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 Európska investičná banka
 Evropska investicijska banka
 Euroopan investointipankki
 Europeiska investeringsbanken

Luxembourg, 17 December 2024

OPS/AS/PIFA/2024-17149/TT/aq

Subject: Certificate of service contract completion

To Whom It May Concern,


This is to confirm, on behalf of the European Investment Bank, that the following consultancy assignment has been completed:

Service Provider: management4health GmbH	
Project Title	AA-010063-001 - KBC Rijeka Phase 3
Contracting Authority	European Investment Bank (EIB)
Start-End Date	07/12/2020 – 24/05/2023
Project Description	<p>The overall objective of the project was to establish integrated hospital facilities for KBCRi that were aligned with the human resources and equipment needs to provide efficient, safe and affordable healthcare services to the population in KBCRi's catchment area.</p> <p>This involved regrouping medical, teaching and research capacities in one place and contribute to implementing the operational organization described in KBCRi's 2018 Strategic Facility Plan. The guiding principle for the TA services provided was to follow international and European best practice and standards in the respective areas of assistance, and benchmark KBCRi's future services and capacities against hospitals of comparable size and mandate.</p> <p>The main project stakeholders were the KBCRi (management for decision-making, and supervisory board for approval and supervision) and the Croatian Ministry of Health.</p> <p>The main deliverables of the assignment were:</p> <ul style="list-style-type: none"> • Assessment of the healthcare services needs • Elaboration of KBCRi Functional Plan • Elaboration of the Room Schedule for the new General KBCRi Hospital • Elaboration of the Equipment Plan for the new General KBCRi Hospita




	<ul style="list-style-type: none">• Traffic Study for the location• Elaboration of the Preliminary Design• Elaboration of the Feasibility Study
Outputs	All outputs have been delivered and were approved by the European Investment Bank.
Project Amount	The total amount paid to the Service Provider under this Contract was EUR 859,534.

Yours Faithfully,
EUROPEAN INVESTMENT BANK



Julien Chebbo
Head of Division
Public & Infrastructure
Finance Advisory



Teodora Tataru
Financial Advisor
Public & Infrastructure
Finance Advisory



CONTRACT FOR THE PROVISION OF SERVICES

between

European Investment Bank

and

management4health GmbH

for

AA-010063-001 KBC Rijeka Phase 3



THIS CONTRACT IS MADE BETWEEN:

the European Investment Bank, having its seat at 98-100, boulevard Konrad Adenauer, L-2950 Luxembourg, represented by Simona Bovha, Head of Division and by Martin Vatter, Head of Unit and Managerial Adviser,

(hereinafter called the "**Bank**" or the "**EIB**")

of the first part,

and

the consortium composed of management4health GmbH, RRP International Hospital Planner Pte. LLP, Gorski d.o.o and ZDL Arhitekti d.o.o., lead and represented by management4health GmbH, a company established under German law, VAT identification number DE284825889, Registration number HRB 010680, having its registered seat at Hebelstrasse 11, 60318 Frankfurt am Main, Germany, represented by Stefano Ferrari, Managing Director,

(hereinafter called the "**Service Provider**")

of the second part,

(the Bank and the Service Provider hereinafter also called a "**Party**" and together the "**Parties**")

A handwritten signature in blue ink, appearing to be 'JF'.



WHEREAS:

- (A) In the framework of the Regulation (EU) 2015/1017 of the European Parliament and of the Council of 25 June 2015 on the European Fund for Strategic Investments (“**EFSI**”), the European Investment Advisory Hub and the European Investment Project Portal and amending Regulations (EU) No 1291/2013 and (EU) No 1316/2013 – the European Fund for Strategic Investments (OJ L 169, 1.7.2015, p.1) (the “**EFSI Regulation**”) establishes the European Investment Advisory Hub (the “**EIAH**”, or the “**Hub**”) and foresees its implementation by the Bank.
- (B) In accordance with Article 14 of the EFSI Regulation, the objective of the EIAH is to provide advisory support to public and private entities within the European Union for the identification, preparation and development of investment projects and to act as single technical advisory hub for project financing within the Union.
- (C) For the implementation of the EIAH the Bank and the European Union represented by European Commission signed in July 2015 the Framework Partnership Agreement (the “**FPA**”) and a Specific Grant Agreement covering the first phase of implementation of the EIAH (the “**SGA**”).
- (D) The EIB concluded an Advisory Service Agreement (“**ASA**”) with Klinicki Bolnicki Centar (KBC) Rijeka, on 4 September 2019.
- (E) In connection with the EIAH and having regard to the provisions of the FPA and the SGA, the EIB launched a tender procedure for the performance of specialised consultancy services.
- (F) In response to the EIB’s invitation to tender dated 10 April 2020 (the “**Terms of Reference**”, Appendix A), the Service Provider has submitted to the Bank its tender dated 13 June 2020 (the “**Tender**”, Appendix B).
- (G) The Bank has accepted the Tender and has notified the Service Provider of its decision to engage the latter to provide services in accordance with the terms and specifications of the Invitation to Tender.
- (H) The mutual rights and obligations of the Bank and the Service Provider shall be as set forth in this contract (the “**Contract**”).

NOW THEREFORE the Parties hereto hereby agree as follows:

Article 1 – SUBJECT MATTER

- 1.1 The Service Provider undertakes to perform the services (the “**Services**” or the “**Assignment**”) described in the Terms of Reference.

Article 2 – PERFORMANCE OF THE CONTRACT

- 2.1 The Service Provider shall perform the Services in accordance with the specifications set out in the Terms of Reference and the Offer.
- 2.2 The Service Provider shall at all-time carry out the Services with all reasonable care and skill and shall conform in all respects with the terms and conditions of the Contract.
- 2.3 The Service Provider undertakes to comply with the EIB’s general terms and conditions for contracts for the provision of services (the “**Bank General Terms and Conditions**”), set out in Appendix C.
- 2.4 The Service Provider shall provide all staff appointed to the performance of the Services with equipment, materials and other things whatsoever required for the provision of the Services.



Article 3 – DURATION

- 3.1 The Assignment is to cover a period of 17 months as from the commencement date (the “**Effective Date**”). After the signature of the contract, the Effective Date should be notified in writing by the Bank to the Service Provider, at least 10 working days before. The 17 months period is exclusive of the period required by the Bank to approve the final report (the “**Deliverable**”) submitted by the Service Provider in accordance with the Terms of Reference.
- 3.2 The Service Provider shall provide the Services from the Effective Date until submission of a final report to the Bank, save where the Contract is terminated in accordance with § 17 of the Bank General Terms and Conditions or where the Phase 1 deliverables have not been approved by the main stakeholders..

The implementation is planned in two main phases: Phase 1 to be followed by Phase 2. The start of Phase 2 is subject to the endorsement of Phase 1 deliverables.

