

PHARE 2001
STANDARD SUMMARY PROJECT FICHE

1. Basic Information

- 1.1 **Désirée Number:** RO.0107.14
- 1.2 **Title:** Improvement of the efficiency of the Romanian system for epidemiological surveillance and control of communicable diseases
- 1.3 **Sector:** Health
- 1.4 **Twinning component:** N/A
- 1.5 **Location:** Romania

2. Objectives

2.1 Overall Objective(s):

To facilitate the implementation of the Council Decision 2119/98/EC in Romania by strengthening the surveillance and control network for communicable diseases.

2.2 Project purpose:

1. Revision of the existing legislation to strengthen the framework of National Structure for the Surveillance, Control and Prevention of Infectious Diseases
2. Revision of function, organisational structure and financing of the epidemiological surveillance and reporting system and establishing a National Action Plan for surveillance and control
3. Improvement of the national reporting system for communicable diseases
4. Implementation of a compatible electronic system for collecting data, for future integration in European Union
5. Evaluation and as appropriate improvement of the laboratories for the diagnosis of infectious diseases
6. Improving the level of knowledge of staff epidemiologists, microbiologists, lab technicians, staff of reporting system, health promoters, educators
7. Establishment of mutual co-operation with other EU national focal points and reference laboratories

2.3 Accession Partnership and NPAA priority

The reference in the Accession Partnership to public health is: “**Employment and social affairs:** align to European Union legislation in the field of occupational health and safety (including the framework directive), labor law, equal opportunities and public health; reinforce the related administrative structures”.

The public health related acquis, which Romania should adopt, consists mainly in:

- the Council Decision 2119/98/EC of the European Parliament and the Council of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community
- the Commission Decision of 22 December 1999 on the communicable diseases to be progressively covered by the Community Network under Decision no. 2119/98/EC (Document No. 2000/96/EC).

The following documents complement the aforementioned Council and Commission Decisions:

- Commission Decision of 22 December 1999 on the early warning and response system for the prevention and control of communicable diseases Decision no. 2119/98/EC (Document No. 2000/57/EC).
- Progress Report on the Network for the Epidemiological Surveillance and control of Communicable Diseases in the Community, dated 07.09.2000 (Document No. COM(2000)471 final
- Management Summary of the European Commission Interchange of Data between Administrations - EUPHIN
- Description of the EU - Network: Health Surveillance System for Communicable Diseases (Document Version 1.3 10/04/2001)

2.4 Contribution to National Development Plan
Not applicable

2.5 Cross Border Impact
Not applicable

3. Description

3.1 Background and justification:

Public health policy is made and applied by the Romanian Ministry of Health and Family, which identified 34 National Programs of Public Health. They are considered as priority programmes and are included in Law 100/98.

In Romania the infectious diseases represent a public health problem representing an important cause of morbidity and mortality then other European countries for some diseases such: HIV/AIDS, Viral Hepatitis, Meningitis, STDs. The incidence of TB increased to 104,1‰ in 1999 by 101,2 ‰ in 1998. Syphilis increased to 36,9‰ in 1999 compared with 34,5‰ in 1998. Viral Hepatitis increased to 99,7‰ in 1999-compared 74,0‰ in 1998.

The Romanian public health authorities recognise the importance of Surveillance as essential to the effective detection, monitoring and control of infectious diseases. In order to maintain and to improve the response to these threats to the health it is required the commitment to support the system of surveillance and control of the communicable diseases at the local and national level.

The Romanian surveillance system has the following roles: to estimate the incidence and the prevalence of the diseases; to obtain a “base-line” and a standardized “ alert-system”; to control and prevent outbreaks and to make prognosis

- In accordance with the Law 100/1998 of Public Health Assistance and the Order No. 8/01 2000, the MoHF through the General Department of Public Health organised among others six National Epidemiological Surveillance Programs for prevention and control of the main priority communicable diseases countrywide (inter alia for TB, Hepatitis B, Poliomyelitis, Diphtheria, Tetanus, Convulsive Cough (Pertusis), Measles, HIV/AIDS, STDs and nosocomial infections. These ongoing programmes

are financed by the State budget and the special fund for health of the Ministry of Health.

