

# *ANNUAL PROGRAMME REPORT*

## *FM14-21*

Poland

PL-HEALTH Health

2020

## A. EXECUTIVE SUMMARY

The Programme Operator would like to note that the implementation of the programme has been delayed due to the pandemic situation. The appearance of the COVID-19 pandemic has paralysed in Poland the proper functioning of many institutions and pre-defined projects Beneficiaries for some time. It should also be noted that the PO as the Ministry of Health and the Beneficiaries of the PDP are the main institution responsible for tackling the pandemic in Poland.

However, despite the pandemic the PO evaluates the progress in the implementation of the Programme, in pre-defined projects and bilateral cooperation well. Nevertheless, the risks connected to COVID-19 are still at a high level and result in delays in announcing the open call for proposals. The activities of the PO described in the report are aimed at mitigating any occurring risks. The PO evaluates very well the cooperation with DPP and NFP, also with beneficiaries and partners of the pre-defined projects which is crucial for a proper monitoring of the Programme.

In 2020 in accordance with the provisions of Article 5.7 of the Regulation, the Programme Operator established a management and control system by preparing relevant documents - the Description of Management and Control System, as well as the Manual of Procedures and Audit Trails for Programme and obtained an opinion from the Audit Authority that the management and control system is in compliance with the Regulation.

The main actions carried out by the Programme Operator under the Programme were related to the assessment of pre-defined projects application forms, signing contracts for pre-defined projects as well as preparation of application documents necessary for applicants of pre-defined bilateral initiatives under Fund for Bilateral Relations at the Programme level.

In the years of 2019 and 2020 two meetings of the Cooperation Committee were held, to advise on preparation and implementation of the Programme (on December 17th, 2019 and on October 12th, 2020). At the December's meeting the current state of the Programme was discussed and actions under the Fund for Bilateral Relations at the Programme level were planned, while during the meeting held in October the discussed issues were connected to: development of the pre-defined projects, the proposed pre-defined bilateral initiatives and activities planned under the cooperation of Network for children and adolescent health. During the October's Committee, the members agreed by voting for implementation of the initiative on social inequalities in health, while the vaccination initiative was agreed via electronic means in November 2020.

Due to the limitations and restrictions resulting from the Covid-19 pandemic, cooperation with the DPP, NFP, Project Promoters was conducted through remote forms of communication.

According to milestones indicated in Supplementary Information for Programme Health it has to be noted that in 2020 the only postponed milestone was the one connected to the opening conference, however due to COVID-19 restrictions it was impossible to organize it in 2020. The event will be organized it time allowing PO to ensure safety of all participants. The

PO will also consider an on-line character of the conference if the restrictions last for a longer period. According to the next milestone introduced in the Supplementary Information the open call should take place in first quarter 2021. However, the PO would like to stress that the date will slightly change. It has to be stressed that all the delays are strictly resulting from COVID-19 pandemic. The open call is strictly connected to the PDP1 project and can only be launched when the models elaborated within the pre-defined project are ready - i.e. in the end of June 2021. This correlation between PDP 1 and open call is a subject to time risk. However, the PO monitors any changes and organizes biweekly meetings with Project Promotor in order to verify the progress of the project's implementation. Simultaneously the PO is being monitored by the National Focal Point just in case any new risks appears. For the time being, the PDP1 has confirmed that the models would be developed in the end of June 2021, which allows the PO to announce the open call.

Furthermore, throughout the whole reporting period the Programme Operator conducted informational and promotional activities (e.g. the information service point, the website, social media) and actions for strengthening bilateral relations (e.g. intensification of online meetings).

## B. PERFORMANCE

### 1. Results

#### Outcome 1: Reduced social inequalities in health

##### *Pre-defined projects*

#### **1. Pre-defined project titled “Tackling social inequalities in health with the use of e-health and telemedicine solutions”.**

Project promoter organization: Ministry of Health, Department of Innovation, Ministry of Health – Poland (GrACE number: PL-HEALTH-0001)

Norwegian Project Partner: Norwegian Centre for E-health Research

The decision to co-finance a pre-defined project was issued by the Minister of Health on May 22nd, 2020, while the eligibility of expenditure is valid from January 20th, 2020, i.e. from the date of submitting information to the FMO on the acceptance of the project for funding.

Progress of implementation:

The project grant decision was awarded on 22nd May 2020 and the advanced payment to the Norwegian Partner Norwegian Centre for e-Health Research was transferred on 10th June 2020. The Project Promoter submitted the first payment application in July 2020. It was accepted by the PO on 30th September 2020. The implementation of activities in the pre-defined project “Tackling social inequalities in health with the use of e-health and

telemedicine solutions” started in 2020. However, due to the adopted concept of the project, reaching the target values for indicators in Outcome 1 is planned in the next stages of project implementation, once the telemedicine and e-health models are developed, trainings for medical staff conducted and awareness-raising campaign launched. At the current stage of implementation the public tender for experts preparing the models was launched and the expert groups will start working on the development of models as soon as the formal procedures of the selection process are accomplished. As for the other activities, they will be implemented gradually, in line with the timeline submitted in the Application form for PDP1. In the reporting period, no outputs and results have been produced under the pre-defined project yet. The COVID-19 pandemic has influenced the implementation of the project.

In the 4<sup>th</sup> Q of 2020 PO identified a delay of the timeline submitted in application form for PDP1. It is related to problems with tendering procedures for experts preparing the telemedicine models. Because of pandemic situation public tender was launched in Nov. 2020.

In order to verify progress in PDP1 implementation PO has undertaken the following actions:  
1. PO is in regular contact with the PP; 2. PP updates PO on the weekly and monthly basis; 3. Meetings with Focal Point are held regularly.

