

## Standard Summary Project Fiche

### 1. Basic Information

1.1 Désirée Number: RO-2002/000-586.04.11

1.2 Title: **Information management, Control and Prevention of HIV/AIDS and non-communicable Diseases**

*(Strengthening Information Management, Control and Prevention in the Fields of HIV/AIDS and Non-communicable Diseases to Comply with the European Community Requirements and Standards)*

1.3 Sector: Public Health

1.5 Location: Romania

### 2. Objectives

#### 2.1 Overall Objective

To support the health sector reform in the priority public health fields identified in the National HIV/AIDS Strategy and the National Program for Prevention and Control of Non-communicable Diseases.

#### 2.2 Project Purpose

- Transforming the existing HIV/AIDS Regional Center Network into a comprehensive and well-coordinated system capable to adequately manage the surveillance, preventive and curative health care and partnership components of the National response to HIV/AIDS epidemic in Romania in compliance with the European Community HIV/AIDS Action Program (**Sub-component 1**).
- Establishing a well-functioning monitoring information system for non-communicable diseases including cancer in order to support the public health policy making (**Sub-component 2**).

#### 2.3 Accession Partnership and NPAA Priority

The reference in the Accession Partnership 2001 is:

##### Social Policy and Employment:

- 1) "Transpose and implement legislation on public health and develop a national system for surveillance and control of communicable diseases and a health monitoring information system."

- 2) “Strengthen the capacity to manage health sector reform in a comprehensive manner by improving strategic planning for human and financial resources to make efficient use of public funds while ensuring equal access to health care”.

### **2.3.1 Sub-component 1, HIV/AIDS**

The NPAA of Romania in the field of fighting HIV/AIDS is carried out along the following lines being in conformity with the priorities defined by the European Community HIV/AIDS Program (the Decision No. 96/647/EC of the European Parliament and the Council of March 29<sup>th</sup> 1996 on its establishing and the Decision No. 521/2001/EC of the European Parliament and the Council of February 26<sup>th</sup> 2001 on its extending up to December 31<sup>st</sup> 2002):

- HIV/AIDS surveillance and control.
- Prevention of HIV transmission.
- HIV/AIDS-related Information, Education and Communication.
- Health care, social and psychological assistance for people with HIV/AIDS and fighting their discrimination.

The NPAA priorities in relation to fighting HIV/AIDS in Romania are mainly formulated in the following health legislation acts adopted by the Romanian Government:

- The Public Health Law No. 100/1998 on the public health care system reform along with the definition of national health priorities (in the form of 34 National Health programs, including that on HIV/AIDS).
- The National HIV/AIDS Strategy - Romania 2000-2003 (Order of the Romanian Government No. HG730/2000).
- The National Program on Fighting HIV/AIDS in Romania for 2000-2003 (Order of the Ministry of Health and Family No. 415/2000).
- The National HIV/AIDS Action Plan (2000-2003) (Order of the Ministry of Health and Family, MOHF, No. 415/2000).
- The Order of the MOHF No. 991/1998 on the provision of HIV/AIDS surveillance, prevention and health care.
- The Orders of the Romanian Government No. HG999/1990 and No. HG984/1994 on the prevention of HIV and other microbial agents transmission by blood and blood products, and nosocomially.
- The Order of the MOHF No. 665/1999 on the provision of antiretroviral treatment for people infected with HIV.
- The Order of the MOHF No. 1067/2000 on the HIV/AIDS-related information, education and training policies.
- The Order of the MOHF No. 889/1998 on the provision and rules of pre- and post-testing counseling and target groups strongly recommended to be tested.

### **2.3.2 Sub-component 2, monitoring information system for non-communicable diseases including cancer**

The project will provide the authorities with better tools for planning in the field of non-communicable diseases (NCD) and cancer and in turn improve the effectiveness of health sector reform.

The project will observe the principles established under the Community programmes and other EU Guidelines when establishing a Romanian health monitoring information system such as:

- Decision No 1400/97/EC of the European Parliament and of the Council of 30 June 1997 and 16 May 2000 adopting a program of Community action on health monitoring within the framework for action in the field of public health (1997 to 2006)
- Decision No 646/96/EC of the European Parliament and of the Council of 29 March 1996 adopting an action plan to combat cancer within the framework for action in the field of public health (1996 to 2000)
- Council Conclusions of 26 November 1998 on the future framework for Community action in the field of public health - 398Y1215(01)
- Council resolution of 29 June 2000 on action on health determinants-300Y0731(03)

The national measures to be adopted are as follows (*National Program for Accession of Romania to the EU; vol II Annexes; June 2001*):

- Draft of normative act that permits the exchange of information between the MoHF and other ministries, institutions, organisations regarding health determinants
- Draft of joint normative act of Ministry of Health and Family and National House for Health Insurance regarding the information flow related to the morbidity from the health care system; the compulsory providing of information regarding the public health to Public Health Directions should be laid down within the framework contract
- Draft Order of Minister of Health and Family on the setting up of the local Registers of Cancer, National Register of Cancer and setting up the National Network of Cancer Care

## **2.4 Contribution to a National Development Plan**

Not applicable

## **2.5 Cross Border Impact**

Not applicable

## **3. Description**

### **3.1 Background and Justification**

#### **3.1.1 Sub-component 1, HIV/AIDS**

In 1999 the National HIV/AIDS Strategy for 2000-2003 and the respective National Plan of Action for 2001-2003 were developed and adopted. The HIV/AIDS epidemic was defined as a complex, multifaceted problem affecting all aspects of society, and requiring a multi-sectoral and interdisciplinary response. To this end, in 2001 a National Multi-sectoral HIV/AIDS Commission under the authority of the Romanian Government was set up, the membership profile of which encompasses diverse ministries and NGOs.

The National HIV/AIDS Strategy, annual National HIV/AIDS Programs and the Plan of Action target the surveillance, prevention and curative health care aspects of fighting HIV-infection in all their plenitude and in compliance with the European Community standards and requirements, through identifying the five priority domains of action: youth, groups at risk, nosocomial infection control, health care and social support, testing and surveillance policies.

For achievement of the ambitious and vitally important for the country targets of the National Plan of Action, and given the difficulties faced by the country in terms of HIV/AIDS-related institutional building and investment capacities, Romania needs to be assisted by international partners, particularly in relation to the National network of HIV/AIDS Regional Centers (ARC) being the core element of public health response to the HIV epidemic.

Started in the late 1980s, the HIV/AIDS epidemic in Romania is one of the major public health care priorities identified by the Ministry of Health and Family (MOHF) under 34 National Public Health Programs (Program No. 4) and included in the Public Health Law No. 100/1998.

The particular feature of the HIV/AIDS epidemic in Romania consists in the prevailing and massive primary incidence of HIV-infection in children under 13 years old (83%) constituting more than a half of all the paediatric cases of HIV/AIDS in Europe. It is believed that the use of unscreened blood and blood products, and the repeated use of HIV-contaminated needles and syringes in group residential facilities, orphanages and health care facilities during 1987-1989 led to thousands of newborn and young children getting HIV-infected.

In a parallel way, and particularly speeded up from 1994, there is a steady increase in HIV/AIDS incidence among adults, that seems to be mainly related to the sexual and injected drug use transmission of the virus, correlating thus with the growing incidence of STIs, and syphilis in particular, in the population as a whole and viral hepatitis in the IDU group. In 2001, for the first time since the start of the epidemic, the number of the new cases of HIV/AIDS in adults were twice that in children. Actually, against the backdrop of decrease in HIV/AIDS incidence in children, there is a permanently growing increase in HIV/AIDS incidence in adults.

In a certain way, it is about two HIV/AIDS epidemic processes in the country: a "particular" and historically conditioned one (in children) and a "classic" one (in adults).

In December 2001, there were registered 12,459 cumulative cases of HIV/SIDA in Romania, of which 9,973 alive persons (7770 cases of AIDS – 6,442 children and 1,348 adults - and 2,203 HIV-positive persons without the clinical symptoms of AIDS). By the end of 2001 thus, the overall HIV/AIDS prevalence rate was about 44 per 100,000 population, and the fraction of the population infected with HIV made up about 0,04%. Yet, given the absence of a wide and systematic transversal surveillance of HIV-prevalence in the population, the rates could be actually much higher.

The Public Health response to the epidemic, in terms of surveillance, control, prevention and treatment, is structured by the MOHF (Public Health General Direction and District/Judet Public Health Departments) and the National HIV/AIDS Commission in 9 HIV/AIDS Regional Centers (ARC) across the country.

Each ARC has a board of specialists in infectious diseases, HIV/AIDS, sexually transmitted infections and tuberculosis, epidemiologists, obstetrician-gynecologists, pediatricians, psychologists and social workers. Up to date, the principal activities of ARC are mainly treatment-focused.

Each ARC is provided with the specialized laboratory services. Yet, the laboratories of ARC, which are designed to carry out a wide range of diagnostic and treatment-related testing, are badly equipped. That makes difficult and delays considerably diagnostic making and treatment provision

The HIV/AIDS epidemiological surveillance at ARC level is mainly based on clinical data and restricted to reporting process. Besides, the ARC data base structure is not complete and needs to be rationalized and strengthened from the legal, conceptual and logistic point of view.

The sentinel HIV surveillance does not exist and there is no any reliable statistical information on the spread of HIV infection in groups at risk, that makes difficult the development and planning of evidence-based HIV/AIDS preventive and health promotion policies.

In Romania, there are only a few centers for volunteering (anonymous) HIV/AIDS counseling and testing (VCT) across the country.

In 1998 – 1999 a system of HIV/AIDS pre- and post-testing confidential (reported) counseling (PPTC) was introduced and the respective national guidelines were developed. A compulsory PPTC is provided for patients with tuberculosis and is strongly recommended for STI patients and pregnant women.