The main public health institutions (under supervision of General Directorate of Public Health, GDPH) responsible for the implementation of the epidemiological programs are the following:

- Unit of Preventive Medicine of GDPH;
- District Directorate of Public Health of Bucharest;
- Institute of Public Health of Bucharest;
- Institute of Infectious Diseases "Matei Bals" from Bucharest;
- Institutes of Public Health from Cluj, Iasi, Timisoara;
- District Public Health Directorates (Units of surveillance of communicable diseases);
- Infectious diseases hospitals;
- National, Regional, Reference and District Laboratories.

The current reporting System of Communicable Diseases in Romania includes: diseases preventable by vaccination; STDs; Viral Hepatitis; Food and water borne diseases and diseases of environment origin;. Other diseases: airborne diseases, zoonosis and serious imported diseases (cholera, plague, and malaria) are as well recognised in the system.

A consistent and effective reporting system is presently not existing. Family doctors, policlinics and hospitals of infectious diseases notify the respective District Directorates of Public Health by telephone or by forms in the case of certain defined communicable diseases. Recording and analysis of data is done at Institutes of Public Health, at MoHF Department of Public Health and in the individual National Programmes. Weekly reported data (sentinel surveillance) are transmitted by telephone from DPHD to both the respective regional Institute of Public Health and the MoHF Department of Public Health. In addition forms are used for a number of communicable diseases. The actual cases of the sentinel surveillance system are regularly entered in individual computer databases in MoHF Department of Public Health. The databases are based on MS-ACCESS and WHO EPI (6)-INFO software.

The main problems identified in the current system of reporting and surveillance of communicable diseases are:

- Lack of the legislation in the field of public health harmonised with the EU legislation in this field.
- Lack of a National Committee for epidemiological surveillance to act as national reference and communication centre for regional and district levels and for co-operation with the EU network.
- Absence of a programme for continuing training in the field of epidemiology.
- Absence of a training programme and appropriate PC software for specialists in the field of prognosis elaboration which could permit the easy and early detection of an important event for the health of the population.
- Limited possibilities for rapid and efficient communication between local, regional and national levels.
- Lack of a surveillance system for certain categories of diseases: Haemophilus Influenza Group b, Campylobacter, Yersinia, Pneumococcus infectious diseases, haemorrhagic fevers, microbial resistance to antibiotics.
- The lack of standard case definitions for a big number of priority infectious diseases
- Lack of effective laboratory referral system.

- The reduced capacity of the regional laboratories to sustain with a precise diagnosis the surveillance system for the above mentioned diseases because of the lack of expertise in some fields or because of material/financial problems.
- The lack of financial capacity of the national reference laboratories for making the diagnosis for a number of diseases which are covered by the Council Decision 2119/98/EC or to utilise quick methods of diagnosis.
- Lack of consistent reporting protocols.
- Inadequate physical infrastructure and utilities of laboratories to accommodate and operate sophisticated equipment
- Lack of a safe, reliable and timely handling system for specimen.
- Acute absence of personnel and means of transportation in order to arrive quickly at the place of epidemics for the field survey (outbreak investigations).

The programme has as main aim to increase the efficiency and the quality of the surveillance system of the main communicable diseases in order to detect early any disease outbreaks or epidemics and to set up the appropriate control measures. One of the main objectives of the Romanian Ministry of Health and Family is the accession of Romania to the Community Network for epidemiological surveillance according to the Council Decision No. 2119/98/EC.

3.2 Linked activities:

- PHARE Project RO 91 06: Support to the National Program for Immunization.
- WHO - Assessment of the existing Surveillance system in Romania. The WHO Liaison Office in Bucharest recently initiated a countrywide assessment study of the existing surveillance system in Romania. Funding has been approved and the study is scheduled to take place in October/November 2001. During the study the elements of the present surveillance system will be inventorised and qualitatively and quantitatively analyzed. Thus the results of the assessment will constitute an important basis of information for the development of the proposed PHARE Epidemiological Surveillance Programme. Scarce resources can be saved during the initial assessment phase and utilized more effectively in the development and implementation stages of the Programme. The programme activities compiled in Section 3.4 ensure that duplication of activities of both measures will be avoided.

3.3 Results:

The following results are expected at the end of the project phase. They refer to the project purposes, compiled in Section 2.2:

Legislation for the integration of EU Council decision 2119/98/EC approved and responsible committee established

1.2 Commitment of MoHF for the provision of continuous funding to sustain the system is part of the legislative framework.