The main actions carried out by PO were related to the assessment of implementation of *Activity 1 Development of models (telemedicine)*. PO stated that the procedures are followed and there was no possibility to speed up the public tender due to the procedural (legal) requirements.

PP ensures that the models will be elaborated till June 2021 and the agreed outcomes and outputs will be achieved. At this point of time there is no solid ground to question this position, however the turbulences we observe in overall economy and public life, especially connected with Covid-19 pandemic, may affect the deliverables or/and timelines of the project too.

Since March 2020 the Project Promoter and the Partner employed remote tools to organize meetings and conduct efficient communication within the Project team. Meetings with the Partner are held regularly, on a weekly or bi-weekly basis. The pandemic affected also the organization of the opening conference which was planned to take place in March 2020. Due to the national and international restrictions and in order to ensure the safety of participants, the date of the conference was postponed to 2021. To fulfil the communication requirements, the information on project implementation is published on the website: [http://zdrowie.gov.pl/strona-1003-predefined\\_project\\_e\\_health\\_telemedicine.html](http://zdrowie.gov.pl/strona-1003-predefined_project_e_health_telemedicine.html)

## **2. Pre-defined project titled “Healthy lifestyle of children and youth”**

Project promoter organization: Ministry of Health, Department of Investment Evaluation, Ministry of Health – Poland (GrACE number: PL-HEALTH-0002)

Norwegian Project Partners: Norwegian Directorate of Health and Trondelag Region Cancer Society

The decision to co-finance a pre-defined project was issued by the Minister of Health on July 23rd, 2020, while the eligibility of expenditure is valid from February 4th, 2020, i.e. from the date of submitting information to the FMO on the acceptance of the project for funding.

Progress of implementation:

In the reporting period, no outputs and results have been produced under the pre-defined project yet. All activities undertaken by the Project Promoter and Project Partners were focused on planned activities to implement the objective and assumptions of the Programme - reducing social inequalities in health. The Project Promoter took action to select contractors responsible for the implementation of activities under individual modules, i.e. developing a training program in the field of shaping health-promoting habits in kindergartens and nurseries, preparing and developing promotional and educational materials for young people on the prevention of tobacco substance use and the development of promotional materials and education about supporting parents and teachers in helping children with mental health problems. Abovementioned actions will allow the project to achieve the assumed results in the subsequent reporting periods.

Due to the project contract issued on July 23rd, 2020, the Project Promoter will submit the first payment application in January 2021. On September 16th, 2020, the advanced payments to one Norwegian Partner: Norwegian Cancer Society was transferred. The advanced payment for Verdal Kommune Partner was transferred on September 22nd, 2020. The COVID-19 pandemic has also impacted the way of the project collaboration. All meetings were held from March 2020 in an online form. The meetings with Partners are being held every two weeks and the internal meetings of Norwegian Partners are held once a week. The pandemic made it also impossible to organize the opening conference which was planned to take place in March 2020. Due to the national restrictions and in order to ensure the safety of participants the date of the conference was postponed to 2021. In addition, due to the pandemic situation and numerous restrictions in both countries, the Project Promoter extended the deadline for Norwegian Partners until March 2021 to submit reports on good practices for each module (healthy eating and physical activity, nicotine use and mental health). The aforementioned extension of the deadline is consistent with the concluded partnership agreements. The reports will contribute afterwards to the analysis prepared by Polish experts and training materials will be developed on their basis. In the fourth quarter of 2020, the Project Promoter prepared assumptions for the public procurement for abovementioned expert services, which will be announced in January 2021. To fulfil the requirements of communication the Project Promoter together with the Project Partners created the Facebook webpage where all information about the project is being introduced for public ([https://www.facebook.com/The-project-Healthy-lifestyle-of-children-and-youth-100728881686633/?modal=admin\\_todo\\_tour](https://www.facebook.com/The-project-Healthy-lifestyle-of-children-and-youth-100728881686633/?modal=admin_todo_tour)). The Project Promoter posts information also on a subpage dedicated to the project on the platform of the Ministry of Health ([http://zdrowie.gov.pl/fn/strona-992-projekt\\_predefiniowany\\_styl\\_zycia.html](http://zdrowie.gov.pl/fn/strona-992-projekt_predefiniowany_styl_zycia.html)).

In the opinion of the PO the project's PDP2 implementation is going very well. There are no major changes, apart from the prolongation of the date of submission the previously mentioned reports from the Norwegian Partners. However, those changes are in accordance with the provisions of the partnership agreements. For now, the PO does not see any

difficulties or risks in not completing the task. The Project Promoter reports on an ongoing basis the steps of the actions and the progress. The COVID-19 pandemic of course hindered the cooperation between the Project Promoter and Project Partners; however, the PO assesses the introduced changes in communication positively. All the meetings were moved to online form which on one hand made it easier to communicate, since no traveling was included. The only major change due to the pandemic is connected with opening conference which could not be organized for now. The Project Promoter and the PO monitor the restrictions and guidelines of the Ministry of Health and when it will be possible to organize such an event the public procurement will take place for organization. In this scope, the PO also does not see for now any difficulties in not completing the project in time. If the restrictions connected to the pandemic situation continue the PO will oblige the Project Promoter to organize the conference in an online form.

### **Bilateral Outcome: Enhanced collaboration between beneficiary and donor state entities involved in the programme**

In opinion of the PO, in PDP1 the collaboration between PP and Project Partner ( Norwegian Centre for E-health Research) involved in the programme is going very well. The Covid-19 pandemic situation certainly affected the cooperation between the Project Promoter and Project Partner but they worked out remote tools to organize meetings and conduct efficient communication within the Project team.

The implementation of activities in the pre-defined project “Tackling social inequalities in health with the use of e-health and telemedicine solutions” started in 2020. Meetings with the Partner moved to online form and are held regularly on a weekly basis, which enables the PP and Project Promoter to ensure proper flow of information and exchange of experience.