### ***3.1.2 Sub-component 2, monitoring information system for non-communicable diseases including cancer***

The Romanian Ministry of Health and Family makes and implements public health policy. The Law 100/1998 establishes the competence of the Ministry of Health and Family (MoHF) and of the health institutions in the field of health monitoring and evaluation. This law defined 34 programs. They are now grouped under 4 national headings, among which the 'Program for Prevention and Control of NCDs'. The Institutes of Public Health of Bucharest, Cluj, Iasi and Timisoara, the Institutes of Oncology of Bucharest and Cluj, the National Centre for Health Statistics (NCHS) plus the Local Health Authorities are responsible for its implementation. The social health insurance law (145/1997) has created another framework for monitoring and evaluation of health factors.

Data and information suppliers are mainly the health providers, which are under contract of the Health Insurance House. They report to the District Health Insurance House (DHIH) and the District Public Health Directory (DPHD),

according to a contract between the MoHF and the National Health Insurance House (NHIH). These programs are financed from the state budget and from earmarked funds of the MoHF. Payment for reporting diseases is included in the lump paid to doctors by DHIH. Funding for monitoring and evaluation is not always secure. First-line providers claim it is always insufficient.

Health monitoring and evaluation is focused on demographic indicators, mortality and morbidity. While the quality of demographic data and data on communicable diseases is acceptable, the quality data on NCD including cancer needs to be improved. Therefore the capacity for planning and setting policy priorities of the government is constrained. This in turn impairs the overall efficacy of the present health sector reform.

Existing data underline that NCD and cancer represent a public health priority. NCD cause the majority of deaths in Romania, e.g. in 2000, 61,5% of all deaths were due to cardiovascular diseases, 16,1% were due to cancer and 5,6% were related to accidents. Trends analysis for the last 10 years reveals the decrease of specific mortality by cardiovascular diseases during the last 4 years, while the specific mortality by malignant tumors constantly increased in the last decade.. NCD morbidity is likely to be underestimated, as only limited data are available. A 1997 survey indicated that the most prevalent ailments were cardiovascular diseases (38,5%), diseases of the digestive tract (16%) and rheumatic diseases (13%); the reported prevalence has markedly increased in the last 10 years. Synthetic indexes traduce the burden linked with NCD. Among women, of all Potential Year of Life Lost (PYLL) 22% were linked with cancer, 18% to cardiovascular diseases; among men, accidents represented 25% of all PYLL, cardiovascular diseases 22% and cancer 15%. Trends analysis of PYLL due to malignant tumors among women shows an increase from 17% in 1994 to 22% in 2000. Looking to another synthetic index, namely Disability Adjusted Life Years (DALY), we can notice that cardiovascular diseases account for 32% out of all DALY (first rank), while malignant tumors account for 10% of all DALY (the second rank).

Moreover little is known in Romania about well identified risk factor such as smoking and other life style habits.

Because cancer is one of the diseases with the highest impact on morbidity and mortality, special attention should to be paid to the monitoring of cancer. Recorded cancer mortality rates in Romania are still among the lowest in Europe, but there has been a constant growth of cancer mortality during the last 30 years. In 2000, there were almost 38,000 recorded cancer deaths. The main causes of registered cancer deaths for men were lung and stomach cancer and for women breast and cervical cancer. The death rate for cervical cancer in Romania was among the highest in Europe.

In 2000, there were about 50,000 new cases of cancer registered in Romania. Many cases were diagnosed at a late stage. Consequently survival rates are poor. It could be assumed that effective cancer prevention programs could improve this situation.

At present, the Romanian cancer registry does not reach EU standards (e.g. only 85-90% completeness, high percentage of unknown items, no standardized use of date of diagnosis, incomplete follow-up) and it is based on obsolete regulation. Cancer mortality may also be under-registered, because some of the rates are unlikely low (e.g. the prostate cancer mortality rate in Romania is less than half the rates in EU-countries or Hungary). Consequently, the capacity for planning and setting policy priorities is constrained. Here again, little attention is paid to the study and control of risk factors of cancer

The main weaknesses of the present monitoring systems for Non-Communicable Diseases and cancer include:

- forms call for outdated and sometimes inappropriate information
- the coding rules are not in harmony with international guidelines
- the private sector does not provide data
- the suppliers of data have contracts with the HIH to report data, whereas the MoHF and DPHD also expect data from the same suppliers
- data collection/utilisation is highly fragmented and data are not reported on time
- communication/co-operation between the different actors is unsatisfactory
- there is a lack of skilled specialists
- there is no feed-back to data suppliers and a lack of interest among clinicians
- the implementation of a nation-wide system is constrained by infrastructure problems
- there is a lack of mechanisms for evaluating the quality and for validating data
- repeated organisational changes contribute to blur the monitoring policy

Consequently, data are incomplete and their quality is questionable; the known and declared morbidity is reflecting more doctors' activity than disease occurrence; data are not always thoroughly and properly exploited.

The Romanian public health authorities recognize the importance of health monitoring and evaluation and recognize that the present system needs to be improved in order to better address health sector priorities.

### **3.2 Linked Activities**

#### **3.2.1 Sub-component 1, HIV/AIDS**

The activities of the project will be linked to and based on the achievements of the following HIV/AIDS-related programs:

1. The Phare Program 2001 Project addressing the Improvement of the Efficiency of the Romanian System for Epidemiological Surveillance and Control of Communicable Diseases. The cooperation will address the legislation, managerial, financing and operational/reporting aspects of communicable diseases surveillance and control, as well as the development of national laboratory safety guidelines.
2. National HIV/AIDS-centered programs:
  - the National HIV/AIDS Strategy for 2000-2003, the National HIV/AIDS Programs established annually and the National HIV/AIDS Action Plan for

2001-2003 “Accelerated Access to Treatment and Care for People Living with HIV/AIDS” addressing the HIV/AIDS-related institutional building- and investment-centered surveillance, prevention, health promotion and curative health care policies in Romania. The national agencies responsible for the policies’ implementation are the MOHF, NAFC and the National HIV/AIDS Multi-sectoral Commission (NAMSC).

- Romanian NGO programs:
  - ARAS (the Romanian Association for Fighting HIV/AIDS) programs on providing VCT and IEC in HIV/AIDS groups at risk.
  - UNOPA (the Federation of Associations of People Living with HIV/AIDS) programs on the monitoring of violation and the advocacy for the rights and needs of HIV-infected children and adults in Romania and the nutritional support for children affected by HIV/AIDS.
  - ROMANIEN ANGEL APPEAL program on the creation of multidisciplinary day-care health centers and mobile units for providing health care services for the HIV/AIDS children.
- 3. International HIV/AIDS programs:
  - The programs of the UN agencies in Romania (UNICEF, WHO, UNFPA and UNAIDS) on support of the Romanian Government in its commitment to the UN Global Initiative for Increased Access to HIV/AIDS Treatment and Care.
  - The UN coordinated HIV/AIDS Plan of Action in Romania for 2001-2003.

### **3.2.2 Sub-component 2, monitoring information system for non-communicable diseases including cancer**

This program should be connected to several Phare programs including Phare 2001 project for “the improvement of the efficiency of the Romanian system for epidemiological surveillance and control of communicable diseases” (CD) and the proposed new Phare 2002 projects:

- “Strengthen the Institutional and Administrative capacity of the MoHF to harmonize and implement legislation in the field of water”
- “Improvement of the efficiency of the Romanian system for occupational health surveillance and control of occupational diseases, work related diseases and injuries due to occupational risk”
- “Restructuring of the Romanian network of HIV/AIDS regional centres in order to improve prevention related activities and access to health care for the HIV/AIDS infected people”

It should also be connected to the following programs:

- All national programs of the MoHF related to NCD, such as on CVD and diabetes
- Cancer prevention and control programs
- National occupational health program
- National program on water surveillance
- National Program Health and Environment
- Pilot programs such as cervical cancer screening (Soros Foundation), training (Cluj, UNFPA), sentinel sites (Association of Family Doctors of Timisoara) ...



- Romanian programs should link to various international organisations such as IARC, WHO

### **3.3 Results**

#### **3.3.1 Sub-component 1, HIV/AIDS**

The results linked to Activities 1:

- The national HIV/AIDS legislation upgraded, rationalized and aligned to the principles identified in the EC HIV/AIDS Action Program.
- The upgraded and aligned HIV/AIDS-related legal acts adopted by the MOHF.

The results linked to Activities 2:

- The HIV/AIDS reporting process upgraded and integrated into the national communicable disease reporting system in accordance with the EC HIV/AIDS Action Program.
- The HIV/AIDS monitoring system upgraded and put in line with the EC HIV/AIDS Action Program.
- The HIV/AIDS surveillance system upgraded and rendered comprehensive (covering epidemiological, treatment, prevention and behavioural surveillance) and operational to ensure an adequate HIV/AIDS prevention and control response in compliance with the EC HIV/AIDS Action Program's requirements.

The results linked to the Activities 3:

- A cohort of professional and non-professional health workers of the HIV/AIDS Regional Centers and the health facilities of their catchment areas, of the day-care health centers in five locations, as well as NGO people trained in the HIV/AIDS prevention and health promotion policies in line with the EC HIV/AIDS Action Program.
- A pool of professional health workers of the HIV/AIDS Regional Centers and 12 Voluntary Counseling and Testing centers (VCT) trained in voluntary counseling and testing in compliance with the EC HIV/AIDS Action Program's requirements.
- The staff of the HIV/AIDS Regional Centers and the District Public Health Departments trained in the HIV/AIDS surveillance policies in accordance with the EC HIV/AIDS Action Program's requirements.
- The five day-care centers and twelve VCT centers of the HIV/AIDS Regional Centers network rendered operational.