Article 4 – PRICE

- 4.1 In consideration for performing the Services, the Service Provider shall be entitled to be paid fees, inclusive of expenses and exclusive of VAT, of EUR 345 000 (*three hundred forty-five thousand euro*) for Phase 1 and EUR 514 534 (*five hundred fourteen thousand five hundred thirty-four euro*) for Phase 2.
- 4.2 The total amount that can be paid to the Service Provider under the Contract in respect of both fees and reimbursed expenses shall not exceed EUR **859 534** (*eight hundred fifty nine thousand five hundred thirty four euro*).

Article 5 – TERMS OF PAYMENT

The Service Provider shall issue an invoice in accordance with the following payment schedule:

- A pre-financing invoice up to 20% of the Phase 1 if requested by the Service Provider, payable under this contract within 45 days after the Effective date.
 - Balance of Phase 1 within 45 days after the receipt by the Bank of the corresponding invoice, subject to the receipt and approval by the Bank of the corresponding deliverables submitted by the Service Provider for Phase 1, as defined in the Terms of Reference and the Tender.
 - A pre-financing invoice up to 15% of Phase 2, if requested by the Service Provider, payable under this contract within 45 days after the commencement approval by the Bank of the Phase 2.
 - The balance of the final value of Phase 2, with 45 days after the receipt by the Bank of the corresponding invoice, subject to the receipt and approval by the Bank of the corresponding deliverables and Final Report submitted by the Service Provider, as defined in the Terms of Reference and Tender.
- 5.1 Invoices are to be issued in accordance with the provisions of § 8 of the Bank General Terms and Conditions.
- 5.2 Each invoice shall be paid to the Service Provider's bank account having the following details:
- name of bank: Frankfurter Sparkasse
 - BIC code: HELADEF1822
 - full account number (IBAN): DE96 5005 0201 0200 5052 70
 - address of branch in full: Neue Mainzer Str. 47-53, 60311 Frankfurt am Main
 - exact designation of account holder: management4health GmbH

or to any other bank account of the Service Provider in respect of which all such details shall have been notified to the Bank in writing by the date of receipt of the invoice.



Article 10 – TERMINATION

- 10.1 In addition to the grounds for termination detailed in the General Terms and Conditions (art § 17 Termination) if, for any reason, the HUB mandate is terminated or ceases to be valid and in full force and effect, this Contract shall be automatically terminated, without further notice from either Party. The Bank shall inform the Service Provider of the terms of such termination.

Article 11 – VERIFICATION BY EU BODIES

- 11.1 The Service provider will allow the European Commission, the European Anti-Fraud Office and the European Court of Auditors to verify, by examining the documents and to make copies thereof or by means of on-the-spot checks of original documents, the implementation of the contract and conduct a full audit, if necessary, on the basis of supporting documents for the accounts, accounting documents and any other document relevant to the financing of the project. In order to carry out these verifications and audits, the Service Provider shall ensure that on-the-spot accesses is available at all reasonable times, notably at the Service Provider 's offices, to its computer data, to its accounting data and to all the information needed to carry out the audits, including information on individual salaries of persons involved in the project. The Service Provider shall ensure that the information is readily available at the moment of the audit and, if so requested, that data be handed over in an appropriate form. These inspections may take place up to 7 years after the final payment.

Furthermore, the Service Provider will allow the European Anti-Fraud Office to carry out checks and verification on the spot in accordance with the procedures set out in the European Union legislation for the protection of the financial interests of the European Union against fraud and other irregularities.

- 11.2 To this end, the Service Provider undertakes to give appropriate access to staff or agents of the European Commission, of the European Anti-Fraud Office and of the European Court of Auditors to the sites and locations at which the Contract is carried out, including its information systems, as well as all documents and databases concerning the technical and financial management of the project and to take all steps to facilitate their work. Access given to agents of the European Commission, European Anti-Fraud Office and the European Court of Auditors shall be on the basis of confidentiality with respect to third parties, without prejudice to the obligations of public law to which they are subject. Documents must be easily accessible and filed so as to facilitate their examination. The Service Provider must inform the EIB of their precise location.
- 11.3 The Service Provider guarantees that the rights of the European Commission, of the European Anti-Fraud Office and of the European Court of Auditors to carry out audits, checks and verification will be equally applicable, under the same conditions and according to the same rules as those set out in this Article, to any sub-contractor or any other party benefiting from EU budget (or EDF funds).

Article 12 – OTHER SPECIFIC CONDITIONS APPLYING TO THE CONTRACT

- 12.1. In relation to art § 2 (Service Provider's obligation) of the General Terms and Conditions, the following provisions shall be added to art § 2 of the General Terms and Conditions:
- 12.1.1. If the Consultant is a consortium of two or more persons, all such persons shall be jointly and severally bound to fulfil the terms of the contract. The person designated by the consortium to act on its behalf for the purposes of this contract shall have the authority to bind the consortium. Any alteration of the composition of the consortium without the prior written consent of the Contracting Authority shall be considered to be a breach of contract.



- 12.1.2. The Service Provider must take the necessary measures to ensure the visibility of the funding source of the Contract. Such measures must be in accordance with the applicable rules on visibility, as specified in set out in Appendix A – Terms of Reference.
- 12.2. Subcontracting is not allowed.
- 12.3. The following provision shall supplement art § 14 (*Liability*) the General Terms and Conditions:
- 12.3.1. The EIB shall not be liable towards the Service Provider for any act or omission of Promoter or for the failure of the Promoter to comply with its obligations set out in the ASA Agreement. Any such act, omission or failure shall not be interpreted as giving the right to the Service Provider to terminate the Contract under the provisions of art §17 (*Termination*) of the General Conditions.
- 12.4. The following provisions shall supplement art §19 (*Insurance and reporting*) of the General Terms and Conditions:
- 12.4.1. "Within 20 days of signing the Contract, the Service Provider shall take out, unless it already has such a policy, and maintain, a full indemnity insurance policy, for a sum up to the higher of the maximum amount foreseen by the legislation of the beneficiary country and headquarters, and covering, during the period of implementation of the tasks, the following aspects:
- (a) The Service Provider's liability in respect of sickness or industrial accident affecting its employees, including the cost of repatriation on health grounds;
 - (b) Loss of, or damage to, the EIB's equipment, if any, used by the Service Provider, its agents or employees, to perform the Contract;
 - (c) Civil liability in the event of accidents caused to third parties or to the EIB and any employee of that the latter, arising out of the performance of the Contract by the Service Provider, its agents or employees;
 - (d) Accidental death or permanent disability resulting from bodily injury incurred by any person in connection with the performance of the Contract by the Service Provider, its agents or employees."
- 12.4.2. Pursuant art § 19 (*Insurance and reporting*) of the General Terms and Conditions, the Service Provider shall ensure that all the insurance policies effected under these provisions shall contain a waiver of subrogation rights, in favour of the EIB.
- 12.5. The following article will be added to the General Terms and Conditions as Article 26:
- "§ 26. DELAYS IN IMPLEMENTATION OF THE TASKS**
- If the Service Provider does not perform the Services within the period of implementation of the tasks specified in the Contract, the Service Provider will be subject without formal notice a penalty for every day, or part thereof, which shall elapse between the end of the period of implementation of the tasks specified in the contract and the actual end of the period of implementation of the tasks.
- The daily rate for the penalty will be 0.05% of the Maximum Contract Value.
If the damages exceed more than 15% of the Maximum Contract Value, the EIB may, after giving notice to the Service Provider:
- (a) terminate the Contract; and
 - (b) complete the Services at the Service Provider's own expense."