1.3 Commitment of MoHF for the provision of human resources to run the system is part of the legislative framework.

2.1 National Action Plan for strengthening of the Epidemiological Surveillance System in Romania is established

2.2 Financial management structure for the Epidemiological Surveillance System is in place and approved

2.3 Qualified key personnel is in position on a permanent basis

3.1 National Reporting System for communicable diseases, compatible with EU standards, is developed and approved

3.2 Notification priority diseases is established

3.3 Quality assurance components for the reporting system is in place: an efficient and rapid notification of creditable information to those authorities and contact points who need to know it

4.1 Concept for a EU - compatible national reporting and networking telematic infrastructure is developed

4.2 Telematic networks are established in pilot areas

4.3 Plan for the extension of the telematic network is developed, including financing of investment and operational costs

5.1 Laboratories in pilot areas are renovated and equipped and are able to carry out diagnosis of priority diseases

5.2 Safety guidelines and regulations and the appropriate infrastructure for staff handling communicable disease specimen are introduced

5.3 Plan for the extension of the laboratory network is developed, including financing of investment and operational costs

6.1 Qualified staff at all levels of the Epidemiological Surveillance System is available in pilot areas

6.2 Training plan for the future qualification of actors is developed, including financing of investment and operational costs

7.1 Authority / institution nominated with mandate to join the EU Committee for the implementation of Decision 2119/98/EC

7.2 Romanian Epidemiological Surveillance System participates in relevant EU Disease Specific Networks

7.3 Romanian Epidemiological Surveillance System is member of the EU telematic network EUPHIN - HSSCD

3.4 Activities:

Stage 1: Inventory and assessment of the existing epidemiological surveillance and control activities in Romania

Stage 1.1 Institution Building

- Establishment of a Steering Committee for Project
- Analysis of the current situation:
The existing epidemiological and reporting structure will be assessed by the WHO assessment study (see Section 3.2): The following elements will be assessed within the PHARE Project to complement the findings of the WHO study:
 - assessment of existing legislation
 - assessment of existing financing system and management
 - assessment of existing telematic network
 - assessment of existing laboratory equipment
 - assessment of physical infrastructure of public health laboratories

Stage 2: Development and adoption of a national framework for a Epidemiological Surveillance System with international links and based on EU standards

Stage 2.1 Institution Building

- Familiarisation with epidemiological surveillance systems in selected EU Member States
- Preparation of a proposal for the strengthening of legislation and organisational structure. Assistance for the revision of the existing Romanian legislation related to reporting of communicable diseases (Government Ordinance 53/2000 and Order of the Ministry of Health no. 8/6.01.2000). Definition of the financing mechanism and determination of long - term operational costs of the newly implemented surveillance system. Development of a human resources plan including training measures necessary for sustaining the newly implemented surveillance system

Stage 3: Development and implementation of a provisional surveillance system for selected priority diseases in selected pilot areas

Stage 3.1 Institution Building

- Determination of priority diseases on the basis of the public health importance of presently existing adverse health events (diseases or health condition under surveillance). Important categories to be considered for the selection of priority diseases are:
 - categories compiled in EU Council Decision No. 2119/98/EC, Annex
 - criteria for selection of communicable diseases, compiled in Commission Decision (2000/96/EC) of 22.12.1999, Annex II
 - total number of cases, incidence, prevalence and regional occurrence;
 - indices of severity such as mortality rate and case-fatality ratio;
 - preventability;
 - max. 10 diseases
- Determination of pilot areas on the basis of the results of the assessment of the components of the existing surveillance system and its application in the various districts. Pilot areas can be individual districts in different parts of the country or they can be composed of a cluster of neighbouring districts or they can comprise of the districts of entire health regions. The pilot areas should include a mix of districts with a poorly functioning surveillance system (2/3 of total number of selected districts) and districts with an advanced surveillance system (1/3 of total number of selected districts). Important components to be considered for the selection of pilot areas are:
 - population under surveillance
 - provision of surveillance information: data sources, type of information, transmission, storage and analysis of data, timeliness of reporting
 - level of usefulness of actions taken as a result of the data from the surveillance system
 - resources used to operate the system: condition of laboratories involved in diagnostics of communicable diseases; availability and condition of telematic equipment; personnel involved; funds used and financial management
 - max. 10 districts in min. 2 health regions
- Registration and membership in EU Network Committee
- Registration and membership in EU Disease Specific Networks
- Setting up national standard case definitions