The results linked to the Activities 4:

- The national technical safety guidelines for standardization of the HIV/AIDS Regional Centers' laboratory services developed and adopted.
- The identified EC equipment and reagents procured and installed in the HIV/AIDS Regional Centers.

### **3.3.2 Sub-component 2, monitoring information system for non-communicable diseases including cancer**

(1) *Concerning the EU principles and priorities established in Community programmes.*

- The principles of the EU actions in the field of health and cancer monitoring are integrated into the Romanian law
- New regulations are applied countrywide

(2) *Concerning the institution building for monitoring and evaluation of NCD and cancer*

- Key indicators are defined and compatible to international standards
- A new organisational structure for a unified monitoring system CD and NCD is in place
- An improved monitoring system for NCD is established
- Adequate staffing is present at all levels of the monitoring system, with all staff trained and properly managed
- Romanian data are included and exchanged with disease specific networks, including ENCR
- An appropriate system monitors cancer nation-wide according to international standards
- Quality assurance is in place at all levels of the monitoring system
- Data are compatible with international requirements and available on time

(3) *Concerning the development of an IT network*

- IT infrastructure is in place and functions properly
- Data are exchanged and used within Romania
- Data are exchanged with EU

(4) *Concerning the improvement of the effectiveness of targeted programs on prevention an early detection of cancer*

- Cancer is diagnosed at an earlier stage, having as important result the decreased costs for the health care system (payable now to cancer treatments for late stages)
- Premature deaths due are prevented, survival periods being much improved
- Reference centres (Bucharest, Cluj) for cancer diagnosis and treatment are reinforced

## **3.4 Activities**

### **3.4.1 Sub-component 1, HIV/AIDS**

The expected results will be obtained through the implementation of the following range of activities designed to be carried out within the framework of institution building and investment components of the project:

#### **Institution Building:**

The institution building activities will be implemented through a Technical Assistance (TA) contract.

**1. Upgrading the legal framework of the national HIV/AIDS strategy through putting it into line with the European Community legislation in the field.**

**Activity 1.1** (Inception Phase):

*Establishment of the Project Steering Committee.*

**Activity 1.2:**

*Analysis of the existing HIV/AIDS- related general and public health legal framework in Romania.*

The activity will imply collecting the relevant national legislation information and discussing it at the multisectoral workshops organized by the Project (with the participation of the MOHF, NAC, Ministry of Justice, Interior Ministry, Ministry of Labor and Social Protection, NGOs).

**Activity 1.3:**

*Analysis of the compliance of the existing national HIV/AIDS-related legislation with the respective EC legal requirements.*

The legal compliance analysis will be lead as compared to the following EC HIV/AIDS legislation in forth: the Regulation No 490/Y0116(01)/EC, the Regulation No 397/R0550/EC, the Regulation No 398/H0463 98/463/EC and the Regulation No 302/D0036/EC. *Please, do not only give reference numbers but state on what subject the regulations are.*

**Activity 1.4:**

*Organization of a Study Tour to the EU Member States for familiarizing with the application of the EC legislation related to the HIV/AIDS Action Program.*

**Activity 1.5:**

*Development and adoption of the alternative proposals for upgrading the national HIV/AIDS legislation in view of its aligning to the EC acquis .*

The activity will imply discussing the proposals at the multi-sectoral workshops organized by the Project

**2. Upgrading the existing HIV/AIDS surveillance, monitoring, reporting and data analysis system in order to align it to the principles established in the EC HIV/AIDS action program.**

**Activity 2.1:**

*Development of the framework of data collecting for the needs of HIV/AIDS epidemiological, treatment, preventive health care and behavioral surveillance.*

**Activity 2.2:**

*Implementation of the proposed HIV/AIDS surveillance system in the pilot regions and its assessment.*

The pilot regions will be selected according to the criteria of known HIV/AIDS prevalence (low and high), the initial development of HIV/AIDS surveillance

infrastructure (poor- and well-developed) and extensibility of the results achieved to the country as a whole.

**Activity 2.3:**

*Revision and upgrading of the existing national reported-case data base.*

**Activity 2.4:**

*Revision and improvement of the HIV/AIDS data processing within the computerized circuit of the HIV/AIDS Regional Centers.*

**Activity 2.5:**

*Development of a scheme for HIV/AIDS surveillance data collecting, transmission, compiling, processing, analyzing, using and dissemination.*

This activity will be implemented through collaboration with the "Improvement of the Efficiency of the Romanian System for Epidemiological Surveillance and Control of the Communicable Diseases" Phare Project.

**3. Enhancing the knowledge and capacities of professional and non-professional health workers of the HIV/AIDS Regional Centers, the health facilities of their catchment areas, day-care centers, VCT centers and NGO in HIV/AIDS surveillance, counseling and prevention in accordance with the European Community HIV/AIDS Action Program.**

**Activity 3.1:**

*Analysis of the training needs in HIV/AIDS surveillance, counseling and prevention policies. Development of the necessary training programs, modules, schedules and materials.*

This activity will be implemented through collaboration with the ongoing local and international HIV/AIDS training programs.

**Activity 3.2:**

*Implementation of the training courses for the professional and non-professional health workers of the HIV/AIDS Regional Centers, the health facilities of their catchment areas, day-care centers, VCT centers and NGO.*

This activity will be implemented through a cascade training scheme (training the trainers and training the trainees). The groups of trainers in HIV/AIDS surveillance, counseling and prevention will be made up of 25-30 persons from the medical doctors, epidemiologists, nurses, psychologists and social assistants of ARC, catchment area health facilities, day-care centers, VCT centers and the representatives of the ONGs involved. The following cascading in HIV/AIDS preventive health care and health promotion policies will address the medical and non-medical staff of ARC, day-care centers, VCT centers, general practitioners, medical specialists and nurses, the epidemiological and health promotion staff of Judet Public Health Directorates, ONGs and teachers.

**Activity 3.3:**

*Strengthening the capacities of twelve VCT centers of the HIV/AIDS Regional Centers network.*

The activity implies the development and provision of HIV/AIDS health promotion materials and the procurement of office equipment for the twelve VCT centers.

**Activity 3.4:**

*Strengthening the capacities of five day-care centers of the HIV/AIDS Regional Centers network.*

The activity implies development and provision of HIV/AIDS health promotion materials and the procurement of office equipment for the five day-care centers.

**Activity 3.5:**

*Assessment of the practical impact of the enhancement policies on HIV/AIDS surveillance, counseling and prevention performance.*

The activity will be implemented through collaboration with the ongoing local and international HIV/AIDS training programs.

**4. Upgrading and strengthening the laboratory services of the HIV/AIDS Regional Centers in compliance with the EC standards for functioning of HIV/AIDS laboratories (Decisions No. 2000/54/EEC, 97/59/EEC, 95/30/EEC, 90/679/EEC)**

**Activity 4.1:**

*Assessment of the existing HIV/AIDS diagnostic and treatment-related laboratory equipment in the HIV/AIDS Regional Centers, the conditions of its use and needs.*

**Activity 4.2:**

*Analysis of the compliance of the existing laboratory equipment and conditions of its use in the HIV/AIDS Regional Centers with the EC standards.*

**Activity 4.3:**

*Development of the national technical safety guidelines for standardization of the laboratory services of the HIV/AIDS Regional Centers in compliance with the EC requirements.*

This activity will be implemented through setting up a Guidelines Working Group. The national guidelines will be adopted by the Ministry of Health and Family.

**Investment:****Activity 4.4:**

*Equipping the laboratories of the HIV/AIDS Regional Centers in accordance with the needs identified in the IB component.*

**3.4.2 Sub-component 2, monitoring information system for non-communicable diseases including cancer**

**Institution building**

(1) *Preparatory phase*

- Assessment of rules and regulations existing
  - in Romania

- within the EU guidelines concerning health monitoring and evaluation
  - Assessment of the existing:
    - input/process/output of the monitoring system on non-communicable diseases and cancer at all levels
    - information network
    - qualification/number of staff involved in health monitoring and evaluation
    - financing mechanism
  - Familiarisation with reporting systems in EU member states
  - Assessment of
    - the current national cancer prevention program (including staff, equipment, budget)
    - related pilot programmes
  - Preparation of a proposal for the revision of MoHF Regulation no 219/ June 1980 on cancer registration and other applicable laws and regulations
  - Distribution of tasks/duties on data collection, reporting and control at central, district and local level
- (2) *Institution building for monitoring and evaluation of non-communicable diseases*
- Definition of public health priorities; selection of monitoring indicators
  - Design of an adjusted organisational structure for health monitoring and evaluation
  - Design of a new monitoring system for NCD and the evaluation
  - Executing pilot activities in 5 representative and carefully selected sites
  - Implementation of the new system NCD and distribution of tasks at national, regional and district level (Implementation of the new system for NCD will be the task of the Romanian Implementing Authority)
  - Design and implementation of a Human Resource Policy.  
 Tasks of the TA will be: updating job descriptions, reviewing personnel management rules and proposing modifications, designing regular evaluation mechanisms and designing a training programme will require Technical Assistance.  
 The beneficiary institutions of this improved Human Resources Policy will be: Ministry of Health and Family, the 4 Institutes of Public Health, the 2 Institutes of Oncology, the District Public Health Directorates, the National Centre for Health Statistics, and the family doctors.  
 Implementation of the HR policy, including upgraded job descriptions, applying personnel management rules, performing regular evaluation and training will be the tasks of the Romanian public health authorities.
  - Design and implementation of a training plan for 200-250 people working at the District Public Health Directorates, Institutes of Public Health and the National Centre for Health Statistics.
- (3) *Institution building for monitoring and evaluation of cancer*
- Definition and utilisation of standardised coding methods
  - Design of a new monitoring system for cancer
  - Executing pilot activities in 3 District Public Health Directorates
  - Implementation of the new system for cancer registry