Article 13 – APPENDICES

13.1 The following documents attached hereto shall be deemed to form an integral part of the Contract:

- (a) Appendix A: Terms of Reference (including clarification before the deadline for submitting tenders);
- (b) Appendix B: Tender (including clarification from the tenderer provided during tender evaluation); and
- (c) Appendix C: Bank General Terms and Conditions.

13.2 In case of any inconsistency between the terms of the Contract, the following order of priority shall apply:

- 1) Terms set out in Articles 1 to 10 hereof;
- 2) Appendix C;
- 3) Appendix A; and
- 4) Appendix B.

Signed in English in three (3) original copies, (each page of which has to be initialled by a representative of each Party), two (2) originals being for the Bank and one (1) original being for the Service Provider.

Luxembourg, 07/12/ 2020

Signed for and on behalf of the
EUROPEAN INVESTMENT BANK

Simona Bovha
Head of Division

Martin Vatter
Head of Unit and Managerial Adviser

Frankfurt am Main, 30. Nov. 2020

Signed for and on behalf of the consortium
led and represented by
management4health GmbH

Stefano Ferrari
Managing Director



B. TERMS OF REFERENCE

AA-010063 - KBC RIJEKA PHASE 3

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1. BACKGROUND INFORMATION

1.1. Partner country and Promoter

The partner country is the Republic of Croatia and the Promoter is the Klinicki Bolnicki Centar Rijeka (KBC Rijeka).

1.2. Contracting Authority and mandate

European Investment Bank
98-100, boulevard Konrad Adenauer
L-2950, Luxembourg
Grand Duchy of Luxembourg

The European Investment Advisory Hub (EIAH or the Hub) is a partnership between the European Investment Bank Group and the European Commission as part of the Investment Plan for Europe (IPE). The objective of the IPE is to seek to strengthen Europe's investment and business environment by enhancing the technical and financial capacity of public authorities and private actors in the Member States to identify, prioritise, prepare, structure, aggregate and implement strategic projects. Such projects which are in line with the EU policy objectives, make a more efficient use of EU funds and leverage private capital, although the actual choice on how to procure investments remains with Member States and project promoters.

The EIAH will offer a single point of entry for advisory services for investment projects in the EU, building upon the existing advisory services provided by the EIB and European Commission. The intention is to reinforce or extend existing services linked to enhanced project investment or, where necessary, to assess unmet advisory needs and to address them by creating new ones. Such support may include, for example, technical assistance for project structuring, support for the use of innovative financial instruments and advice on the use of public-private partnerships, as well as capacity building and horizontal matters, which are currently not covered or not sufficiently covered by the existing programmes. In each case, sustainable demand should be justified and adequate resources allocated through approved or agreed business cases.

In the context of the EIAH, the European Commission and the Bank have agreed to expand the scope and scale of advisory services provided to public authorities and project promoters by rolling out an integrated offer. The aim is to support EU Member States and public authorities as well as other project promoters to access and use technical and financial advisory services as well as to develop new support for uncovered areas. The goal is to be better placed to guide counterparts to the support most suited to their needs, and to build an integrated framework of advisory services from which relevant support can be drawn on an increasingly standardised basis.

This Technical assistance operation is funded through a grant from the EIAH.

1.3. Relevant country background

Croatia

Croatia was slower than most regional peers to tighten fiscal policy following the financial crisis, and, combined with the lengthy recession, this resulted in a gaping deficit and a significant increase in public debt. The labour market is rigid, the external sector uncompetitive and state-owned companies continue to play a large role in the economy. Croatia exited the EU's excessive-deficit procedure (EDP) in mid-2017. The Croatian Central Bank targets exchange-rate stability of the Kuna to the Euro, given the high proportion of euro-denominated consumer loans.

The current account moved into a small surplus in 2013, reaching a peak of 4.5% of GDP in 2015, before declining to 2.4% in 2018. The surpluses were driven by robust services surpluses on the back of strong tourist seasons, which offset wide merchandise trade deficits.

Rijeka and the Kvarner Bay region

Rijeka, located on the Kvarner Bay at the Croatian Adriatic coast, is the third largest city in Croatia and the main city of Primorje-Gorski Kotar County. With a population of around 240,000 the main economic activities in the area comprise trade and transport, tourism, manufacturing and agriculture. Rijeka is also Croatia's principal seaport and the city's economy largely depends on maritime transport and port activities whilst shipbuilding, an important economic activity in the previous century is receding although still being an key employer. The city is the seat of the University of Rijeka (with a Medical Faculty) founded in 1973.

The Kvarner Bay region (another name for Primorje-Gorski Kotar County) surrounding Rijeka, is one of the most touristically developed and most attractive tourist destinations in Croatia. The Kvarner Tourist Board places particular attention to health tourism, which started in the region around the Opatja river in the 19th century. Building on this long-standing experience as a health and well-being destination, the Kvarner Tourist Board started an initiative under the title "Kvarner Health and Wellbeing" to promote the services from various medical institutions located in the region.

1.4. Current situation in the healthcare sector

Governance: The provision of health care in Croatia is organised around a social health insurance system that is based on the principles of solidarity and reciprocity and provides universal coverage to the whole population. The Croatian National Health Insurance Fund ("HZZO"), established in 1993, is the sole insurer, and main purchaser of services. It is financed from payroll contributions and government transfers, and also operates the country's main complementary voluntary insurance scheme. The Ministry of Health ("MoH") is the main policy maker and regulatory body in the health care system.

Strategic framework and health care reforms: The main reform achievements in the last few years comprise the rationalisation of pharmaceutical spending (through centralised procurement and electronic prescriptions), and the introduction of a performance-based hospital payment system. The Government of Croatia's National Health Care Strategy 2012-2020 envisaged the development and implementation of a hospital master plan to modernise and streamline hospital services. With its legal base set out in the "Health Care Act", the strategy aimed to address eight priorities, among others the integration of care across different levels in the health care system, quality and efficiency improvements in care provision and preserving the financial stability of the health care system. However, implementation has lagged behind expectations and health reform initiatives have been poorly coordinated.