The same opinion of the PO applies to pre-defined project no.2 (PDP2). The Project Promoter, due to restrictions connected with COVID-19, had to reschedule meeting and changed their form into an on-line one. Regarding the bilateral cooperation with partners: Verdal Kommune and Norwegian Cancer Society the meetings are held on Teams application every two weeks. It is good to underline that the PO took part already in two meetings as an observer – meeting with additional presence of the PO are held every 3 months – the next one is scheduled for March 2021.

In conclusion it has to be stressed that collaboration between both Project Promoters and donor state entities is very good, smooth and problem-free.

The enhanced collaboration between a Project Promoter and Norwegian Partner has contributed to establishment of additional activities within the project:

- a document “*Pre-analysis on technical and organisational aspects of telemedicine in Poland*” was prepared for the Norwegian experts. The document covers i.a. Polish healthcare system description, latest achievements in telemedicine and e-health in Poland, as well as demographic and epidemic profile of Polish society.
- an initiative of organising an opening workshop for both Polish and Norwegian experts as a kick-off event of collaboration on the development of models is underway.

- The Norwegian Partner has proposed the idea of virtual tour for Polish experts among Norwegian institutions relevant for the implementation of telemedicine and e-health solutions in Norway. The aim of the virtual tour is to have a next-best thing to stationary on-site meetings and networking which are impossible to take place during COVID-19 pandemic.

The constructive dialogue with the Partner creates a significant value added to the project, despite the unfavourable developments related to social distancing requirements and general COVID-19 limitations.

The same opinion of the PO applies to pre-defined project no.2 (PDP2). The Project Promoter, due to restrictions connected with COVID-19, had to reschedule meeting and changed their form into an on-line one. Regarding the bilateral cooperation with partners: Verdal Kommune and Norwegian Cancer Society the meetings are held on Teams application every two weeks. It is good to underline that the PO took part already in two meetings as an observer – meeting with additional presence of the PO are held every 3 months – the next one is scheduled for March 2021.

In conclusion it has to be stressed that collaboration between both Project Promoters and donor state entities is very good, smooth and problem-free. For example it could be noted that in PDP2 bilateral teams have been created for each of the three modules in which experts are working on trainings assumptions and sharing good practices. The cooperation consists not only in cooperation between the Project Promoter and the Partner, the cooperation takes places also between Polish and Norwegian universities. Both countries are sharing their good practices and trying to implement their experiences into the project, however more results will be visible in next Annual Report. For now the projects are in the beginning phase.

## 2. Implementation

### Compliance with Programme (Implementation) Agreement conditions

**The PO fulfilled special conditions and Programme-specific rules set out in the Programme Agreement:**

1. The first condition is stating that no more than 50% of the total eligible expenditure of the Programme shall be available for infrastructure (hard measures). The condition is to be taken in consideration with the open call part of the Programme (the equipment expenditures will not exceed the 37% of projects budget). The pre-defined projects do not envisage infrastructure expenditures.

2. Another condition is that at least 10% of the total Programme allocation shall address child health. This will be achieved by dedicating a pre-defined project to children and youth, with at least 20% of the total Programme budget secured for this activity. Actions in the above-described areas would respond to the areas of support Health systems development,

including information and surveillance systems, Universal access to health care and Reduction of social inequalities in health and the burden of diseases, as described in the Blue Book 2014-2021.

3. The next condition is stating that at least 10% of the total Programme allocation shall address improved access to health for vulnerable groups/people and deprived areas. This is to be implemented by developing telemedicine and e-health solutions, prophylactic actions at regional level, social campaigns and activities addressed to all Poles. The required level of minimum 10% will be secured in the activities conducted under the pre-defined project on telemedicine and in the open call.

4. Another condition is that the Programme includes measures that address community based care for mental health. This is to be implemented by developing telemedicine and e-health solutions for mental health within one model developed in PDP1. The project aims to improve the situation of the Poles and enable them to have better access to medical care. Telemedicine will foster the development of mental health care which will overcome the problem of medical personnel shortages. In case of PDP2 it is to be implemented in one of the key elements of the project: the module of Mental Health. The activities will consist of conducting trainings for school employees, parents and guardians about mental health problems of young people. Information materials on seeking help for children and adolescents with disorders will be developed and it is planned to provide an internet portal on mental health with e-learning courses which will help with the problem of personnel shortages.

5. The condition connected to pre-defined project no. 2 (PDP2) and to external experts was fulfilled by the end of January 2020. The assessment of project application was done by 2 independent experts chosen in the open call which was announced on the website of Ministry of Health.

6. Also the pre-eligibility requirement has been fulfilled. The requirement described that no costs shall be eligible under pre-defined project no. 2 before a revised detailed description and budget for the pre-defined project is submitted to the FMO.

8. The condition "No more than 37% of the total eligible of the total eligible project cost in the projects selected under the open call shall be available for equipment is to be taken in consideration when launching the open call under pre-defined project no. 1 (the equipment expenditures will not exceed the 37% of projects budget).

#### **Cooperation with International Partner Organisations (IPOs)**

*not applicable*

## C. LEARNING

### 1. Monitoring

In accordance with the requirements of the Agreement No. 3/2019/Zdrowie signed between National Focal Point and Ministry of Health on the implementation of the Programme Health under Norwegian and EEA Funds for 2014-2021 (paragraph 7 point 10), the Programme Operator (PO) is obliged to conduct annual monitoring of a sample of projects selected on the basis of a risk analysis and including a random sample selection. Verifications are carried out on the basis of the Control Plan containing a list of projects to be inspected at the project site. Every year, a sample of not less than 10% of the number of projects is checked, selected on the basis of a risk analysis (projects previously inspected by the PO, the results of which do not indicate irregularities and / or significant shortcomings will not be taken into account when conducting the next risk analysis), while pre-defined projects are inspected at least once a year. In 2020 any of the on-site inspections were carried out for implemented projects due to the fact that in 2020 there were no calls for proposals under the Norwegian Financial Mechanism and the Fund for Bilateral Relation. With reference to the pre-defined projects (PDP), the implementation of the PDP1 project entitled "Tackling social inequalities in health with the use of e-health and telemedicine solutions" was at the initial stage (the application for payment only accounted for management costs), and in case of PDP2 "Healthy lifestyle of children and youth" pursuant to Decision No. 2/2020 of July 23, 2020, the first payment application will be submitted in January 2021 for the period of 4.02.2020 to 31.12.2020. Due to that fact no monitoring activities were held.