- (4) *Improving the effectiveness of targeted cancer prevention programs*
- Design of a national plan for cancer reference  
This will include organising a Consensus conference; developing guidelines for diagnosis and treatment; designing a program to increase cancer awareness; improving follow-up for cancer patients; better identifying /monitoring the associated risk factors
  - Consolidating the existing cancer projects  
Mobilising health professionals, media and different stakeholders for better health education and for promoting a healthy life style; encouraging citizens for earlier consultation of medical professionals in order to reduce premature death especially for women by cervix and breast cancer
  - Reinforcement of the cervical cancer screening programme by review of pilot screening programmes, training
  - Definition of (a) pilot programme(s) for early detection of (breast) cancer
  - Identification of types of cancer susceptible to better treatment

## **Investment**

- (5) *Investments for an IT network for monitoring NCD and cancer; equipment for the pilot programme for early detection of breast cancer*
- Define information requirements and decide on development scenario
  - Development of new software for NCD and for cancer registry
  - Design of a national IT network
  - Establishment of a IT network in 5 representative and carefully selected pilot areas
  - Installing of hardware and software
  - Providing equipment for the pilot programme for early detection of breast cancer consisting of mamographs and photographic devices with an approximate unit cost of 16.000 Euro for 42 districts

The project will start with IT system implementation in 5 pilot districts, in order to test the software application in practice and to improve the information flow. Therefore, firstly, the focus will be on the software application. After the evaluation of the activity in the 5 pilot districts, the existing computer network at local level, complemented with approximately 150 new computers will be used for the extension of this information system at national level (both for NCD monitoring and for cancer registry).

## **4. Institutional Framework**

### **4.1 Sub-component 1, HIV/AIDS**

The project will be implemented by the National Aids Commission. From the start of the project, a Steering Committee will be set up from the responsible representatives of the HIV/AIDS Regional Centers, NAC, MOHF and the National HIV/AIDS Multi-sectoral Commission (NAMSC), which will take over the supervisory responsibility.

The HIV/AIDS Regional Centers, Institutes of Public Health, District Public Health Directorates, General Public Health Department of the MOHF and local NGOs are institutions to be targeted by and involved in the project.

#### **4.2 Sub-component 2, monitoring information system for non-communicable diseases including cancer**

The Directorate of Public Health of the Ministry of Health and Family will implement the project. A Steering Committee consisting of legal advisers and representatives of the Ministry of Health and Family (Dept of Public Health), Health Insurance House, Institutes of Public Health (4), National Centre for Health Statistics, private providers and other beneficiaries (oncology institutes, occupational/ environmental/ cardiovascular disease/ diabetes units, etc) will be set-up to supervise the project.

### **5. Detailed Budget (Million Euro)**

	<b>PHARE Support</b>					
	Investment support	Institution Building	Total PHARE	National Co-financing	IFI	TOTAL
<b>Sub-component 1, HIV/AIDS</b>						
Contract 1: TA incl. Training		1.20	1.20			1.20
Contract 2: Equipment incl. maintenance contracts	2.25		2.25	0.75		3.00
<b>Sub-component 2, monitoring information system</b>						
Contract 1: TA incl. Training		1.50	1.50			1.50
Contract 2: Equipment incl. maintenance contracts	0.87		0.87	0.29		1.16
<b>TOTAL</b>	<b>3.12</b>	<b>2.70</b>	<b>5.82</b>	<b>1.04</b>		<b>6.86</b>

### **6. Implementation Arrangements**

#### **6.1 Implementing Agency**

##### Implementing Agency

The Central Finance and Contracts Unit (CFCU) is the contracting authority. The financial management of the Program will be under the responsibility of the CFCU.



The nominated Program Authorizing Officer (PAO), who is a Secretary of State from the Ministry of Finance, and the Deputy PAO, who is the General Director of the CFCU, are responsible for contracting and accounting. The responsibilities of the CFCU also cover finalization of contract dossiers for approval, of Technical contracts, and maintenance of financial records for audit purposes.

The Central Finance and Contracts Unit  
Ms Jeana BUZDUGA, Director, PAO  
36-38, Mendeleev Str., 4th Floor - Sector 1, 76190 Bucharest  
Tel: (+40) 1-313 6628, 313 6630 - Fax: (+40) 1-315 3536, 312 4208  
E-Mail: bjeana@ansit.ro

#### **6.1.1 Sub-component 1**

##### Implementing Authority

The National HIV/AIDS Commission  
Matei Bals Infectious Diseases Institute  
1 Dr. Grozovici Str., Sector 2 Bucharest  
Tel/Fax: 01 210 14 97  
Dr. Adrian STREINU- CERCEL

##### Beneficiaries

HIV/AIDS Regional Centers, Institutes of Public Health, District Public Health Directorates, Public Health General Department of the MOHF and local NGOs.

#### **6.1.2 Sub-component 2**

##### Implementing Authority

The Ministry of Health and Family  
Public Health General Department  
1-3 Ministerului str., Sector 1 – 701091 Bucharest  
Tel.: (+4-01) 314 42 59  
Fax: (+4-01) 313 66 60  
E-mail: arafila@minsant.ro  
Dr. Alexandru RAFILA

##### Beneficiaries

MoHF, the Institutes of Oncology and Public Health, the NCHS and the DPHDs.

## **6.2 Twinning**

Non-applicable

## **6.3 Non-standard aspects**

The Practical Guide will be strictly followed.

## **6.4 Contracts**

Contract 1: Technical Assistance including training for sub-component 1, HIV/AIDS: 1.20 MEuro

Contract 2: Technical Assistance including training for sub-component 2, monitoring information system for non-communicable diseases including cancer: 1.50 MEuro

Contract 3: Investment in Laboratory Equipment and Reagents for sub-component 1: 2.25 MEuro

Contract 4: Investment in IT equipment for sub-component 2: 0.87 MEuro

## **7. Implementation Schedule**

### **7.1 Start of tendering / call for proposals**

January 2003

### **7.2 Start of project activity**

July 2003

### **7.3 Project Completion**

July 2005

## **8. Equal Opportunity**

The equal opportunity for women and men in the project will be assured by the equal gender proportion within the teams of international and local experts, and by the equitable distribution of their responsibilities.

## **9. Environment**

Not applicable

## **10. Rates of Return**

Not applicable

## **11. Investment Criteria**

### **11.1 Catalytic Effect**

Not applicable

## **11.2 Co-financing**

The Romanian Government provides 25% of the investment part of the project through the budget of the MOHF.

## **11.3 Additionally**

In conformity with the nature of the project, the implementation of *acquis communautaire*, no any other financing agency will be involved.

## **11.4 Project readiness and Size**

The first-line assessment of the profile and size of investment part of the project (equipment and reagents) is carried out within the framework of establishing the Technical Specification Report.

## **11.5 Sustainability**

The financial and institutional sustainability of the investment is foreseen within the framework of the project.

## **11.5 Compliance with State Aid Provisions**

Government contribution is according to the Europe Agreement.

## **11.6 Contribution to National Development Plan**

Not applicable

## **12. Conditionality and Sequencing**

Not applicable

**ANNEXES TO PROJECT FICHE**

**Annex 1: Logical framework matrix in standard format**

**Annex 2: Detailed Implementation Chart**

**Annex 3: Contracting and Disbursement Schedule by Quarter for Full  
Duration of Program**

## **List of Acronyms**

CD	Communicable Diseases
DHIH	District Health Insurance House
DPHD	District Public health Directorates
ENCR	European Network of Cancer Registries
IARC	International Agency for Research on Cancer
IPH	Institute(s) of Public Health
IT	Information Technology
MoHF	Ministry of Health and Family
NCD	Non Communicable Diseases
NCHS	National Centre for Health Statistics
NHIH	National Health Insurance House

### Annex 1 : Logical Framework Matrix

LOGFRAME PLANNING MATRIX FOR	Programme name and number	
<b>Information management, Control and Prevention of HIV/AIDS and non-communicable Diseases</b> <i>(Strengthening information management, control and prevention in the field of HIV/AIDS and non communicable diseases (NCD) to comply with the European Community requirements and standards)</i>	Contracting period expires July 2003	Disbursement period expires July 2005
	Total budget : M€ 6.86 (4.2+2.66)	Phare budget: M€ 5.82 (3.45+2.37)

Overall objective	Objectively Verifiable Indicators	Sources of Verification
<ul style="list-style-type: none"> <li>To support the health sector reform in the priority public health fields identified in the National HIV/AIDS Strategy and the National Program for Prevention and Control of Non-communicable Diseases</li> </ul>	<p><b>Sub-component 1</b></p> <ul style="list-style-type: none"> <li>An HIV/AIDS National Policy strengthened by project achievement by mid-2005</li> <li>Reliable NCD statistics are available and used</li> <li>Completeness of cancer registry is at least 95%</li> <li>New legislation</li> </ul> <p><b>Sub-component 2</b></p> <ul style="list-style-type: none"> <li>Reliable NCD statistics are available and used</li> <li>Completeness of cancer registry is at least 95%</li> <li>New legislation</li> </ul>	<ul style="list-style-type: none"> <li>Annual reports of health statistics</li> <li>Annual reports of national NCD program</li> <li>National HIV/AIDS Plan of Action 2004-2007</li> </ul>