The institutional set-up of public health care providers has not yet adjusted to the changing profile of service provision and is in need of further comprehensive reforms. Hospitals continue to provide many services that could be delivered more efficiently in an outpatient or a day-hospital setting, while primary care provision lacks sufficient attention to preventative care and its gate-keeping role should be strengthened. The average length of stay in hospital was 9 days in 2011, which is almost double the length of stay in the best performing EU15 countries (4.5 days in Sweden, 5.5 days in France and the Netherlands).

The key document for hospital investments is the *Croatian Hospital Masterplan*, depicting the principles of rationalisation and re-organisation of hospital care to improve the availability, efficiency and cost-effectiveness of services. Hospitals and their corresponding service portfolio are classified in the order of their importance (national, regional, local) according to four categories. KBC Ri is one of five Clinical Centres in the highest category of care. The initial National Hospital Masterplan was approved by Parliament in 2015, but changes were introduced in 2018 while the discussions about the future service profile of hospitals is still ongoing. Further adjustments to the Masterplan in the near future are quite likely.

Health care services: Hospital ownership and operation in Croatia is mainly public. Tertiary care facilities are owned by the state while the counties operate the secondary care hospitals. The public

hospital network currently comprises five clinical hospital centres (*Klinički bolnički centar* or KBC), three clinical hospitals, 22 general secondary hospitals and 26 specialist hospitals. Primary care is mainly delivered in polyclinics (*dom zdravlja*) or private practice under a contract with the HZZO. The Institute of Health with its regional branches is in charge of core public health policies and programmes, including vaccination, disease surveillance and sanitary standards.

Tertiary care is provided in state-owned clinical hospitals, specialized clinics¹ and clinical hospital centres. The number of hospital beds has only recently decreased to 5.5 per 1 000 population in 2017, down from 6.0 in 2000. In the same period, hospital beds in the EU overall declined from 6.3 to 5.0, indicating further scope in Croatia for shifting services out of hospitals. Similarly, the average length of stay (ALOS) for hospital care has declined continuously in recent years, reaching 8.4 days in 2017, although this is still above the EU average of 7.9. The Minister of Health determines which institutions are classified as a clinical hospital or a clinical hospital centre, according to the criteria set in the Health Care Act. Besides providing care of the highest complexity, tertiary care institutions also engage in medical education and research. Clinical hospital centres are general hospitals in which more than half the departments are at teaching hospital level, and which provide medical education in at least half the teaching programmes taught in the faculties of medicine, dentistry, pharmacy and biochemistry.

Financing: With an overall health spending of 6.8% of GDP (in 2017) Croatia is among the top spenders of the new member states, and spends considerably more than countries at similar GDP levels in the region, but about 3 percent less than the EU average (9.8% in 2017). The share of public expenditure, at 83%, is above the EU average. At the same time, life expectancy in Croatia is up to two years longer than that of EU countries with similar income levels, such as Estonia, Slovakia and Hungary. After joining the EU in 2013, Croatia is in the process of aligning its health care strategies to fit with EU norms and regulations. While the membership has opened access to substantial EU grant funds for the health sector, the budget situation is likely to require sustained fiscal tightening in the health sector. Other sector issues are the need for structural and financial reforms. This includes hospital arrears that amounted to around 10% of the overall HZZO budget in 2019, but with large discrepancies among comparable hospitals. In addition, Croatia spends a much larger share of its health expenditure on pharmaceuticals than many other EU countries.

Health outcomes. The Croatian health care system produces reasonably good outcomes and public satisfaction, but at high costs that will be difficult to sustain in a fiscally constrained environment. Like most other countries, Croatia is experiencing a profound change in its population age structure. A decline in the overall and working-age population reduces the contribution base for the social health insurance system, whereas, at the same time, an increasing share of older people creates a higher demand for health care services. This challenges the financial sustainability of the system unless comprehensive reforms to improve its efficiency and effectiveness are implemented. The disease burden in the country has shifted towards chronic and non-communicable diseases, with heart and circulatory diseases now accounting for almost 50% of deaths, followed by cancer at around 25%. Areas that will require specific attention in the coming years comprise diseases that are attributable to lifestyle-related factors (among others, poor diet, smoking, physical inactivity, and alcohol consumption) such as diabetes or cardiovascular and neoplastic diseases.

KBC Rijeka

The KBC Rijeka ("KBCRI") is one of five clinical hospital centres in Croatia, providing secondary and specialised tertiary care services to a population of around 600,000 people in the region. Moreover, it serves as the teaching hospital for the University of Rijeka's Medical Faculty and carries out research and education in the medical field. KBCRI currently employs 3125 staff at three locations in Rijeka, Susak and Kantrida with an overall capacity of 1069 beds (as of October 2019).

The hospital is a public sector budget institution under the Ministry of Health. Its main sources of income are revenues from the Health Insurance Fund for service provision to patients insured in the public system, budget allocations (for capital investments) from the MoH and out-of-pocket and voluntary insurance payments.

¹ Including the Orthopaedic Hospital in Lovran, the Clinic for Infectious Diseases in Zagreb, and the Children's Hospital in Zagreb.

The Project

Project context:

Initial project development followed the overall direction of the Croatian Ministry of Health that was conceived in 2002 in the “Plan for the development of health institutions capacity” which went through several re-arrangements. However, project implementation was delayed for several years which rendered the original designs obsolete due to rapid medical and technical progress. Moreover, the initial design was insufficient and included neither a Functional Hospital Plan nor a detailed medical needs assessment.

In 2015, the overall framework for hospital operation and capacity was regulated in a new *National Hospital Masterplan*, introducing, among others, changes to the external planning parameters for hospital capacities and legal provisions for hospital standards that were not reflected in the historic plans. The initial plan was updated for the period 2018-2020. The need to align the KBCRi infrastructure with the relevant Masterplan on the one hand, and the financial and human resources environment on the other hand, requires a new design to achieve operational efficiency and the necessary flexibility to deliver integrated, quality healthcare services in the future.

Capital investment planning and project phases

The current project comprises the rehabilitation, reconstruction and extension of hospital infrastructure for clinical, research and teaching services provided by the KBCRi on a single campus in Susak.

The campus will integrate on one site the activities of three existing hospitals, the clinical teaching and research facilities of the University of Rijeka’s Medical Faculty, and several support and technical services for the KBCRi. The campus will be established on the existing hospital site in Susak in the urban area of Rijeka. Project implementation is divided into three phases:

Phase 1: (completed) – Construction for phase 1 eventually starting in 2009 with the haemodialysis, hyperbaric medicine, technical facilities (medical gases) and a car park (completed in 2016).