In regard to the monitoring plan for 2021, the both pre-defined projects will be inspected. The projects will be inspected in the case of approval of payment applications in which expenses related to the project implementation will be settled. The planned date of carrying out the indicated inspections is the fourth quarter of 2021.

In accordance with Article 1.6(a) of the Regulation it has to be underlined that a risk-based monitoring is taking place during the Programme implementation. In 2020 there were cyclical meetings (every 2-3 weeks) organized between the PO and NFP in order to discuss and mitigate the risks that could appear due to the pandemic. Those meetings will be continued in 2021. Also, the review of all activities in the Programme was being done during each video-conference with DPP.

Also, the PO in order to mitigate the risks in both pre-defined projects conducted in 2020 special monitoring based on monthly tables filled in and delivered by Project Promoters, in which data such as problems, risks, changes, cooperation with partners, implementation steps and future plans were described

An additional monitoring was held also through verification of submitted payment application. Project supervisors from the PO's side are also conducting monitoring based on telephone calls and e-mail exchange. All the above-mentioned activities will be continued in 2021 in order to mitigate problems which might appear during implementation process. The PO will also introduce biweekly online meetings in 2021 with both Project Promoters.

## 2. Evaluation

In 2020 no evaluations were carried out for implemented activities due to the fact that in 2020 there were no calls for proposals under the Norwegian Financial Mechanism and the Fund for Bilateral Relation. According to Article 10.1 of the Regulation the PO will evaluate the Programme one time during the implementation period but on later stage of implementation process of the Programme.

## 3. Lessons learned

It should be noted that the epidemiological situation of COVID-19 influenced the implementation of the Programme and risks were identified which were reported in the official letter to the NFP and the FMO. First of all, the COVID pandemic delayed the implementation of the pre-defined projects, because both Polish and Norwegian project partners had numerous obligations resulting from involvement in COVID activities. The PO paid permanent care to milestones and monitored any risk which could influence the implementation of the Programme.

During pandemic time the new channels of communication were implemented. The online meetings could be scheduled more often than the regular meetings, so cooperation between partners became advanced. Through the use of alternative forms of communication mentioned above it was possible to implement complex activities in PDPs, including cooperation with Norwegian partners. In the situation of a prolonged coronavirus pandemic and the impossibility of implementing the planned actions, the PDPs will provide the PO with a description of the current project timeline adjusted to possible changes in relation to the initially agreed timelines.

The PO monitored the progress of the projects on ongoing basis, through weekly reports on the progress of the activities and through telephone calls, e-mails and giving their support in solving occurring problems.

The review of all activities in the Programme was being done during each video-conference with DPP. In 2020 the PO introduced also new tool of monitoring for each pre-defined project. A special Excel table was prepared which the Beneficiaries must complete with a summary of the project implementation (risks, planned activities, changes, problems, cooperation with partners, etc. ) on a monthly basis. This is to prevent any other risks which could appear during the implementation process.

## **D. ANNEXES**

- 1. Updated results (indicator achievements)**
- 2. Communication**
- 3. Overview of contracted projects**
- 4. Risk management**
- 5. Monitoring plan**
- 6. Evaluation report**
- 7. Agreement conditions**

## Annex 1: Updated results (indicator achievements)

Objective: Improved prevention and reduced inequalities in health								
Outcome 1: Reduced social inequalities in health								
Indicator	Unit of measurement	Baseline	Achievements until end of previous reporting period	Achievements until end of December 2020			Target	Comment
				Numerator	Denominator	Value		
<b>Number of beneficiaries of services provided or improved (using telemedicine diagnosis/ treatment)</b>	Number	0	0 (IFR 2020)	-	-	-	20,000	-
<i>Gender</i>								
<i>Female</i>	-	-	-	-	-	-	-	-
<i>Male</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-
<b>Number of medical staff with improved telemedicine and e-health skills as a result of training</b>	Number	0	-	-	-	-	750	-
<b>Number of children with improved habits (dietary, sports activities)</b>	Number	0	-	-	-	-	84,000	-
<b>Number of children who declare reduced tobacco consumption</b>	Number	0	-	-	-	-	2,500	-
<b>Number of people declaring satisfaction with services received from new e-health methods</b>	Number	0	-	-	-	-	10,000	-
<b>Number of telemedicine and e-health models submitted to the Agency for Health Technology Assessment and Tariff System (AOTMiT) for funding verification.</b>	Number	0	-	-	-	-	3	-
Output 1.1: Access to healthcare services improved (telemedicine and e-health)								
Indicator	Unit of	Baseline	Achievements	Achievements until end of December			Target	Comment