Project Purpose	Objectively Verifiable Indicators	Sources of Verification	Assumptions
<p><b>Sub-component 1</b> To transform the existing HIV/AIDS Regional Centers into a comprehensive and coordinated system capable to adequately manage the surveillance, preventive and curative health care and partnership components of the National response to HIV/AIDS epidemic in Romania in compliance with the EC HIV/AIDS Action Program</p> <p><b>Sub-component 2</b> Establishing a well-functioning health monitoring information system for non-communicable diseases including cancer to support policy making</p>	<p><b>Sub-component 1</b></p> <ul style="list-style-type: none"> <li>• The national HIV/AIDS legislation upgraded and aligned to the EC requirements and adopted</li> <li>• The HIV/AIDS surveillance system revised, upgraded and aligned to the EC standards</li> <li>• <b><i>The training in the EC HIV/AIDS preventive and health promotion policies for the HIV/AIDS Regional Centers' staff and NGOs implemented and its practical impact assessed</i></b></li> <li>• The national standards for the laboratory services of the HIV/AIDS Regional Centers aligned to the EC requirements and the respective national guidelines developed and adopted</li> <li>• The necessary EC diagnostic and health care-related equipment procured and installed</li> </ul> <p><b>Sub-component 2</b></p> <ul style="list-style-type: none"> <li>• Reliable NCD statistics are available</li> <li>• Data from the Romanian Cancer Registry are accepted by IARC/ENCR</li> </ul>	<p><b>Sub-component 1</b></p> <ul style="list-style-type: none"> <li>• Technical assistance and investments reports</li> <li>• The MOHF, NAC and NAMSC reports</li> <li>• The HIV/AIDS Regional Center reports</li> <li>• The Steering Committee reports</li> <li>• The MOHF reports on the public health orders adopted</li> <li>• The EC external monitoring reports</li> </ul> <p><b>Sub-component 2</b></p> <ul style="list-style-type: none"> <li>• Annual reports of health statistics</li> <li>• Report from IARC/ENCR</li> </ul>	

Results	Objectively Verifiable Indicators	Sources of Verification	Assumptions
Sub-component 1			
The results linked to Activities 1			
R1: The national HIV/AIDS legislation upgraded, rationalized and aligned to the principles identified in the EC HIV/AIDS Action Program	<ul style="list-style-type: none"><li>All the new and revised national HIV/AIDS-related legal acts are in compliance with the requirements of the Decision No. 96/647/EC of the European Parliament and the Council</li></ul>	<ul style="list-style-type: none"><li>Technical assistance reports</li><li>The Steering Committee reports</li><li>The MOHF reports on the public health orders adopted</li><li>The EC external monitoring reports</li></ul>	<ul style="list-style-type: none"><li>Effective support from all the national institutions concerned and involved</li><li>The actual output meets the national HIV/AIDS strategy expectations and the accession requirements</li></ul>
R2: The upgraded and aligned HIV/AIDS-related legal acts adopted by the MOHF	<ul style="list-style-type: none"><li>At least 80% of the of the upgraded and aligned HIV/AIDS legal acts are adopted by the MOHF by the end of the project</li></ul>		
The results linked to Activities 2			
R1: The HIV/AIDS reporting process upgraded and integrated into the national communicable disease reporting system in accordance with the EC HIV/AIDS Action Program	<ul style="list-style-type: none"><li>HIV/AIDS reporting and surveillance data available in the National Reporting System of Communicable Diseases</li></ul>	<ul style="list-style-type: none"><li>Department of Public Health reports</li><li>National HIV/AIDS Commission data base</li><li>Technical assistance reports</li><li>The EC external monitoring reports</li></ul>	<ul style="list-style-type: none"><li>Agreement on the part of the Department of Public Health</li><li>Agreement on the part of the National HIV/AIDS Commission</li><li>Adequate legislation established</li></ul>
R2: The HIV/AIDS monitoring system upgraded and put in line with the EC HIV/AIDS Action Program	<ul style="list-style-type: none"><li>Multi-notification for the same patient less than 1/1000</li><li>Standard coding system for all files applied</li></ul>		
R3: The HIV/AIDS surveillance	<ul style="list-style-type: none"><li>Epidemiological and treatment</li></ul>		



system upgraded and gotten comprehensive and operational to ensure an adequate HIV/AIDS prevention and control response in compliance with the EC HIV/AIDS Action Program's requirements	<ul style="list-style-type: none"> <li>• surveillance data available</li> <li>• Prevention and behavioural surveillance data available</li> </ul>		
<b><i>The results linked to Activities 3</i></b>			
R1: A cohort of professional and non-professional health workers of the HIV/AIDS Regional Centers and the health facilities of their catchment areas, of the day-care health centers in five locations, as well as NGO people trained in the HIV/AIDS prevention and health promotion policies in line with the EC HIV/AIDS Action Program.	<ul style="list-style-type: none"> <li>• 200 people trained, sharing a same overall prevention activities understanding</li> </ul>	<ul style="list-style-type: none"> <li>• Technical assistance reports</li> <li>• The Steering Committee reports</li> <li>• The EC external monitoring reports</li> </ul>	<ul style="list-style-type: none"> <li>• Effective support from the MOHF and the NAC</li> <li>• Effective support from NGOs</li> <li>• The setting-up of new day-care and VCT centers is implemented according to the national Plan of Action 2001-2003</li> </ul>
R2: A pool of professional health workers of the HIV/AIDS Regional Centers trained in Voluntary Counseling and Testing (VCT) in compliance with the EC HIV/AIDS Action Program's requirements	<ul style="list-style-type: none"> <li>• 50 professionals trained for Voluntary Counselling and Testing complying with the EC requirement</li> </ul>		
R3: The staff of the HIV/AIDS Regional Centers and the District Public Health Departments trained in the HIV/AIDS surveillance policies in accordance with the EC HIV/AIDS	<ul style="list-style-type: none"> <li>• 50 professionals trained for epidemiological surveillance complying with EU requirement</li> </ul>		

Action Program's requirements			
R4: The five day-care centers and twelve VCT centers of the HIV/AIDS Regional Centers network gotten operational.	<ul style="list-style-type: none"> <li>• The day-care centers' staff trained; HIV/AIDS health promotion materials are supplied.</li> <li>• The VCT centers' staff trained; HIV/AIDS health promotion materials are supplied.</li> </ul>		
<b>The results linked to Activities 4</b>			
<p>R1: The national safety guidelines for standardization of the HIV/AIDS Regional Centers' laboratory services developed and adopted</p> <p>R2: The identified EC equipment and reagents procured and installed in the HIV/AIDS Regional Centers</p>	<ul style="list-style-type: none"> <li>• The national guidelines are developed by the end of 2004</li> <li>• The national guidelines are in conformity with the requirements of the Decisions No. 1999/11/EEC, No. 2000/54/EEC and No. 1998/79/EEC of the European Council</li> <li>• The national guidelines are adopted by the MOHF before the end of the project</li> <li>• All the EC equipment and reagents are procured and installed before the end of the project</li> </ul>	<ul style="list-style-type: none"> <li>• The technical assistance reports</li> <li>• The Guidelines Working Group reports</li> <li>• The Steering Committee reports.</li> <li>• The MOHF reports on the public health orders adopted</li> <li>• The NAC reports</li> <li>• The HIV/AIDS Regional Centers reports</li> <li>• The EC external monitoring reports</li> </ul>	<ul style="list-style-type: none"> <li>• Effective support from all the national institutions concerned and involved</li> <li>• The actual output meets the national HIV/AIDS strategy expectations and the accession requirements</li> </ul>
<b>Sub-component 2</b>			
<b>Issue 1: To establish regulations for monitoring and evaluation of health status which are compatible with EU legislation</b>			
issue 1 R1 EU guidelines regarding public health including EU decisions No 1400/79/EC and 646/96/EC is integrated into Romanian law	<ul style="list-style-type: none"> <li>• Published legislation</li> <li>• Guidelines made available for all concerned</li> <li>• Regulations for privacy and the integrity of data follow EU</li> </ul>	<ul style="list-style-type: none"> <li>• Legal documents</li> <li>• New guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• The legislation is approved</li> </ul>

	standards		
issue 1 R2 New regulations are applied countrywide	<ul style="list-style-type: none"> <li>• Data published according to the new regulations</li> <li>• Data reported by the private sector</li> </ul>	<ul style="list-style-type: none"> <li>• Documents from PHDs</li> <li>• Documents from private health providers</li> </ul>	<ul style="list-style-type: none"> <li>• Legislation is used countrywide</li> <li>• Material and human means available</li> <li>• Appropriate budget is secured</li> </ul>
<b>Issue 2: Institution building for monitoring and evaluation of NCD</b>			
issue 2 R1 Public health monitoring priorities are set; key monitoring indicators are defined	<ul style="list-style-type: none"> <li>• Data from the pilot</li> <li>• NCD morbidity/mortality data</li> <li>• List of relevant NCD</li> <li>• List of final indicators</li> </ul>	<ul style="list-style-type: none"> <li>• MoHF statistics</li> <li>• MoHF regulations</li> <li>• Sentinel sites reports</li> </ul>	<ul style="list-style-type: none"> <li>• Pilot system was valid</li> </ul>
issue 2 R2 A new organisational structure for a unified monitoring system for CD and NCD is in place	<ul style="list-style-type: none"> <li>• National plan for a new structure</li> <li>• Tasks of the different stakeholders (MoHF and NHIH, different departments in the MoHF)</li> </ul>	<ul style="list-style-type: none"> <li>• Documents from MoHF, IPH, HIH</li> <li>• Outcome of consensus meetings</li> </ul>	
issue 2 R3 Improved monitoring system is established	<ul style="list-style-type: none"> <li>• Number of functioning sentinel sites</li> <li>• Availability of new data</li> <li>• Functioning network of institutions</li> <li>• Quality indicators in line with international standards</li> </ul>	<ul style="list-style-type: none"> <li>• Statistics from sentinel sites</li> <li>• MoHF</li> <li>• Reporting documents (district, region, national)</li> </ul>	<ul style="list-style-type: none"> <li>• All those concerned are participating</li> <li>• Positive assessment of the pilot system</li> <li>• Appropriate training</li> <li>• Knowledge of International standards</li> </ul>
issue 2 R4 Adequate staffing at all levels of the monitoring system, with all staff trained and properly managed	<ul style="list-style-type: none"> <li>• Distribution of staff</li> <li>• Job description</li> <li>• training program</li> <li>• Number of those involved (GPs, epidemiologists, public health and clinical specialists, pathologists, lab</li> </ul>	<ul style="list-style-type: none"> <li>• Staff organigram</li> <li>• Monitoring and evaluation of staff</li> <li>• Documents from MoHF, IPH, HIH</li> <li>• Training plan</li> </ul>	<ul style="list-style-type: none"> <li>• Enough personnel/financial resources available</li> <li>• Appropriate human resource policy is followed</li> </ul>