- Establishment of standardised and EU compatible reporting format including quality control. For some rare diseases, this may require international laboratory networks outside the country serving as the reference, e.g. EU Disease Specific Networks with international Operating Hubs.
- Development of a National Action Plan and Guidelines:
Development of organisational structure of a provisional epidemiological surveillance system, based on the previously approved legislative framework; Definition of tasks and description of relationship between authorities and institutions involved in the system; Definition of role and function of national referral centres for communicable diseases; Definition of tasks and development of a referral system of laboratories involved in the system.
- Registration and membership in EU telematic network
- Participation at international epidemiological and laboratory training courses
- Improvement of quality control in laboratory diagnosis

Stage 3.2 Investments

- Development and introduction of standards for physical infrastructure and safety
- Renovation of selected laboratories (will be financed from the Romanian national contribution)
- Equipping of selected laboratories
- Development of a national telematic networking system
- Equipping of telematic user stations

Stage 4: Development of a concept for adaptation and future expansion of the provisional surveillance system to a national Epidemiological Surveillance System with an increased number of diseases treated and a countrywide coverage.

Stage 4.1 Institution Building

- Development of plan for extension of the telematic network
- Development of a plan for the extension of the laboratory network
- Assessment of staff performance
- Organisation of training courses
- Development of a training plan for the extension of the surveillance system

4. Institutional Framework

The project is run by MoHF under the Directorate of Public Health with its Department of Preventive Medicine. From the start of the project there will be set-up the Steering Committee which will take over the supervisory responsibility. In the course of the project it is expected that the institution building process eventually lead to the establishment of a National Epidemiological Surveillance Committee.

National Reference Laboratories, Institutes of Public Health, District Public Health Directorates, Hospitals for Infectious Diseases, the Centre for Computing and Health Statistics are potential institutions to be involved in the project. Their respective tasks and functions will be determined during Stage 2 of the project implementation.

5. Detailed Budget

| | Phare | Support | | | |
|---|--------------------|----------------------|---------------------|-------------------------|------------|
| | Investment Support | Institution Building | Total Phare (=I+IB) | Natio-nal Cofinan-cing* | IFI* TOTAL |
| Contract 1: Technical Assistance incl. training | | 1,4 | 1,4 | | 1.4 |
| Contract 2: Equipment incl. maintenance contracts | 2,6 | | 2,6 | | 2,6 |
| Renovation ¹ | | | | 0,866 | 0,866 |
| Total | 2, 6 M€ | 1, 4 M€ | 4 M€ | 0,866M € | 4,866 M€ |

6. Implementation Arrangements

6.1 Implementing Agency

Implementing authority: Ministry of Health and Family, PIU PHARE: PO, Dr. Camil Bohaltea, Director, str. Ministerului 1-3, Bucuresti, Tel.: 401-312 22 25, Fax: 401-312 14 33

Implementing Agency: CFCU. The financial management of the Program will be under the responsibility of CFCU. The nominated *Program Authorising Officer (PAO)*, who is a Secretary of State from Ministry of Finance, and the *Deputy PAO*, who is the General Director of CFCU, are responsible for contracting, reporting and accounting. The responsibilities of CFCU also cover finalisation of contract dossiers for approval, of Technical Assistance contracts, and maintenance of financial records for audit purposes.

Beneficiary institution: General Department for Public Health from the Ministry of Health and Family, District Public Health Directorates, Institute of Public Health (of Bucharest, Cluj, Iasi, Timisoara), Centre for Computing, Sanitary Statistics and Medical Information of the Ministry of Health and family.

A Steering Committee including members of the Beneficiary Institutions (General Department for Public Health from the Ministry of Health and Family, Institutes of Public Health of Bucharest, Cluj, Iasi, Timisoara, Centre for Computing, Sanitary Statistics and Medical Information of the Ministry of Health and Family) and other stakeholders (Commissions of Speciality from the MoHF) will be established and regular meetings will be organised in order ensure the implementation of the project.

6. 2 Non-standard aspects: The DIS Manual will strictly be followed.

6. 3 Contracts:

1. Technical Assistance: International Consultant, Familiarisation, Training:

¹ Renovation of physical infrastructure (laboratories and offices) used for the epidemiological surveillance system will be financed through funds from MoHF and will be considered as co-financing for the investment.

- 1,4 MEURO (Phare)
- 2. Investment in telematic equipment, including maintenance contracts:
0,185 MEURO (Phare)
- 3. Investment in laboratory equipment, including maintenance contracts:
2.415 MEURO (Phare)

National co-financing of 0.866M€ for the investment will be provided in the form of renovation and upgrading the laboratory and office facilities where the equipment provided under this programme is destined to.