Phase 2: (under implementation) – Construction of the maternal and child health services facilities started on 16 September 2019 after the successful conclusion of the financing arrangements with EIB and CEB, and the contract award for civil works in September 2019. The expected completion date is September 2022.

Phase 3: (planned) – Design, construction and equipping of the new General Hospital facilities for KBCRi and relocation of all services to the Susak site. For this phase, KBCRi has requested technical assistance from the EIAH to support the overall planning (organisational, services, equipment and capacity), preliminary design and develop a comprehensive feasibility study.

Further details on the building set-up and investment phasing are attached in Annex 1 of the Terms of Reference.

EIB involvement

Strategic Facility Development Plan:

The EIB, via the EIAH, already supported KBCRi in a first step with developing an **overall long-term strategic facility plan for hospital services development**. This strategic facility plan clearly defines the organisational structure (including any necessary changes compared with current plans and transition arrangements) and the future service portfolio and functional programme offered by the KBCRi. The plan has been based on the principles of integrated care, outline the future evolution of care needs in the hospital’s catchment area and clearly indicate the necessary capacities for the healthcare, teaching and research activities that will take place in the KBCRi.

Based on that plan, the corresponding physical infrastructure needs of the hospital should be reviewed to reflect sufficient degrees of flexibility and adaptation of the hospital’s services during its expected economic life, and to support the cost-efficient and effective delivery of integrated healthcare service.

Relocation Planning

In addition, the EIB, from its own resources, has been assisting KBCRI in preparing the basis for the future removal and relocation plan from the current sites where it delivers paediatrics, obstetrics and gynaecology services to the future mother and child hospital in Susak. The relocation will furthermore comprise the diagnostic laboratory facilities (pathology, cytology, clinical microbiology and biochemistry).

Overall Planning, Preliminary Design and Feasibility Study for the new General Hospital Facilities

Finally, the new TA, again via the EIAH, which is further detailed in this ToR, aims at developing all the necessary studies and documentation for the planning and commencement of the construction of the Phase 3 **of the KBCRI development project on the Susak site**. Detailed designs would be part of a subsequent assignment.

1.5. Related programmes and other donor activities

The TA builds on the Strategic Facility Development Programme that the KBCRI developed with support of an EIB TA team in 2018. Designed to provide an integrated framework for hospital services development and the necessary physical infrastructure, construction services for the Mother and Child Hospital. Construction of the Mother and Child Hospital (Phase 2) is co-financed by the Council of Europe Social Development Bank.

2. OBJECTIVE, PURPOSE & EXPECTED RESULTS

2.1. Overall objective

The overall objective of the project, of which this contract will be a part, is to establish integrated hospital facilities for KBCRI that are aligned with the human resources and equipment needs to provide efficient, safe and affordable healthcare services to the population in KBCRI's catchment area.

This will involve regrouping medical, teaching and research capacities in one place and contribute to implementing the operational organization described in KBCRI's 2018 Strategic Facility Plan.

The guiding principle for the TA services to be provided is to follow international and European best practice and standards in the respective areas of assistance, and benchmark KBCRI's future services and capacities against hospitals of comparable size and mandate.

The main project stakeholders are the KBCRI (management for decision-making, and supervisory board for approval and supervision) and the Croatian Ministry of Health.

2.2. Purpose/Specific objectives

The purposes of this contract are as follows:

- Review, analyse and update the key determinants and planning parameters for KBCRI's future service portfolio and capacity (**Hospital services needs assessment**), and the resulting hospital model, that will allow, in collaboration with KBCRI professionals and other stakeholders, to elaborate a **comprehensive Functional Plan** for the new KBCRI General Hospital and define the main characteristics of the building and technology required.
- Elaborate a **comprehensive feasibility study and capital investment plan** for the third and final phase of KBCRI's Infrastructure Development Plan on the Susak site (new KBCRI General Hospital Building and supporting services).
- Prepare the **planning documents**, as listed in point 4.2 (Specific work), in cooperation with the KBCRI team.

2.3. Results to be achieved by the Service Provider

Phase 1

- Result 1: Updated service needs assessment and hospital model
- Result 2: Preliminary Functional Plan and space requirements definition.
 - Written acceptance of results by KBCRi and MoH

Phase 2 (optional – after approval of phase 1 results)

- Result 3: Determination of technology and equipment needs.
- Result 4: Preliminary design, implementation plan and budget estimation.
- Result 5: Traffic Study
- Result 6: Feasibility study.
- Result 7: Necessary documentation for the procurement of the Final Design
- Result 8: Outline of project management arrangements.

TA Implementation workshops:

- Result 9: 4 Stakeholder consensus workshops to endorse results 1, 2, 4 and 6.

3. ASSUMPTIONS & RISKS

3.1. Assumptions underlying the project

It is assumed that the KBCRi management team will fully accept the support offered and will support the project to the best of its knowledge and ability. It should be noted that the management skills of the team may need to be further improved. Should this support not suffice during the service, the Service Provider will point this out in good time or make concise suggestions to address such constraints, and the necessary resources and time frame for the proposed measures.

3.2. Risks

- Changes in the project's political and financial context, including changes in health policy, the hospital financing system, budget shortfalls or the underlying, binding National Hospital Masterplan.
- Unrealistic expectations of stakeholders and/or resistance to change in the organizational structure of the KBCRi.
- Lack of timely decision making by public authorities or hospital management.
- Personnel changes in KBCRi's management team and vacancies.
- The results of the phase 1 may not be accepted by KBCRi and MoH in terms of i.e. number of beds, staff, etc.
- The period to receive a written approval of results from phase 1 is not under the control of the Service Provider and may delay the start of phase 2.

4. SCOPE OF THE WORK

4.1. General

4.1.1. Description of the assignment

Assignment context:

The KBCRi has successfully started the construction of new hospital facilities in Rijeka, combining several locations on the Susak campus. For the next investment phase, the new hospital's planning ToRs KBC Rijeka Phase III

documents shall be drafted along modern European and international standards, both in terms of organisation, space and processes. This is likely to result in a further reduction of bed capacity.

Traditionally, hospital investments in Croatia are planned according to physicians' requirements, often resulting in building characteristics that are not oriented towards the relevant benchmarks. One example is the planning of large buildings, based on fixed parameters without prior detailed planning of their future designated use. The use is then determined after the construction has been completed and often leads to steep budget overruns and late completion.

Large-scale, complex hospital projects pose a great challenge for all parties involved, both in planning and implementation. Therefore comprehensive, well-resourced, documented and professional project management is necessary. Workflows and processes, which are the basis for the following tasks such as room and functional programs, must be developed and defined in advance.