	<ul style="list-style-type: none"> <li>technicians, staff of reporting system) trained</li> <li>Yearly performance assessment</li> </ul>	<ul style="list-style-type: none"> <li>On the job training reports</li> <li>Job descriptions</li> </ul>	
issue 2 R5 Romanian data are included into EU disease specific networks	<ul style="list-style-type: none"> <li>Membership of at least 2 EU Disease Specific Networks</li> <li>Data from the Romanian Cancer Registry included into ENCR database</li> <li>Regular exchanges with EU disease networks</li> </ul>	<ul style="list-style-type: none"> <li>Membership documents, activity reports</li> </ul>	
<b>Issue 3: Institution building for improving cancer monitoring</b>			
issue 3 R1 An appropriate nation-wide system monitors cancer according to international standards	<ul style="list-style-type: none"> <li>Comprehensive indicators of incidence and mortality</li> <li>Networked structures, appropriate data (IARC compatible), regular reports</li> </ul>	<ul style="list-style-type: none"> <li>Reporting documents (district, region, national)</li> <li>IARC</li> </ul>	<ul style="list-style-type: none"> <li>Human/materials means are made available</li> <li>All cancer related fields are covered and all cancer institutions are involved</li> </ul>
issue 3 R2 Quality assurance is in place at all levels of the monitoring system	<ul style="list-style-type: none"> <li>Quality indicators in line with international standards</li> <li>valid, appropriate, checked information</li> </ul>	<ul style="list-style-type: none"> <li>Reporting documents (district, region, national)</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate training</li> <li>Knowledge of International standards</li> </ul>
issue 3 R3 Data are compatible with international requirements and available on time	<ul style="list-style-type: none"> <li>Internationally accepted definitions and coding systems</li> <li>Date of publication</li> </ul>	<ul style="list-style-type: none"> <li>Latest coding manual</li> <li>National cancer report</li> </ul>	<ul style="list-style-type: none"> <li>International system is used</li> </ul>
issue 3 R4 Data from the cancer registry are used for research and accepted by international organizations (IARC, ENCR)	<ul style="list-style-type: none"> <li>Number of articles (peer reviewed)</li> <li>Inclusion of data in international reports (e.g. Cancer Incidence in Five Continents)</li> </ul>	<ul style="list-style-type: none"> <li>Medical and public health magazines</li> <li>International reports</li> </ul>	
<b>Issue 4: Development of an IT network</b>			
issue 5 R1 IT infrastructure is in	<ul style="list-style-type: none"> <li>Number of functioning hardware</li> </ul>	<ul style="list-style-type: none"> <li>Reports</li> </ul>	<ul style="list-style-type: none"> <li>Telephone network has</li> </ul>

place and functioning properly	and software		sufficient capacity
issue 5 R2 Data are exchanged and used within Romania	<ul style="list-style-type: none"><li>Flow of information</li><li>Feed-back system</li></ul>	<ul style="list-style-type: none"><li>MoHF, DPHD</li><li>H. insurance Houses</li><li>GPs</li></ul>	<ul style="list-style-type: none"><li>Material requirements met</li></ul>
issue 5 R3 Data are exchanged with EU	<ul style="list-style-type: none"><li>Interface between EU and national network specified</li></ul>	<ul style="list-style-type: none"><li>EU reports</li></ul>	<ul style="list-style-type: none"><li>Agreement is reached with the different stakeholders</li></ul>
Issue 5: Improvement of the effectiveness of targeted programs for the prevention and early detection of cancer			
issue 4 R1 Cancer is diagnosed at an earlier stage	<ul style="list-style-type: none"><li>Stage distributions</li></ul>	<ul style="list-style-type: none"><li>Statistical data</li></ul>	<ul style="list-style-type: none"><li>Data on stage distribution are reliable</li></ul>
issue 4 R2 Premature deaths due to cancer are prevented	<ul style="list-style-type: none"><li>Survival rates</li><li>Cancer mortality</li></ul>	<ul style="list-style-type: none"><li>Statistical data</li></ul>	<ul style="list-style-type: none"><li>Cancer and survival data are reliable</li></ul>
issue 4 R3 Reference centres for cancer diagnosis and treatment are reinforced	<ul style="list-style-type: none"><li>Redistribution of patients for diagnosis or treatment</li><li>Number of medical staff trained</li></ul>	<ul style="list-style-type: none"><li>Statistical data on patient flows</li></ul>	<ul style="list-style-type: none"><li>Funding (investment + running costs)</li><li>Reference system functions well</li><li>Good cooperation with other medical units dealing with cancer exists</li></ul>
Activities	Means		Assumptions
Sub-component 1			
1. Upgrading the legal framework of the national HIV/AIDS strategy through putting it into line with the European Community legislation in the field			
1.5 Development and adoption of the alternative proposals for upgrading the national HIV/AIDS legislation in view of its aligning to the EC acquis	<ul style="list-style-type: none"><li>Technical assistance contract</li><li>Multisectoral workshops and forums</li><li>Information acquired under the Study tour in the EC countries</li></ul>		<ul style="list-style-type: none"><li>Effective cooperation with the MOHF, NAC and the NAMSC</li><li>The upgraded and rationalized legal acts are approved and adopted by the MOHF before the end of the project</li><li>The study tour program encompasses the legal aspects of all the components of the EC Action Program on HIV/AIDS</li></ul>

1.4 Organization of a study tour to the EU Member States for familiarizing with the application of the EC legislation related to the HIV/AIDS Action Program	<ul style="list-style-type: none"><li>• Technical assistance contract</li></ul>	
1.3 Analysis of the compliance of the existing national HIV/AIDS-related legislation with the respective EC legal requirements	<ul style="list-style-type: none"><li>• Technical assistance contract</li><li>• Collection and systematisation of the EC relevant legal acts.</li><li>• Multisectoral workshops and forums</li></ul>	<ul style="list-style-type: none"><li>• The core membership of the Steering Committee is represented by the NAC, MOHF and NAMSC</li></ul>
1.2 Analysis of the existing HIV/AIDS-related general and public health legal framework in Romania	<ul style="list-style-type: none"><li>• Technical assistance contract</li><li>• Provision by the Romanian Government of the relevant national legal acts</li><li>• Multisectoral workshops and forums</li></ul>	
1.1 Establishment of the Project Steering Committee	<ul style="list-style-type: none"><li>• Assisting the NAC and the MOHF in identifying the Steering Committee’s members</li><li>• Assisting the Steering Committee identified in drawing up the Terms of Reference for it</li><li>• Organizing and holding the project’s “kick off” meeting</li></ul>	
<b>2. Upgrading the existing HIV/AIDS surveillance, monitoring, reporting and data analysis system in order to align it to the principles established in the EC HIV/AIDS action program.</b>		
2.5 Development of a scheme for HIV/AIDS surveillance data collecting, transmission, compiling, processing, analyzing, using and dissemination	<ul style="list-style-type: none"><li>• Collaboration Covenant with "Improvement of the efficiency of the Romanian System for Epidemiological Surveillance an Control of Communicable Disease" Phare project</li><li>• Technical Assistance contract</li></ul>	<ul style="list-style-type: none"><li>• Effective co-operation with the different bodies of the MoH involved in the project:<ul style="list-style-type: none"><li>- Department of Public Health</li><li>- National HIV/AIDS Commission</li><li>- HIV/AIDS Regional Centers</li></ul></li></ul>

2.4 Revision and improvement of the HIV/AIDS data processing within the computerized circuit of the HIV/AIDS Regional Centers	• Technical Assistance contract	
2.3 Revision and upgrading of the existing national HIV/AIDS reported-cases data base	• Technical Assistance contract	
2.2 Implementation of the proposed HIV/AIDS surveillance system in the pilot regions and its assessment	• Technical Assistance contract	
2.1 Development of the framework of data collecting for the needs of HIV/AIDS epidemiological, treatment, preventive health care and behavioral surveillance	• Technical Assistance contract	
<b><i>3. Enhancing the knowledge and capacities of professional and non-professional health workers of the HIV/AIDS Regional Centers , the health facilities of their catchment areas, day-care centers, VCT centers and NGO in HIV/AIDS surveillance, counseling and prevention in accordance with the European Community HIV/AIDS Action Program.</i></b>		
3.5 Assessment of the practical impact of the enhancement policies on HIV/AIDS surveillance, counseling and prevention performance	• Technical Assistance contract	<ul style="list-style-type: none"> <li>• Effective co-operation with the different bodies of the MoH involved in the project: <ul style="list-style-type: none"> <li>- Department of Public Health</li> <li>- National HIV/AIDS Commission</li> <li>- HIV/AIDS Regional Centers</li> </ul> </li> <li>• Availability of personnel</li> </ul>