7. Implementation Schedule

Supposed the Financing Memorandum has been signed and a consultant contracted until December 2001, the following Implementation Schedule can be followed:

7.1 Start of tendering/call for proposals

2001 : ToR

7.2 Start of project activity

- 2002

7.3 Project Completion

2004

8. Equal Opportunity

9. Environment

10. Rates of return

Not applicable

11. Investment criteria

11.1 Catalytic effect:

A well functioning surveillance system can facilitate the identification, monitoring and control of communicable diseases. A well-developed surveillance system can help Romanian Health Authorities:

- to obtain good information for early detection and rapid response to outbreaks or potential outbreaks
- to identify diseases trends and their risk factors
- to identify the possible ways for intervention
- to obtain appropriate information for priority setting, planning, implementation and resource allocation for preventive programmes and control measures.
- to prepare the Romanian System for Epidemiological Surveillance to become part of the Community Network for the Epidemiological surveillance and control of communicable diseases.

Phare support will enable the Romanian Health Authorities to realise the wider objectives related to the Surveillance and Control Network of Communicable Diseases in Romania and in the EU

11.2 Cofinancing: The Romanian Government provides 25% of the investment part of the project through the budget of the MoHF.

11.3 Additionally: Due to the nature of the project, the implementation of acquis communautaire, no other financier will be displaced

11.4 Project readiness and Size: First-line assessment for the development of the Summary Project Fiche was carried out and Terms of References for contracting are elaborated.

11.5 Sustainability: Adequate measures for financial and institutional sustainability are foreseen in the framework of the project.

11.6 Compliance with state aids provisions: Government contribution is according to the Europe Agreement.

11. 7 Contribution to National Development Plan (not applicable)

12. Conditionality and sequencing

Concrete figures for investments particularly in regard to the equipping of laboratories will be worked out during the second and third stage of the Project, depending on the selected priority diseases and the selected priority areas. It is proposed to utilise the results of the following assessments for further clarification and specification of equipment requirements.

- Inventory of existing stock and condition of equipment → WHO assessment, end of Stage 1
- Specification of various levels of laboratories within a referral system and specification of the respective equipment standards and quantity result of institution building process at the end of Stage 2
- Determination of actual equipment requirements → end of Stage 2
- Specification of equipment, consumables required and respective maintenance activities for tendering → end of Stage 2
- Decision whether equipment should be purchased or leased → end of Stage 2

ANNEXES TO PROJECT FICHE

1. Logical framework matrix in standard format
2. Detailed implementation chart
3. Contracting and disbursement schedule by quarter for full duration of programme
(including disbursement period)

| | | |
|---|---|---|
| LOGFRAME PLANNING MATRIX FOR Improvement of the efficiency of the Romanian system for epidemiological surveillance and control of communicable diseases | Programme name and number | |
| | Contracting period expires: 30.11.2003 | Disbursement period expires : 30.11.2004 |
| | Total budget : 4.86 M € | Phare budget : 4.0 M€ |

| Overall objective | Objectively verifiable indicators | Sources of Verification |
|---|-----------------------------------|-------------------------|
| To facilitate the implementation of the Council Decision 2119/98/EC in Romania by strengthening the surveillance and control network for communicable diseases. | • | |

| Purpose | Indicators | Sources | Assumptions |
|---|--|--|-------------|
| 1. Revision of the existing legislation to strengthen the framework of National Structure for the Surveillance, Control and Prevention of Infectious Diseases | | | |
| Results | Indicators | Sources | Assumptions |
| 1R1. Legislation for the integration of EU Council Decision 2119/98/EU approved and the responsible Committee established | 1I1.1 Legislation is published 1I1.2 Responsible Committee meets regularly | Legal documents Progress Reports Minutes of Meetings | |
| 1R2. Financial sources to sustain the system are determined | 1I2. Funds are made available | Financial Statements | |
| 1R3. Provision of human resources to run the system is ensured | 1I3. Staffing plan available | Staffing list | |