Projects of this scope also need a clearly defined project communication strategy, so that the agreed planning and decision-making steps are documented and explained. A hospital is a very complex entity that combines many different functions. Therefore, potential synergy effects must be reflected upon from different angles to optimise process sequences. Interdisciplinary cooperation must be improved by bundling tasks at a central location.

The key planning premises for a modern hospital construction are the sustainability and flexibility of its layout and use. Physical infrastructure must be designed in a way that allows for changes in workflows, technology and equipment at very short notice and without additional construction costs. Adaptations, extensions, and retrofits should be enabled and quickly due to the flexibility offered. However, this should be clearly and comprehensibly documented by transparent change management. In the interests of sustainability, care should be taken to ensure that the running costs resulting from the purchase can be minimised and that economic operation can be guaranteed. The building must be designed, constructed and equipped to be used for many years without high operating costs and maintenance measures. In terms of design it is important to pay attention to the corresponding functionality. However, since building services also represent enormous investments, this must also be taken into account very intensively.

For the elaboration of the planning documents and the preliminary design, the Service Provider will apply the following principles: functionality and efficiency, flexibility, environmental management, energy efficiency, humanization, comfortability of the staff, accessibility and innovation.

The Service Provider will propose a participative methodology, to ensure the involvement of all the stakeholders (professionals, patients, institutions, community, etc.).

Due to the different specialties involved in this assignment, an essential basis for the project success is the development of an efficient project organisation and structure. The project management, together with the project participants must steer the different interests and goals in the optimal direction. Of course, this also includes the determination of costs and deadlines. Here the definition of clearly achievable milestones has proven its worth.

4.1.2. Geographical area to be covered

The Assignment will be carried out in the office of the Service Provider and on site (fieldwork) in Rijeka as needed. Regular meetings are needed in the KBCRi to ensure a participative process. The Service Provider must propose the frequency and duration of these meetings and on-site fieldwork in the Methodology.

4.1.3. Target groups

The target groups will be:

- Staff working in KBCRi and MoH.
- The population in KBCRi's catchment area, predominantly comprising the city of Rijeka and the surrounding counties.

4.2. Specific activities

The successful achievement of the objectives of this assignment involves the following tasks:

Phase 1:

- Describe the strategy, guidelines and benefits achieved with the proposed hospital care model.
- Assessment of the healthcare services needs to inform the development of a hospital care model that responds to the healthcare needs of the population in the catchment area:
 - Demographic and epidemiological analysis of the KBCRi target population.
 - Analysis of the current levels of hospital services provision in the KBCRi.
 - Strategic context (including future demographic and epidemiological context, trend and evolution of healthcare services, new technologies, local delivery net, key problems to address, National Hospital Masterplan and Strategic Facility Development Plan).
 - Operational context of KBCRi's service provision, including human resources endowment, operation budgets, support and ancillary services.
 - Perform the demand and needs assessment of the services to be provided by the KBCRi in a 25-year horizon, detailed by speciality.
 - Other relevant context and background analyses.
- Elaboration of KBCRi Functional Plan:
 - Definition, implementation, lead and coordination of the working groups that will participate in the elaboration of the KBCRi Functional Plan (KBCRi staff, patients, local community representatives, etc.).
 - Definition of the Model of Hospital for the KBCRi, and more specifically for the new General KBCRi Hospital.
 - Analysis of the healthcare activity within the area of influence of KBCRi (public and private hospitals, primary care centres, etc.).
 - Description of the assumptions, ratios, performance indicators, etc. to be applied according to the National recommendations and International best practices and standards.
 - Perform the organisational, services and capacity planning for the activity of the KBCRi based on the Strategic Facility Development Plan, on the requirements defined in the needs assessment and the foreseen evolution of the medical services.
 - For the new General KBCRi Hospital: Define the capacity of the various medical services in a 25-year horizon, detailed by speciality.
 - For the new General KBCRi Hospital: Define the principal functional arrangements including the principal space requirements and characteristics for each functional area, taking into account organisational synergies.
 - For the new General KBCRi Hospital: Define the principles to improve the functionality and efficiency of the services provided as well as the comfortability of the staff and meet the patient expectations.
 - Define and propose the optimal scenario for the existing facilities on Sušak location.

The results of phase 1 will be presented in a consensus workshop with all stakeholders. Only upon the acceptance of the results from phase 1 by KBCRi and MoH through the acceptance of the minutes of the consensus workshop, the Service Provider can proceed with services under phase 2.

Phase 2 (optional after approval of phase 1 results)

- Elaboration of the Room Schedule for the new KBCRi General Hospital:
 - Functional relationship between the different areas of the Hospital.

- Flow-charts of the overall facility as well as the main departments to ensure a sufficient and efficient operation.
 - Schematic designs for standard rooms (e.g. patient room, consulting room, examination and treatment, imaging, operation theatres, schematic outpatient department, etc.).
 - Detailed list of all the rooms within the different areas of the hospital (denomination of the room, quantity, net floor area and characteristics).
 - An estimation of the required size of the overall facility (e.g. calculated and benchmarked with similar facilities).
 - Description of the principal requirements in relation to equipment and installations, relevant for the project development.
 - Summary of rooms and areas.
 - Overall calculations: Estimation of gross floor area of the hospital, necessary parking spaces, etc.
- Elaboration of the Equipment Plan for the new General KBCRi Hospital:
 - Assessment of the equipment needs:
 - New equipment and furniture.
 - Analysis of the existing equipment and furniture (potential re-use and re-location of certain equipment).
 - Preliminary list of equipment (fixed medical equipment, major mobile medical equipment, minor mobile medical equipment, architecturally significant equipment, furniture and IT equipment) in accordance with the latest technology and medical procedures. Denomination, quantity, main characteristics, room designation/function and estimated cost.
 - For the architecturally significant equipment and major fixed equipment, the Service Provider must provide information about the main construction requirements of the devices.
 - Estimation of the initial investment and re-investment according to the lifecycle in a 25-year period.
 - Estimation of the maintenance and consumables cost, additional resources required, etc.
- Elaboration of Traffic Study of the location:
 - Assessment of the new General KBCRi Hospital effect on the traffic (inside and outside the Susak Campus).
 - Analysis of the accessibility and connectivity of the location and means of transport (Isochrones, public transport, private vehicle, parking spaces, etc.) and recommendations for appropriate access and transport policies (parking, public transport, etc.).
- Elaboration of the Preliminary Design:
 - Analysis of the new General KBCRi Hospital location: physical and environmental characteristics of the site and suitability for the requirements established in the previous studies.
 - Urbanism study of the area.
 - Concept and schematic design for the new General Hospital building and for rooms for the key functional areas within the structure of the future hospital.
 - Design review of specific internal areas within the Mother & Child Hospital (Phase 2-Under construction) according to the reorganisation of services established in the Functional Plan.
 - Environmental considerations and energy efficiency of the building.
 - Works programme and cost estimate.
 - Compilation of building permit documents.
 - Necessary documentation for the procurement of the Final Design.