3.4 Strengthening the capacities of five day-care centers of the HIV/AIDS Regional Centers network	<ul style="list-style-type: none"><li>• Technical Assistance contract</li></ul>	
3.3 Strengthening the capacities of twelve VCT centers of the HIV/AIDS Regional Centers network.	<ul style="list-style-type: none"><li>• Technical Assistance contract</li></ul>	
3.2 Implementation of the training courses for the professional and non-professional health workers of the HIV/AIDS Regional Centers, the health facilities of their catchment areas, day-care centers, VCT centers and NGO	<ul style="list-style-type: none"><li>• Covenant with local and international training partner</li><li>• Technical Assistance contract</li></ul>	
3.1 Analysis of the training needs in HIV/AIDS surveillance and prevention policies Development of the necessary training programs, modules, schedules and materials	<ul style="list-style-type: none"><li>• Covenant with local and international training partner</li><li>• Technical Assistance contract</li><li>• Collaboration Covenant with "Improvement of the efficiency of the Romanian System for Epidemiological Surveillance and Control of Communicable Disease" Phare project</li></ul>	
<b>4. Upgrading and strengthening the laboratory services of the HIV/AIDS Regional Centers in compliance with the EC standards for functioning of HIV/AIDS laboratories (Decisions N° 2000/54/EEC, 97/59/EEC, 95/30/EEC, 90/679/EEC)</b>		
4.4 Equipping the laboratories of the HIV/AIDS Regional Centers in accordance with the needs identified in the IB component	<ul style="list-style-type: none"><li>• Investment contract</li></ul>	<ul style="list-style-type: none"><li>• Effective cooperation with the MOHF, NAC and the NAMSC The upgraded and rationalized legal acts are approved and adopted by the MOHF before the end of the project</li><li>• Effective cooperation with the NAC, NAMSC, MOHF, HIV/AIDS Regional Centers and</li></ul>

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4.3 Development of the national guidelines for standardization of the laboratory services of HIV/AIDS Regional Centers in compliance with the EC requirements	<ul style="list-style-type: none"><li>• Technical assistance contract</li><li>• Guidelines Working Group</li><li>• Multisectoral workshops</li></ul>	
4.2 Analysis of the compliance of the existing laboratory equipment and conditions of its use in the HIV/AIDS Regional Centers in compliance with the EC requirements	<ul style="list-style-type: none"><li>• Technical assistance contract</li><li>• The EC regulating documents on the principles of good laboratory practice, functioning of HIV/AIDS laboratories and the standardization of equipment and reagents used</li><li>• Multisectoral workshops</li></ul>	
4.1 Assessment of the existing HIV/AIDS diagnostic and treatment-related laboratory equipment in the HIV/AIDS Regional Centers, the conditions of its use and needs	<ul style="list-style-type: none"><li>• Technical assistance contract</li><li>• Inventory lists of equipment</li><li>• Technical maintenance contracts</li><li>• Specifications of national standards for laboratory equipment and its use</li><li>• National guidelines for HIV/AIDS and assimilated laboratories</li><li>• Data on the average annual number of HIV/AIDS tests planned and practiced per type of testing and per Regional Center</li></ul>	
<b>Sub-component 2</b> <b><i>Issue 1: To establish regulations for monitoring and evaluation of health status which are compatible with EU legislation</i></b>		

issue 1 A1 Assessment of existing legislation and regulations	<ul style="list-style-type: none"> <li>• Reviewing the existing Romanian legal documents, working group sessions</li> <li>• External assistance</li> <li>• Reviewing the EU decisions, recommendations and guidelines of EU through documents, internet, external sources</li> </ul>	<ul style="list-style-type: none"> <li>• Legislation encompasses all aspects of NCD</li> </ul>
issue 1 A2 Preparation of a proposal for the revision of MoHF Regulation no 219/ June 1980 on cancer registration and other applicable laws and regulations	<ul style="list-style-type: none"> <li>• Organising consensus meeting</li> <li>• Organising steering committee meetings</li> <li>• Adopting regulation compatible with EU requirement</li> </ul>	
issue 1 A3 Distribution of tasks/duties at central, district and local level	<ul style="list-style-type: none"> <li>• Organising meetings and working group sessions</li> <li>• Disseminating the new guidelines/regulations</li> <li>• Defined respective tasks of MoHF and NHIH, different departments in the MoHF</li> </ul>	<ul style="list-style-type: none"> <li>• Agreement between MoHF and NHIH is put in force</li> <li>• Local competence available</li> </ul>
<b>Issue 2: Institution building for monitoring and evaluation of NCD</b>		
issue 2 A1 Assessment of the existing monitoring system for NCD	<ul style="list-style-type: none"> <li>• Investigating structure of public health authorities</li> <li>• Performing field assessment/organising key informant meetings</li> <li>• Reviewing input/process/output of the existing system</li> <li>• External assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement of relevant resource persons</li> <li>• Funding (EU contribution)</li> </ul>
issue 2 A2 Assessment of the existing qualification/number of staff involved	<ul style="list-style-type: none"> <li>• Reviewing the staff qualification/performance</li> </ul>	

issue 2 A3      Definition of public health priorities; Selection of monitoring indicators	<ul style="list-style-type: none"> <li>• Literature review</li> <li>• Reviewing existing morbidity/mortality data for NCD</li> <li>• Organising consensus conferences to select diseases/ indicators to be monitored</li> </ul>	<ul style="list-style-type: none"> <li>• MoHF regulations and public health data</li> <li>• Data are valid</li> <li>• Clear public health policy</li> <li>• Use of pre-existing and/or demographic data</li> </ul>
issue 2 A4      Design of an adjusted organisational structure for health monitoring and evaluation	<ul style="list-style-type: none"> <li>• Establishing a National Centre for Disease Surveillance and Control with the overall responsibility of data collection, utilisation and reporting and evaluation</li> <li>• Giving new functions to the 4 IPH including managerial ones</li> <li>• Developing close ties between the different streams of information</li> <li>• Provision of funding to the monitoring system</li> </ul>	<ul style="list-style-type: none"> <li>• Consensus is reached</li> <li>• Vertical programs acceptance</li> <li>• Acceptance and utilisation of the national plan</li> <li>• Budget available</li> </ul>
issue 2 A5      Design of a new monitoring system for NCD	<ul style="list-style-type: none"> <li>• Collecting priority/relevant indicators</li> <li>• Updating staff knowledge and material capacity</li> <li>• Involving stakeholders</li> <li>• Setting up of an effective control mechanism to respect quality standards</li> <li>• Performing supervision</li> <li>• Setting quality standards</li> <li>• Designing computer checks</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate equipment and software</li> <li>• Qualified staff</li> </ul>
issue 2 A6      Executing pilot activities in selected sites	<ul style="list-style-type: none"> <li>• Using revised new set of data/reporting/treatment</li> <li>• Organising feed-back</li> <li>• New monitoring tested in pilot areas</li> <li>• New monitoring evaluated in pilot areas</li> <li>• Develop standard tools for data analysis and prepare a National Surveillance Manual</li> </ul>	<ul style="list-style-type: none"> <li>• Approval from authorities and MoHF/HH order</li> <li>• District where pilot is implemented</li> <li>• Proper funding</li> </ul>

issue 2 A7      Implementati on of the new system for NCD	<ul style="list-style-type: none"> <li>• Making a plan for the implementation of the national system</li> <li>• Establishing clear lines of responsibility/activity between the different levels of the monitoring system</li> <li>• Putting in force new regulations</li> <li>• Including private providers</li> <li>• Establishing effective feedback and supervision mechanism within the public health surveillance system</li> </ul>	<ul style="list-style-type: none"> <li>• National plan is approved</li> <li>• Agreement from the stake-holders</li> </ul>
issue 2 A8      Design and implementation of a Human Resource Policy	<ul style="list-style-type: none"> <li>• Making a plan for</li> <li>• job descriptions, training, evaluation</li> <li>• Application of appropriate management rules</li> </ul>	
issue 2 A9      Design and implementation of a training plan	<ul style="list-style-type: none"> <li>• Organising training courses at national, regional and district levels</li> <li>• Participation at relevant EU Training Courses</li> <li>• Organisation of study tours to EU Member States</li> </ul>	
<b><i>Issue 3: Institution building for improving cancer monitoring</i></b>		
issue 3 A1      Assessment of existing reporting system for cancer at district, regional, national levels (including assessment of existing staffing, equipment, financing)	<ul style="list-style-type: none"> <li>• Reviewing existing docs/experts advise/ performing field assessment</li> <li>• Acquiring complementary information</li> <li>• External assistance</li> </ul>	<ul style="list-style-type: none"> <li>• External contribution</li> </ul>
issue 3 A2      Familiarization with reporting systems in other countries	<ul style="list-style-type: none"> <li>• Reviewing international literature</li> <li>• Organising study tours</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of international standards</li> <li>• Funding</li> </ul>
issue 3 A3      Definition and utilisation of standardized coding methods	<ul style="list-style-type: none"> <li>• Organising consensus meetings</li> <li>• Preparing (a) new coding form(s)</li> <li>• Preparing a new Coding Manual</li> <li>• Translating TNM classification</li> </ul>	