	measurement		until end of previous reporting period	2020				
				Numerator	Denominator	Value		
Number of telemedicine and e-health models developed	Number	0	0 (IFR 2020)	-	-	-	7	-
Number of healthcare services provided with the use of modern equipment purchased	Number	0	0 (IFR 2020)	-	-	-	20,000	-
Number of dissemination workshops organised on telemedicine and e-health pilots	Number	0	0 (IFR 2020)	-	-	-	3	-
Number of awareness campaigns carried out	Number	0	0 (IFR 2020)	-	-	-	1	-
Number of people reached by awareness raising campaign	Number	0	0 (IFR 2020)	-	-	-	1,000,000	-
<b>Output 1.2: Education on healthy lifestyle of children and youth provided</b>								
Indicator	Unit of measurement	Baseline	Achievements until end of previous reporting period	Achievements until end of December 2020			Target	Comment
				Numerator	Denominator	Value		
Number of children and youth covered by educational activities	Number	0	0 (IFR 2020)	-	-	-	25,000	-
Number of professional staff trained	Number	0	0 (IFR 2020)	-	-	-	500	-
<i>Gender</i>								
<i>Female</i>	-	-	-	-	-	-	-	-
<i>Male</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-
Number of parents/caregivers/family members educated in healthy lifestyle of children and youth	Number	0	0 (IFR 2020)	-	-	-	25,000	-
Number of entities engaged in educational activities on healthy lifestyle	Number	0	0 (IFR 2020)	-	-	-	12	-
Number of awareness raising campaigns carried out (anti-smoking campaign)	Number	0	0 (IFR 2020)	-	-	-	1	-

Number of people reached by awareness raising campaign	Number	0	0 (IFR 2020)	-	-	-	1,000,000	-
<b>Output 1.3: Children and youth's mental health supported</b>								
Indicator	Unit of measurement	Baseline	Achievements until end of previous reporting period	Achievements until end of December 2020			Target	Comment
				Numerator	Denominator	Value		
Number of parents/caregivers/family members educated on mental health of children	Number	0	0 (IFR 2020)	-	-	-	500	-
Number of professional staff trained on mental health of children	Number	0	0 (IFR 2020)	-	-	-	100	-
<i>Gender</i>								
<i>Female</i>	-	-	-	-	-	-	-	-
<i>Male</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-
Number of entities engaged in educational activities on mental health	Number	0	0 (IFR 2020)	-	-	-	10	-
Dedicated internet portal/webpage to mental health of children	Binary	No	No (IFR 2020)	-	-	-	Yes	-
<b>Bilateral Outcome: Enhanced collaboration between beneficiary and donor state entities involved in the programme</b>								
Indicator	Unit of measurement	Baseline	Achievements until end of previous reporting period	Achievements until end of December 2020			Target	Comment
				Numerator	Denominator	Value		
Level of trust between cooperating entities in Beneficiary States and Donor States	Scale 1-7	TBD, Survey to be carried out by the FMO	-	-	-	-	4.50, Target is $\geq 4.5$ , and an increase on the baseline	-

							value	
<i>State type</i>								
<i>Beneficiary State</i>	-	-	-	-	-	-	-	-
<i>Donor State</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-
<b>Level of satisfaction with the partnership</b>	Scale 1-7	TBD, Survey to be carried out by the FMO	-	-	-	-	4.50, Target is ≥4.5, and an increase on the baseline value	-
<i>State type</i>								
<i>Beneficiary State</i>	-	-	-	-	-	-	-	-
<i>Donor State</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-
<b>Share of cooperating individuals who apply the knowledge acquired from bilateral partnership</b>	Percentage	N/A	-	-	-	-	50.00 %	-
<i>State type</i>								
<i>Beneficiary State</i>	-	-	-	-	-	-	-	-
<i>Donor State</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-
<b>Output 1001.1: Bilateral cooperation in health sector improved</b>								
Indicator	Unit of measurement	Baseline	Achievements until end of previous reporting period	Achievements until end of December 2020			Target	Comment
				Numerator	Denominator	Value		
<b>Number of projects involving cooperation with a donor project partner</b>	Number	0	2 (IFR 2020)	-	-	-	6	-
<i>Donor State</i>								
<i>Norway</i>	-	-	-	-	-	-	-	-

<i>Iceland</i>	-	-	-	-	-	-	-	-
<i>Liechtenstein</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-

## Annex 2: Communication summary

### a. Visibility of the Grants and the donors

All information and promotion activities are carried out on the basis of the principles set out in the textbook "Communication and Design Manual EEA and Norway Grants 2014-2021". The information about the fact of financing activities from the above-mentioned sources are each time included e.g. as news on the website [www.zdrowie.gov.pl](http://www.zdrowie.gov.pl), both in Polish and translation into English, example: <http://zdrowie.gov.pl/fn/aktualnosc-3789-jest-decyzja-w-sprawie-dofinansowania.html>

The PO also emphasizes the fact that the activities financed by the Norwegian funds were implemented in the posts on the profile @zdrowiejestnajwazniejsze, during meetings, training sessions and other similar events. From the perspective of the website [www.zdrowie.gov.pl](http://www.zdrowie.gov.pl), information about the Programme is easily available and all news is also translated into English. Appropriate logos are also marked on promotional materials, letterhead, etc.

### b. Communication with the National Focal Point

The most important information on current events in our sector is transferred to the NFP. Promotion of joint events also takes place in two ways. We are actively involved in the promotion of activities coordinated by the NFP, e.g. <http://zdrowie.gov.pl/fn/aktualnosc-3808-trwa-sekcja-kina-norweskiego-i.html> The representatives of the Health Programme Operator took part in the training organized by the NFP, which was devoted to the communication of the EEA Grants and Norway Grants.

### c. Website and social media

The most important online channels dedicated to the Norwegian Funds are:

- website: [www.zdrowie.gov.pl](http://www.zdrowie.gov.pl)
- Facebook and Instagram account: [zdrowiejestnajwazniejsze](https://www.facebook.com/zdrowiejestnajwazniejsze).