- Elaboration of the Feasibility Study:
 - Description of the investment and its location.
 - Presentation of the organisation responsible for the project and its capacity (technical, legal, financial and administrative for implementation and operation).
 - Health sector characteristics (sector size, public and private mix of providers, roles and functions, funding).
 - Strategic context (including demographic and epidemiological context, local delivery net, key problems to address, national/EU objectives).
 - Automation, IT and e-health technology in service to medicine (present optimal, best practise and secure solutions for the future digital transformation of the hospital).
 - Project objectives and performance indicators.
 - Needs analysis (Demographic and epidemiological trends, normative needs).
 - Environmental and climate change considerations.
 - Presentation of the Project:
 - Technical information about the land (Topographical, Geotechnical, Transport assessment and Utilities assessment – needs, technical solutions and cost estimations)
 - Project Technical description with design specifications, technical solutions
 - Institutional Arrangements
 - Project implementation schedule
 - Project costs estimates
 - Financial analysis with the following main elements:
 - Evaluation of financial profitability of the investment and capital indicators, based on the method of incremental discounted cash flows
 - Financial sustainability analysis, based on projections of undiscounted cash flows
 - Economic analysis² with the following main elements:
 - Conversion of market to accounting (shadow) prices by applying conversion factors to financial prices to correct for market distortions, to better reflect the social opportunity cost of goods and services, where appropriate.
 - Assessment of the economic benefits of the project including the non-market impacts (“externalities”).
 - Reduction of health and environmental hazards (reduced contamination of air, water and soil).
 - Recovery of materials, energy and production of compost (avoided cost of alternative production/generation, including externalities).
 - Reduction of GHG emissions (i.e. CO₂, CH₄).
 - Estimate of the following economic performance indicators: Economic net present value (ENPV); Economic rate of return (ERR); Benefit/Cost ratio (B/C).
 - Identification and description of the main benefits and costs non-quantifiable/non-monetisable.
 - Impact of the project on employment: an indication of the number of jobs to be created during the implementation and operation.

² Following the principles outlined in the EU Commission Handbook on Cost-Benefit Analysis for Health Projects (add reference) as relevant.

- **Risk Assessment:**
 - Sensitivity analysis, by varying one element at a time and determining the effect of that change on the NPV (financial and economic); Determination of the critical variables of the model; 'threshold values' estimate of the critical variables; scenario analysis, to study of the combined impact of determined sets of critical values and in particular, the combination of optimistic and pessimistic values of a group of variables to build different scenarios, which may hold under certain hypotheses.
 - Qualitative risk analysis including risk prevention and mitigation.
- Procurement strategy.
- Project management structure and proposed implementation arrangements.

Stakeholder Consensus Workshops

- The Service Provider will organise and facilitate stakeholder consensus workshops with the relevant stakeholders (to be defined in the workplan for each activity) to present and seek endorsement of the deliverables for the key milestones as outlined above.

The following table presents an estimated timetable for the accomplishment of the tasks foreseen in these Terms of Reference. Based on this recommendation and his experience, the Service Provider should develop its own proposal:

Component	Description of task	Months	Deliverables
Phase 1			
1. Assessment of the healthcare services needs:	- Demand and needs assessment of the services to be provided by the KBCRi in a 25-year horizon, detailed by speciality. - Hospital planning principles and suggested hospital model	1 - 2	Needs Assessment Report and indication of hospital model (Result 1)
	Consensus workshop #1		(a) Workshop organisation and (b) consolidated report for task 1 (10 days after workshop)
2. Elaboration of KBCRi Functional Plan	- Organisational, services and capacity planning for the activity of the KBCRi. - Capacity of the various medical services in a 25-year horizon, detailed by speciality. - Functional arrangements for each functional area.	2 - 6	Functional Plan (Result 2)
	Consensus workshop #2		(a) Workshop organisation and (b) consolidated report for task 2 (10 days after workshop)
Phase 2			
3. Elaboration of the Room Schedule for the new General KBCRi Hospital	- Flow-charts of the overall facility. - Schematic designs for standard rooms. - Detailed list of all the rooms within the different areas of the hospital. - Estimation of the required size of the overall facility and overall cost calculation.	6 - 8	Room Schedule and Drawings - schematic design (Result 3)
4. Elaboration of the Equipment Plan for the new General KBCRi Hospital	- Preliminary list of equipment (fixed medical equipment, major mobile medical equipment, minor mobile medical equipment, architecturally significant equipment, furniture and IT equipment). - Estimation of the initial investment and re-investment according to the lifecycle in a 25-year period.	8- 10	Equipment Plan report (Result 3)
5. Traffic Study for the location	- Assessment of the impact in the traffic inside and outside the Susak Campus. - Analysis of the accessibility and connectivity of the location.	8 - 10	Traffic & Accessibility Study (Result 5)

6. Elaboration of the Preliminary Design	- Preliminary Design	8 – 12	Concept and Schematic Design (Memory, drawings, works programme, budget). Necessary documents for issuing the Building Permit. Documents for the procurement of the Final Design (Result 4, 5 and 7).
	Consensus workshop #3		(a) Workshop organisation and (b) consolidated report for task 6 (10 days after workshop)
7. Elaboration of the Feasibility Study	- Feasibility Study covering the main elements of the project, risk assessment, technical, environmental, financial, economic and organisational feasibility, capital investment budget and implementation plan outline. Final results workshop #4	7 – 12	Feasibility Study (Result 6) (a) Workshop organisation and (b) Final Feasibility Study 3 weeks after workshop

4.3. Project management

4.3.1. Responsible body

The European Investment Bank, through the Consultant Procurement and Contract Management Division (CPCM), will act as Contracting Authority and will be responsible for managing this TA operation.

4.3.2. Management structure

Contracting Authority

At the European Investment Bank, The Advisory Hub and the Projects Directorate (PJ) are responsible for the management and technical follow up of the contract. The CPCM Division is responsible for contractual and administrative matters.

Promoter

The Promoter is the KBC Rijeka.

Service Provider

The Service Provider should nominate a TA operation director from its head office with sufficient authority to sign the contract, commit the necessary resources, and to take overall responsibility for the performance of the consultancy team. The operation director should have a minimum of 5 years of professional experience at a level of senior responsibility and be fully fluent in English (CV to be included in the offer).

4.3.3. Support to be provided by the Contracting Authority and/or other parties

Contracting Authority

The Contracting Authority will provide the Service Provider, upon request, with all information relevant to the TA operation which is available to it and not covered by any confidentiality agreements and will fully cooperate with the Service Provider in order to achieve the best results.