<b>issue 3 A4    <i>Design of a new monitoring system for cancer</i></b>	<ul style="list-style-type: none"> <li>• Integrating data flows from different sources (pathology labs, hospital discharge data, death certificates, etc)</li> <li>• Improving collaboration and exchanges of information between cancer specialists and GPs</li> <li>• Including private providers and GPs</li> <li>• Setting up an effective control mechanism to respect quality standards</li> <li>• External assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Data from other sources are available</li> </ul>
issue 3 A5    Executing pilot activities in 5 selected sites	<ul style="list-style-type: none"> <li>• Using revised new set of data/reporting/treatment</li> <li>• Organising feed-back</li> <li>• Testing the new system in pilot areas</li> <li>• Evaluating the new system</li> <li>• Developing standard tools for data analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Approval from authorities and MoHF/HH order</li> <li>• District where pilot is implemented</li> <li>• Proper funding</li> </ul>
issue 3 A6    Implementation of the new system	<ul style="list-style-type: none"> <li>• Drawing a plan for the implementation of the new system</li> <li>• Establishing clear lines of responsibility/activity between the different levels of the new system</li> <li>• Putting in force new regulations</li> <li>• Including private providers</li> <li>• Establishing effective feedback and supervision mechanisms within the new system</li> <li>• Training of personnel</li> <li>• Utilising updated forms nation-wide</li> <li>• Disseminating/implementing international standards throughout the system</li> <li>• Establishing exchange mechanisms between all cancer institutes</li> </ul>	<ul style="list-style-type: none"> <li>• National plan is approved</li> <li>• Agreement from the stakeholders</li> </ul>
<b>Issue 4: Development of an IT network</b>		
issue 5 A1    Assessment of the existing information system and its IT network	<ul style="list-style-type: none"> <li>• Collecting information from districts, MoHF, IPHs, National Centre for Health Statistics</li> <li>• Assessing the communication system and technical infrastructure</li> <li>• External/local assistance</li> </ul>	<ul style="list-style-type: none"> <li>• External contribution</li> </ul>

issue 5 A2 Definition of information requirements and decide on development scenario	<ul style="list-style-type: none"> <li>• Consensus conference</li> <li>• National conference</li> <li>• External/local assistance</li> </ul>	
issue 5 A3 Development of new software for NCD and for cancer registry	<ul style="list-style-type: none"> <li>• Preparing tender dossier</li> <li>• Contracting</li> <li>• External/local assistance</li> </ul>	
issue 5 A4 Design of a national IT network including hardware	<ul style="list-style-type: none"> <li>• Organising committee meetings, working group sessions</li> <li>• Proposing time frame, equipment, financing</li> <li>• Preparing tender dossier and contracting</li> <li>• External/local assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Consensus reached</li> </ul>
issue 5 A5 Establishment of a IT network in pilot areas, including hardware installation	<ul style="list-style-type: none"> <li>• Installing equipment and software in pilot areas</li> </ul>	
issue 5 A6 Installing of hardware and software	<ul style="list-style-type: none"> <li>• Providing PC network, peripheral equipment, interface to Internet, software</li> <li>• Putting in force maintenance/guarantee/support contracts</li> <li>• Carefully selecting providers and equipment</li> </ul>	
<b><i>Issue 5: Improvement of the effectiveness of targeted programs for the prevention and early detection of cancer</i></b>		
issue 4 A1 Assessment of the current national cancer prevention program(s) (including assessment of existing staffing, equipment, financing)	<ul style="list-style-type: none"> <li>• Reviewing existing docs/experts advise/ performing field assessment</li> <li>• Acquiring complementary information</li> </ul>	
issue 4 A2 Design of a national plan for cancer reference	<ul style="list-style-type: none"> <li>• Consensus conference</li> <li>• Equipping the reference centres</li> <li>• Developing guidelines for diagnosis and treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Political agreement</li> <li>• Agreement between professionals</li> </ul>

issue 4 A3 Consolidating the existing cancer projects	<ul style="list-style-type: none"> <li>• Consensus meetings</li> <li>• Better identifying/monitoring cancer risk factors (smoking, alcohol, diet, occupational hazards, etc.)</li> <li>• Designing an IEC-program to increase cancer awareness</li> <li>• Mobilizing media and the different stakeholders for better health education</li> <li>• Encouraging earlier consultation of medical professionals</li> <li>• Improving follow-up for cancer patients (better recording, etc)</li> </ul>	<ul style="list-style-type: none"> <li>• Political will</li> <li>• Population at-risk is focused</li> <li>• Reliable cancer incidence/mortality data are available</li> </ul>
issue 4 A4 Reinforcement of the cervical cancer screening programme	<ul style="list-style-type: none"> <li>• Review of pilot screening programmes</li> <li>• Training of doctors and/or other involved health professionals</li> <li>• Providing appropriate laboratory equipment, treatment facilities/equipment</li> <li>• Educating cytopathologists</li> <li>• Funding</li> </ul>	<ul style="list-style-type: none"> <li>• Consensus on screening methods</li> <li>• Quality control system implemented</li> <li>• Effective treatments are available and the local health services are able to handle the additional disease burden resulting from early detection</li> <li>• Ethical issues are solved</li> </ul>
issue 4 A5 Definition of (a) programme(s) for early detection of (breast) cancer	<ul style="list-style-type: none"> <li>• Reviewing international literature</li> <li>• Organising pilot surveys with cost effectiveness assessment</li> <li>• Defining screening methodology (self examination, clinical examination, mammogram, etc)</li> <li>• Training doctors or other health professionals</li> <li>• Providing appropriate laboratory equipment, treatment facilities/equipment</li> </ul>	<ul style="list-style-type: none"> <li>• In Romania, (breast) screening is proved to be: <ul style="list-style-type: none"> <li>○ cost effective</li> <li>○ affordable</li> </ul> </li> <li>• Quality control system implemented <ul style="list-style-type: none"> <li>• effective treatments are available and the local health services are able to handle the additional disease burden resulting from early detection</li> </ul> </li> <li>• Ethical issues are solved</li> </ul>

issue 4 A6 Identification of types of cancer susceptible to better treatment	<ul style="list-style-type: none"> <li>• Organising cancer experts conference</li> <li>• Using international references.</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis and treatment facilities available and affordable</li> </ul>
	<b>Preconditions</b>	
	<p><b>Sub-component 1</b></p> <ul style="list-style-type: none"> <li>• The Romanian Government is committed to align the national public health and social sector legislation to the EC acquis in accordance with the Decision No. 6/98 of the European Council.</li> <li>• The Romanian Government is clearly committed to ensure the compliance of the national HIV/AIDS legislation with the main lines of the EC Action Program on the prevention of HIV/AIDS and other communicable diseases regulated by the Decision No. 96/647/EC of the European Parliament and the Council</li> <li>• The Romanian Government is committed (the Decision No. 6/98 of the European Council) to align the national public health programs and, in particular, the National HIV/AIDS Program, to the EC requirements including those in relation to the functioning of HIV/AIDS laboratories (Decisions No. 2000/54/EEC, 97/59/EEC, 95/30/EEC, 90/679/EEC)</li> </ul> <p><b>Sub-component 2</b></p> <ul style="list-style-type: none"> <li>• Steering Committee representing all stakeholders in place</li> <li>• Stakeholders are committed to the project</li> <li>• Financing assured</li> <li>• Infrastructure appropriate</li> <li>• National consensus on prevention policy</li> </ul>	



## ANNEX 2: DETAILED TIME IMPLEMENTATION CHART FOR PROJECT NUMBER RO-2002/000-586.04.11

**Information management, Control and Prevention of HIV/AIDS and non-communicable Diseases**  
*(STRENGTHENING INFORMATION MANAGEMENT, PREVENTION AND CONTROL IN THE FIELD OF HIV/AIDS AND NON-COMMUNICABLE DISEASES (NCD) TO COMPLY WITH THE EUROPEAN COMMUNITY REQUIREMENTS AND STANDARDS)*

	2002			2003												2004												2005											
Calendar months	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Activities																																							
Sub-component 1																																							
1.1 Establishment of the Project Steering Committee				D	D	D	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I				
1.2 Analysis of the existing HIV/AIDS-related general and public health legal framework in Romania					D	D	D	D	D	D	C	C	C	C	C	C	C	I	I	I	I	I	I	I	I	I													
1.3 Analysis of the compliance of the existing national HIV/AIDS-related legislation with the respective EC legal requirements					D	D	D	D	D	D	C	C	C	C	C	C	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I					

## ANNEX 2: DETAILED TIME IMPLEMENTATION CHART FOR PROJECT NUMBER RO-2002/000-586.04.11

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## ANNEX 2: DETAILED TIME IMPLEMENTATION CHART FOR PROJECT NUMBER RO-2002/000-586.04.11

issue 5 A4    Reinforcem ent of the cervical cancer screening programme																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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### ANNEX 3: CUMULATIVE CONTRACTING AND DISBURSEMENT SCHEDULE (MEURO 6.040)

<b>Information management, Control and Prevention of HIV/AIDS and non-communicable Diseases</b> (STRENGTHENING INFORMATION MANAGEMENT, PREVENTION AND CONTROL IN THE FIELD OF HIV/AIDS AND NON COMMUNICABLE DISEASES (NCD) TO COMPLY WITH THE EUROPEAN COMMUNITY REQUIREMENTS AND STANDARDS)												
<b>DATE:</b>												
	31/03/0 3	30/06/0 3	30/09/0 3	31/12/0 3	31/03/0 4	30/06/0 4	30/09/0 4	31/12/0 4	31/03/0 5	30/06/0 5	30/09/0 5	31/12/0 5
<i>Sub-component 1</i>												
<b>CONTRACTED</b>		2.000	2.250	2.500	3.000	3.450						
<b>DISBURSEMENT</b>			0,170	1,750	1,830	1,910	1,980	3,250	3,400	3,450		
<i>Sub-component 2</i>												
<b>CONTRACTED</b>		0,890	1,510	1,510	1,710	1,950	2,370					
<b>DISBURSEMENT</b>			0,250	0,550	0,820	1,300	1,510	1,690	1,820	1,940	2,000	2,370

### ANNEX 3: CUMULATIVE CONTRACTING AND DISBURSEMENT SCHEDULE (MEURO 6.040)

- NB: 1. *All contracting should normally be completed within 6-12 months and **must** be completed within 24 months of signature of the FM.*
2. *All disbursements **must** be completed within 36 months of signature of the FM.*