When creating texts for publication on the Internet, the PO follows the guidelines set out in the "Communication and Design Manual EEA and Norway Grants 2014-2021" manual. It is taken into account, among others brevity and precision of information and simple language. The PO also uses active links - example below:

[http://zdrowie.gov.pl/fn/aktualnosc-3797-do\\_13\\_wrzesnia\\_trwa\\_cykl\\_sztuka\\_polnocy.html](http://zdrowie.gov.pl/fn/aktualnosc-3797-do_13_wrzesnia_trwa_cykl_sztuka_polnocy.html)

The PO will enrich the website and profiles in social media channels with photos and graphics related to the content information that will appear there. There is also a subpage about Norwegian Funds in English: [http://zdrowie.gov.pl/strona-998-english\\_version.html](http://zdrowie.gov.pl/strona-998-english_version.html)

### d. Best practice examples

Such materials will appear at a more advanced stage when the projects are implemented. From the point of view of the promotion area, a good example was the exchange of

experiences with other entities in the organization of on-line conferences and during the communication training, which was mentioned earlier.

e. **Multimedia**

The Programme Operator focuses on preparing up-to-date information in the form of materials placed on the website and e-publications using simple language and short, simple messages adjusted to the needs of target group. It's important to cooperate with the media based on free support. We also anticipate the production of video materials that we will share on social media and our website.

Also, the PO plans to organize on-line workshops for beneficiaries on the correct completion of applications and to learn best practices. An important part of the workshops will be promotion of partnerships, Programme Operator plans to organize in cooperation with Programme Partner a workshop for beneficiaries of open call on how to find a partner, how to deal with a partnership.

It must be underlined, that the PO was obliged to organize the opening two-days conference in 2020 in Warsaw. However due to existing pandemic situation of COVID-19 the PO had to postpone the event until it will be safe for public. If the pandemic situation continuous the PO will consider the conference in an on-line form. In addition to the event, it is planned to publish content on the "Health" Program on internet portals. Their subject matter and type (article, interview, banners) will be determined at a later stage.

Below are links to photos with interesting events related to the promotion of the Norwegian Funds:

[http://zdrowie.gov.pl/fn/aktualnosc-3694-nowa\\_edycja\\_funduszy\\_norweskich\\_i\\_eog\\_w.html](http://zdrowie.gov.pl/fn/aktualnosc-3694-nowa_edycja_funduszy_norweskich_i_eog_w.html)

[http://zdrowie.gov.pl/fn/aktualnosc-3732-szkolimy\\_beneficjentow\\_z\\_poprawnego.html](http://zdrowie.gov.pl/fn/aktualnosc-3732-szkolimy_beneficjentow_z_poprawnego.html)

[http://zdrowie.gov.pl/fn/aktualnosc-3738-grudniowe\\_posiedzenie\\_komitetu.html](http://zdrowie.gov.pl/fn/aktualnosc-3738-grudniowe_posiedzenie_komitetu.html)

[http://zdrowie.gov.pl/fn/aktualnosc-3821-szkolenie\\_dla\\_beneficjentow\\_inicjatyw.html](http://zdrowie.gov.pl/fn/aktualnosc-3821-szkolenie_dla_beneficjentow_inicjatyw.html)

### Annex 3: Overview of contracted projects

Outcome	Projects	#	# of donor project partners	Amount contracted	% of outcome budget contracted
<b>Outcome 1: Reduced social inequalities in health</b>	Pre-defined	2	3	€ 10,800,000	50.04 %
	Contracted through open calls	0	0	€ 0	0.00 %
	Contracted through small grants scheme	0	0	€ 0	0.00 %
	<b>Total Outcome 1</b>	<b>2</b>	<b>3</b>	<b>€ 10,800,000</b>	<b>50.04 %</b>
<b>Programme</b>	<b>Total</b>	<b>2</b>	<b>3</b>	<b>€ 10,800,000</b>	<b>50.04 %</b>

## Annex 4: Risk management

Programmatic risks						
Risk description	Risk related to	Likelihood	Consequence	Risk score	Response type	Risk N/A?
The lack of social awareness on remote solutions to be tested under the open-call Reducing social and economic disparities.	Reducing social and economic disparities	3	2	2.45	Mitigate	No
	<b>Description of planned response</b>	Project Promoters shall be obliged to conduct publicity and information activities during projects' implementation, tailored to the target groups. In the pre-defined project on telemedicine information activities are also planned.				
	<b>Description of actual response</b>	The project is in the initial phase so the Project Promoter did not yet conduct information activities, however the PO is continuously replying to any questions about the planned open-call				
	<b>Planned future response</b>	The Project Promoter and PO will inform the society about available remote solution through organizing the opening conference and uploading information on internet profiles.				
Lack of adequate and qualified external staff (experts) to elaborate the models in the predefined project on telemedicine.	Reducing social and economic disparities	1	2	1.41	Transfer/share	No
	<b>Description of planned response</b>	The Project Promoter and Norwegian Partner shall delegate task teams to coordinate the work on particular models. This solution should significantly reduce the identified risk.				
	<b>Description of actual response</b>	Due to the beginning phase of the project implementation, measures to avoid this risk will be undertaken on later stage.				
	<b>Planned future response</b>	If the problem arise, the Project Promoter and Norwegian Partner will look for new external staff to complete the task.				
Correlation/interdependence between the predefined and open-call parts of the programme.	Reducing social and economic disparities	4	4	4	Mitigate	No
	<b>Description of planned response</b>	During the realization of the programme the Programme Operator will conduct a systematic monitoring of the projects				