Promoter

The Promoter undertakes to ensure that its employees co-operate at all times with the Bank and the Service Provider in relation to the provision of the Technical Assistance. The Promoter shall promptly provide the Service Provider with such information and documents at its disposal which may be relevant and necessary to the provision of the Technical Assistance. This may include some limited

translation of key documents from Croatian into the English language. Such documents shall be returned to the Promoter on completion of the Technical Assistance.

The Service Provider may request the assistance of the Promoter in obtaining copies of local laws, regulations and information which may affect the Service Provider in the performance of its obligations under the Service Contract in the country where the services are to be provided.

The Service Provider might be exempt from direct and indirect taxes in the Republic of Croatia as a result of this project financed through EC funds. The Service Provider should verify that this tax exemption applies to their activities with the Government of the republic of Croatia. The Promoter will be able to support the Service Provider regarding the administrative requirements upon his establishment in the Republic of Croatia. The EIB has no influence in this matter.

EIB benefits from VAT exemption on its purchases in Member States of the European Union; which means that the Service Provider's activities performed in the EU (e.g. home office) can be exempt of VAT.

Subject to the laws and regulations on foreign labour in relevant country, the Promoter shall use its best endeavours to ensure that the Service Provider's employees and their dependants obtain the required visas and permits, including work and residence permits.

5. LOGISTICS AND TIMING

5.1. Location

Rijeka, Republic of Croatia, KBCRi premises and Service Provider's home office. The Service Provider is encouraged to use communication technology for video or teleconferencing on a regular basis with the KBCRi management team.

Meetings during the implementation of the assignment:

- Kick-off meeting at EIB Headquarter Luxembourg.
- Induction meeting with KBCRi at the start of the assignment.
- Stakeholder workshops at KBCRi for each key deliverable.
- All the necessary meetings at KBCRi to ensure a participative process, especially during the elaboration of the Functional Plan and Preliminary Design.
- Final results presentation workshop.
- Additional meetings may be required in Zagreb (discussions / presentation to Ministry of Health) and/or Luxembourg (EIB).

5.2. Start date & Period of implementation of tasks

The start date for commencing the implementation of the Services shall be notified in writing to the Service Provider by the Contracting Authority through an official letter, at least 10 working days before the effective date of the implementation of the Services and the overall period of implementation of the contract will be 17 months from this date, exclusive of the period required by the Contracting Authority to approve the final reports and deliverables submitted by the Service Provider in accordance with the Terms of Reference.

The implementation is planned in two main phases: **Phase 1** (estimated duration 6 months) for the needs assessment and functional plan outline; to be followed by **Phase 2** (preliminary design and supporting studies and plans, and project feasibility study) with an estimated duration of 6 months, and contingent upon the endorsement of the phase 1 deliverables by the main stakeholders). The schedule provides for a limited time contingency for coordination among stakeholders between phase 1 and phase 2, and for the final report after the end of the assignment on site.



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Date Frankfurt, 22.01.2025

Confirmation for payment for the AA-010063-001 KBC Rijeka Phase 3

Dear Sir/Madam

This is to officially confirm that the following excerpt from our bank records (bank account: IBAN: DE96500502010200505270) accurately show the payment received under the contract financed by KfW Development bank for AA-010063-001 KBC Rijeka Phase 3 with a total project budget of EUR 859.534 from 01/2021 -06/2023. The remaining part have been omitted for confidentiality reasons

Datum	Wert	Erläuterung	Betrag EUR
22.01.2021	22.01.2021	Gutschrift Überw. BEI / DEPENSES ADMINISTRATIVES 100 BD KONRAD ADENAUER 2020-084-550801 AWW-MELDEPFLICHT BEACHTEN HOTLINE BUNDESBANK: (0800) 1234-111 AP0000062282	69.000,00+

Umsätze - Druckansicht

BEI EIB

2021-084-550801 AWW-MELDEPFLICHT BEACHTEN HOTLINE BUNDESBANK (0800) 1234-111
15.10.2021 | GUTSCHR. UEBERWEISUNG

Betrag: 276.000,00 EUR

Umsatzart: GUTSCHR. UEBERWEISUNG

Buchung: 15.10.2021

Wertstellung: 15.10.2021

Name oder Firma: BEI / DEPENSES ADMINISTRATIVES 100 BD KONRAD ADENAUER

IBAN oder Konto: LU30 0019 0050 6105 6000

BIC oder BLZ: BCEELULLXXX

Verwendungszweck: 2021-084-550801AWW-MELDEPFLICHT BEACHTEN HOTLINE BUNDESBANK (0800) 1234-111

Kundenreferenz (End-to-End): AP0000074255

Abw. Zahlungsempfänger: MANAGEMENT4HEALTH GMBH

Abw. Zahlungspflichtiger: BEI EIB

Konto:  **S-BusinessClassic für Firmenku**
DE96 5005 0201 0200 5052 70
management4health GmbH

Form of Company:

Stock Company (AG)

Commercial Register:

Amtsgericht Frankfurt am Main, No. HRB 118315

VAT ID:

DE 330 816 723

Founder:

Prof. Dr. Michael Niechzial

Executive Board:

Stefano Ferrari, Dr. Aida Bayou

Chairman of the Supervisory Board:

Nisan Gertz

Umsätze - Druckansicht

BEI EIB

2021-091-550801 AWV-MELDEPFLICHT BEACHTEN HOTLINE BUNDESBANK (0800) 1234-111
02.11.2021 | GUTSCHR. UEBERWEISUNG

Betrag: 77.180,10 EUR
Umsatzart: GUTSCHR. UEBERWEISUNG

Buchung: 02.11.2021
Wertstellung: 02.11.2021

Name oder Firma: BEI / DEPENSES ADMINISTRATIVES 100 BD KONRAD ADENAUER
IBAN oder Konto: LU30 0019 0050 6105 6000
BIC oder BLZ: BCEELULLXXX

Verwendungszweck: 2021-091-550801AWV-MELDEPFLICHT BEACHTEN HOTLINE BUNDESBANK
(0800) 1234-111
Kundenreferenz (End-to-End): AP0000075219

Abw. Zahlungsempfänger: MANAGEMENT4HEALTH GMBH
Abw. Zahlungspflichtiger: BEI EIB

Konto:  S-BusinessClass für Firmenku
DE96 5005 0201 0200 5052 70
management4health GmbH

02.06.2023	Gutschrift Überw. BEI / DEPENSES ADMINISTRATIVES 100 BD KONRAD ADENAUER 2023-055-550801 AWV-MELDEPFLICHT BEACHTEN HOTLINE BUNDESBANK: (0800) 1234-111 AP0000109086	437.353,90
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Yours sincerely



Stefano Ferrari
CEO
management4health AG