Annex 1 : Logframe Matrix for project: RO0107.14

| Activities | Means | Preconditions |
|---|--|--|
| 1A1. Establishment of a Steering Committee for Project Members: - MoHF Dept of PH - IPH (4) - Centre for Computing .. - other beneficiaries | Consulting the MoHF, negotiating with proposed members, convening of initial meetings, development of Terms of Reference for the committee 5.000 Euro | International Consultant contracted and working structure in place |
| 1A2. Assessment of existing legislation (laws, orders) in Romania | Acquisition of information through legal documents, working group sessions 5.000 Euro | Epid. Surveill. Expert is member of working group |
| 1A3. Acquaintance with existing Decisions, Recommendations and Guidelines of EU and WHO | Acquisition of information through documents, Internet, external sources 5.000 Euro | International Consultant contracted and working structure in place |
| 1A4. Preparation of a proposal for strengthening of the existing legislation for the integration of the EU Council Decision 2119/98/EU | Acquisition of information through legal national and documents 10.000 Euro | Steering Committee in place |
| 1A5. Identification of financial sources for continuous operation of the epidemiological surveillance system | Working group sessions 10.000 Euro | Steering Committee in place, Epid. Surveill. Expert is member of working group |
| 1A6. Identification of the institution / department responsible for the system incl. a National Committee for epidemiological surveillance system | Meetings and Working group sessions 5.000 Euro | Steering Committee in place |

| Purpose | Indicators | Sources | Assumptions |
|---|--|---|---|
| 2. Revision of function, organisational structure and financing of the epidemiological surveillance and reporting system and establishing a National Action Plan for surveillance and control | | | |
| Results | Indicators | Sources | Assumptions |
| 2R1. National Action Plan established for strengthening of the epidemiological surveill. system | 2I1. National Action Plan published | Specific document | Continuity is ensured at the level of MoHF |
| 2R2. Financing system for the epid surv. system is in place and approved | 2I2. Accounting / Budgeting Financial Reporting is up-to date | Budgets, Statements, Reporting Forms | |
| 2R3. Qualified key personnel is in position on a permanent basis | 2I3. Staff carries out activities in the epidemiological surveill. system | Job descriptions, assignments, employment contracts, training documents, certificates, activity reports | High continuity of key personnel in their position is ensured |
| Activities | Means | Preconditions | |
| 2A1. Assessment of the existing epid surveill. system and analysis of the present situation of CDs in Romania | External contribution of W.H.O For complementary information and analysis of assessment report 10.000 Euro | Epid. Surveill. Expert is member of working group | |
| 2A2. Acquaintance with and comparison of respective systems in other EU Member States | External contribution of W.H.O For complementary information 5.000 Euro | Participation only for staff involved in the development of the organizational structure | |
| 2A3. Development of the organizational structure and determination of tasks for units at national, regional and district level | Establishment of organizational plan 5.000 Euro | Epid. Surveill. Expert is member of working group | |

| | | |
|--|---|---|
| 2A4. Establishment of an Accounting / Budgeting/ Financial Management System | Guideline document for Management of Budget 10.000 Euro | |
| 2A5. Development of a Human Resources Development Plan including job descriptions | 5.000 Euro | Epid. Surveill. Expert is member of working group |
| 2A6. Determination of priority diseases for gradual introduction into the epidemiological surveill. system and in the case of outbreaks Criteria for selection of priority diseases: 1) EU Comm Dec. 22.12.99 (2000/96/ EC) 2) Local pathology, based analysis of CDs in Rom. 3) Max. No.: 10 diseases | External contribution of W.H.O For complementary information 10.000Euro | Epid. Surveill. Expert is member of working group |
| 2A7. Determination of pilot districts and regions for gradual introduction into the epidemiological surveill. system based on previously developed organizational structure Criteria for selection of pilot areas: 4) incidence of priority diseases 5) availabilityh of physical infrastructure and human resources 6) pilot areas: max. 10 districts in min. 2 regions | External contribution of W.H.O For complementary information through documents and field Investigation 10.000Euro | Epid. Surveill. Expert is member of working group |
| 2A8. Development and implementation of a National Action Plan and Guidelines | Working group sessions 10.000Euro | Epid. Surveill. Expert is member of working group |