		based on risk analysis, including the risk of potential delays. In this case, on-the-spot verification should be conducted.				
	<b>Description of actual response</b>	In 2020 the PO conducted monthly monitoring of actions undertaken in PDP1, biweekly meetings with Project Promotor were introduced. The PO delivered also to the NFP a new description of risk assessment and new milestones for both, the open call and PDP1.				
	<b>Planned future response</b>	During the realization of the programme the Programme Operator will conduct a systematic monitoring of the projects based on risk analysis, including the risk of potential delays. In this case, on-the-spot verification should be conducted.				
Delays occurring in pre-defined projects and in Programme Implementation caused by COVID-19 pandemic.	Reducing social and economic disparities	3	3	3.00	Mitigate	No
	<b>Description of planned response</b>	During the pandemic situation the PO will introduce new tools (i.e. monitoring Excel table, online meetings with Project Promoters and Project Partners) for more intense monitoring of risks connected to any delays in the projects.				
	<b>Description of actual response</b>	Due to COVID-19 pandemic new tools were introduced by the PO. In order to monitor the risks and delays new monitoring table was created which is filled in monthly by PDP1 and PDP2. Since personal meeting were forbidden due to new restrictions the PO was contacting DPP, Project Promoters and Partners with an on-line Teams application.				
	<b>Planned future response</b>	During the pandemic situation the PO will introduce new tools (i.e. monitoring Excel table, online meetings with Project Promoters and Project Partners) for more intense monitoring of risks connected to any delays in the projects.				
<b>Operational risks</b>						
<b>Risk description</b>	<b>Risk related to</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Risk</b>	<b>Response type</b>	<b>Risk</b>

				score		N/A?
Tendering procedures conducted by the PO	Reducing social and economic disparities	4	2	2.83	Mitigate	No
	<b>Description of planned response</b>	There shall be a functional unit dealing with the purchase and delivery procedures. Thus, the PO shall conduct tendering procedures under the supervision of competent unit.				
	<b>Description of actual response</b>	All public procurements and tenders are run by special procurement units which exist within the Ministry of Health. People responsible for this work are qualified in this area.				
	<b>Planned future response</b>	All actions connected to public procurement will be done in cooperation with qualified procurement units in the MoH. In case of any problems special trainings and self-improvement will be introduced.				
Delays in the assessment of project proposals.	Reducing social and economic disparities	1	2	1.41	Mitigate	No
	<b>Description of planned response</b>	In case of delays in the projects proposals assessment the PO shall appoint a competent external entity, chosen in an open selection procedure, in order to conduct the assessment of proposals. Outsourcing shall ensure flexibility (number of experts shall be increased if it is necessary) and transparency of the process.				
	<b>Description of actual response</b>	Due to the beginning phase of the Programme implementation, measures to avoid this risk will be undertaken on later stage. For now this risk has not been detected.				
	<b>Planned future response</b>	If needed, actions will be implemented in 2021. The PO will try to avoid these difficulties.				
Small interest in open call – both at polish side and potential Donor project partners	Reducing social and economic disparities	1	2	1.41	Mitigate	No
	<b>Description of planned response</b>	Intensification of information, promotion and bilateral activities.				
	<b>Description of actual response</b>	Due to the beginning phase of the Programme				

		implementation, measures to avoid this risk will be undertaken on later stage. For now this risk has not been detected. However, the PO introduced the information about the open call on its website and is continuously replying to any questions regarding the call.				
	<b>Planned future response</b>	In 2021 the PO plans to organize the opening conference in which the information on open call will be presented. This information is going to be announced in all MoH internet profiles.				
Problems with tendering procedures at projects level	Reducing social and economic disparities	2	3	3.45	Mitigate	No
	<b>Description of planned response</b>	Monitoring of the projects, organisation of meetings with project promoters, proper preparation of project schedules assuming time reserves for the public procurements				
	<b>Description of actual response</b>	All public procurements and tenders are run by special procurement units which exist within the Ministry of Health. People responsible for this work are qualified in this area.				
	<b>Planned future response</b>	All actions connected to public procurement will be done in cooperation with qualified procurement units in the MoH. In case of any problems special trainings and self-improvement will be introduced.				
DPP inadequate capacity	Strengthening bilateral relations	1	2	1.41	Mitigate	No
	<b>Description of planned response</b>	Arrangements through the Cooperation Committee made on a timely manner, in advance to ensure the coordination of activities at DPP side between beneficiary countries.				
	<b>Description of actual response</b>	Due to COVID-19 pandemic all Cooperation Committee meeting were held on-line on Teams application. Since the Programme is in beginning phase of implementation this risk did not occur. The PO is in constant contact with DPP to				

		analyse any risks – special biweekly Teams meeting are held.				
	<b>Planned future response</b>	Arrangements through the Cooperation Committee made on a timely manner, in advance to ensure the coordination of activities at DPP side between beneficiary countries.				
PO's employee turnover	Reducing social and economic disparities	1	2	1.41	Mitigate	No
	<b>Description of planned response</b>	Ensuring PO staff capacity at the Ministry level. In case of any problems with employee turnover new staff will be appointed to implement the Programme.				
	<b>Description of actual response</b>	In 2020 the PO did not detect any risk connected to employee turnover. It has to be underlined that the implemented in the MoH organizational changes did not influence the ongoing works. The employees were moved to another unit but their work descriptions and tasks are the same.				
	<b>Planned future response</b>	If the risk arises the PO will appoint/hire new employees.				
Problems connected to events/meetings organization during COVID-19 pandemic	Both objectives	3	2	2.45	Mitigate	No
	<b>Description of planned response</b>	In case of occurring problems the PO will introduce new methods of organizing events/meetings throughout online tools to secure health of all participants.				
	<b>Description of actual response</b>	Due to COVID-19 pandemic the PO was forced to introduce new methods of meetings. From March 2020 all meetings are held only on Teams application or by phone. Because of pandemic restrictions and the MoH guidelines the PO had to postpone the opening conference till the date which will be safe for participants.				
	<b>Planned future response</b>	If the restrictions continue the PO will organize the opening conference in an on-line form to secure the health of all participants. Market research will be carried out in terms of contractor and price.				

