/14	Słubicki Powiat	Prevention of cardiovascular diseases and promotion of healthy lifestyle in the country Słubice.	II quarter

Verification of payment claims

The content-related and financial verification of payment claims are 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 2016 subsequent payment requests submitted by the beneficiary of the pre-defined project will be verified. In addition, in connection with commencement of the pilot projects implementation the verification of payment claims submitted by the beneficiaries of pilot projects will continue.

Other measures undertaken by the Programme Operator

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

- systematic monitoring of projects based on risk analysis including risk of delays,
- organizing meetings with Project Promoters for presentation of measures of correct project implementation, rules of information and promotion, reporting procedures and financial flows,
- current monitoring of project implementation by the working contacts between Project Coordinator (from PO) and Project Promoter – each project was assigned with one Project Coordinator from the part of the PO, a day-to-day phone and email contacts are kept in order to briskly react to potential problematic situations,
- familiarising with potential problems during projects implementation,
- system of the verification of payment claims was simplified by introducing amendments of the assessment charts consisting in cancelling the issues which were doubled in the content-related and financial assessment of the payment claim, also a possibility to verify the reporting documentation on samples was introduced,
- group and individual meetings with beneficiaries are being organised, during which the most frequent errors and mistakes are discussed, in order to reduce the number of necessary corrections of the payment claims,

Programme Operator signature

For the Programme Operator

Optional second signature

Name	Michał Kępowicz					
Signature						
Position	Director					
Date	day	month	year	day	month	year
			2016			