Overall risk of the programme				
	Likelihood	Consequence	Risk score	
OVERALL RISK OF THE PROGRAMME	1	2	1.41	

## Annex 5: Monitoring plan

Project ID	Project Name	Planned timing (Q1, Q2, Q3 or Q4)	Type of monitoring (results, risk, compliance) can be multiple	Monitoring modality (site visit, phone/online meeting, review project report, etc.)	Monitoring reason/topic (check procurement, observe quality of activities, check reporting system, follow up specific risk, etc.)	Contact details
Pre-defined Project PDP 1 (PL-HEALTH-0001)	Tackling social inequalities in health with the use of e-health and telemedicine solutions	Q4	Results, risk and compliance monitoring	On-site inspection – depending on the pandemic situation. It will be possible to adjust the method of monitoring to the situation, e.g. document inspection	Verification of the compliance of the project implementation e.g.: <ul style="list-style-type: none"> <li>– Financial settlements</li> <li>– Personnel costs</li> <li>– Fulfillment of the partnership obligations (if applicable)</li> <li>– Information and promotion</li> <li>– Project’s documents storage</li> </ul>	Supervision and Control Department, Ministry of Health, Administrative office: dep-dn@mz.gov.pl  Ernest Bober: e.bober@mz.gov.pl  Małgorzata Puterman: m.puterman@mz.gov.pl  Marcin Marciński: m.marcinski@mz.gov.pl
Pre-defined Project PDP 2 (PL-HEALTH-0002)	Healthy lifestyle of children and youth	Q4	Results, risk and compliance monitoring	On-site inspection – depending on the pandemic situation. It will be possible to adjust the method of monitoring to the situation, e.g. document inspection	Verification of the compliance of the project implementation e.g.: <ul style="list-style-type: none"> <li>– Financial settlements;</li> <li>– Personnel costs,</li> <li>– Fulfillment of the partnership obligations (if applicable);</li> <li>– Information and promotion;</li> <li>– Project’s documents storage</li> </ul>	Supervision and Control Department, Ministry of Health, Administrative office: dep-dn@mz.gov.pl  Ernest Bober: e.bober@mz.gov.pl,  Małgorzata Puterman: m.puterman@mz.gov.pl  Marcin Marciński: m.marcinski@mz.gov.pl

## Annex 6: Evaluation report

*not applicable*

## Annex 7: Agreement conditions

General	
Condition	Fulfilled status
1. No more than 50% of the total eligible expenditure of the Programme shall be available for infrastructure (hard measures)	Is condition fulfilled? - Yes Comment: The condition is to be taken in consideration in the open call part of the programme (the equipment expenditures will not exceed the 37% of projects budget). The predefined projects do not envisage infrastructure expenditures.
2. The National Focal Point shall ensure that at least 10% of the total Programme allocation shall address children's health.	Is condition fulfilled? - Yes Comment: This will be achieved by dedicating a pre-defined project to children and youth, with at least 20% of the total Programme budget secured for this activity. Actions in the above-described areas would respond to the areas of support Health systems development, including information and surveillance systems, Universal access to health care and Reduction of social inequalities in health and the burden of diseases, as described in the Blue Book 2014-2021.
3. The National Focal Point shall ensure that at least 10% of the total Programme allocation shall address improved access to health for vulnerable groups/people and deprived areas.	Is condition fulfilled? - Yes Comment: This is to be implemented by developing telemedicine and e-health solutions, prophylactic actions at regional level, social campaigns and activities addressed to all Poles. The required level of minimum 10% will be secured in the activities conducted under the pre-defined project on telemedicine and in the open call.
4. The National Focal Point shall ensure that the programme includes measures that address community based care for mental health.	Is condition fulfilled? - Yes Comment: This is to be implemented by developing telemedicine and e-health solutions for mental health within one model developed in PDP1. The project aims to improve the situation of Poles and enable them to have better access to medical care. Telemedicine will foster the development of mental health care which will overcome the problem of medical personnel shortages. In case of PDP2 it is to

	<p>be implemented in one of the key elements of the project: the module of Mental Health. The activities will consist of conducting trainings for school employees parents and guardians about mental health problems of young people. Information materials on seeking help for children and adolescents with disorders will be developed and it is planned to provide an Internet portal on mental health with e-learning courses which will help with the problem of personnel shortages.</p>
<p>6. For predefined project no. 2 under Section 5.1 of Annex II to the Programme Agreement, the Programme Operator's responsibilities regarding the verification of payment claims described in Article 5.6.1 e) of the Regulation and the Programme Operator's monitoring and control functions described in Article 5.6.1 g) of the Regulation shall be carried out by an entity independent of and unrelated to the Programme Operator.</p>	<p>Is condition fulfilled? - Yes Comment: In accordance with Article 5.6.1 letter l of the Regulation, the Program Operator provides functional separation between units responsible for certifying financial reports and other units involved in the process of programme implementation, Monitoring and Assessment Unit 2 is responsible for implementation of The pre-defined project 2 Healthy lifestyle of children and youth.</p> <p>The PO has ensured independence and functional separation of this unit by having an independent Deputy Director which has different tasks and scope of responsibilities as the Deputy Director of the Monitoring and Assessment Unit 1 which acts as PO. The appraisal and verification of payments will also be conducted by Administration Office – an entity independent from and unrelated to the Programme Operator. The project controls and public procurement controls, also monitoring tasks are area of responsibility of Department of Supervision and Control, which is also independent from the Programme Operator.</p>
<p>7. No more than 37% of the total eligible project cost in the projects selected under the open call shall be available for equipment.</p>	<p>Is condition fulfilled? - Yes Comment: The condition is to be taken in consideration in the open call part of the programme (the equipment expenditures will not exceed the 37% of projects budget). The predefined projects do not envisage infrastructure expenditures.</p>