| Purpose | Indicators | Sources | Assumptions |
|--|--|---|-------------|
| 3. Improvement of the national reporting system for CDs | | | |
| Results | Indicators | Sources | Assumptions |
| 3R1. National Reporting System for CDs, compatible with the EU standards, developed and approved | 3I1.1. Institutions involved in Reported System identified 3I1.2. content and direction of flow of information between institutions involved is specified | Reporting Chart Reporting Chart, Standard Case Definitions | |
| 3R2. Notification for priority diseases established | 3I2. Notifiable priority diseases list available and disseminated | Activity Report | |
| 3R3. Quality Assurance in place: an efficient and rapid notification of creditable information to those authorities and contact points who need to know it | 3I3. Content of information meets standards, time limits for transmission are kept | Reporting documents Data Bases | |
| Activities | Means | Preconditions | |
| 3A1. Assessment of existing reporting system at district, regional, MoHF levels | External contribution through WHO - Assessment; Acquisition of complementary information, compilation and analysis of data 10.000 Euro | Epidemiological Surveill. Expert is member of working group | |
| 3A2. Familiarization with respective reporting systems in other EU Member States | Acquisition of first hand information during study tour (6A4) Acquisition of complementary information through documents 5.000 Euro | Participation only for staff involved in the establishment of a standardized reporting format | |
| 3A3. Establishment of a standardized reporting format for notification of CDs compatible with EU standards | Committee meetings, working group sessions 25.000 Euro | Epidemiological Surveill. Expert is member of working group | |
| 3A4. Setting up national standards in case definitions and epidemiological data collection based on EU proposed set of standard case definitions | Committee meetings, working group sessions 25.000 Euro | Epidemiological Surveill. Expert is member of working group | |

| | | |
|--|---|---|
| 3A5. Setting up of an effective control mechanism (supervision) to ensure quality standard of reporting system | Committee meetings, working group sessions 25.000 Euro | Epidemiological Surveill. Expert is member of working group |
|--|---|---|

| Purpose | Indicators | Sources | Assumptions |
|--|---|--|-------------|
| Introduction of compatible electronic system for collecting data, for future integration in European Union | | | |
| Results | Indicators | Sources | Assumptions |
| 4R1. Concept for a EU-compatible national reporting and networking telematic infrastructure developed | 4I1. Interface between EU and national network specified | 4I1. Concept Document | |
| 4I2. Telematic networks established in pilot areas | 4I2. Telematic equipment in place in pilot areas and software installed | Physical observations Activity Reports | |
| 4I3. Plan for the extension of the telematic network developed, including financing | 4I3. Extension plan for telematic network available (time frame, equipment, financing) | Planning document | |
| Activities | Means | Preconditions | |
| 4A1. Assessment of existing electronic system for data collection and recording at district level, MoHF, IPHs and Centre for Computing and Health Statistics | External contribution through WHO - Assessment; Acquisition of complementary information, compilation and analysis of data Assessment of options for utilization of public communication systems 25.000 Euro | Communication Technology Expert is member of the working group | |
| 4A2. Acquaintance with the EU telematic network EUPHIN with its Health Surveillance System for CDs (HSSCD) | Acquisition of first hand information during study tour (6A4) Acquisition of complementary information through documents 5.000 Euro | Participation only for staff involved in the development of a national reporting and networking system | |

Annex 1 : Logframe Matrix for project: RO0107.14

| | | |
|--|---|---|
| 4A3. Development of a national reporting and networking system, compatible with the EU standards and telematic network (structure + software) | Committee meetings, working group sessions 25.000 Euro | Communication Technology Expert is member of the working group |
| 4A4. Improvement of the technical communication system for rapid and efficient reporting from district to national levels (and feed-back) | Committee meetings, working group sessions 25.000 Euro | Communication Technology Expert is member of the working group |
| 4A5. Equipping of central level telematic network-stations; Equipping of pilot area user stations at peripheral and central level; - Identification of telematic equipment + software requirements - specification - tendering - procurement - installation and commissioning - determination of running costs - establishment of maintenance contracts for hard- and software | Remark of Consultants: Cost estimates to be up-dated after approval of final reporting system: Central level: Personal Computer network system, peripheral equipment, interface to Internet, software, maintenance contract 15.000 Euro Maintenance contract for two years for hardware and software: 10.000 Euro Regional level: Personal Computers, peripheral equipment, interface to Internet, software, maintenance contracts up to 4 x 5.000 Euro = 20.000 Euro Maintenance contract for two years for hardware and software: up to 4 x 5.000 Euro = 20.000 Euro District level: Personal Computers, peripheral equipment, interface to Internet, software, maintenance contracts up to 10 x 5.000 Euro = 50.000 Euro Maintenance contract for two years for hardware and software: up to 10 x 5.000 Euro = 50.000 Euro | Communication Technology Expert is member of the working group |
| 4A6. Regular assessment of the telematic system and development of a plan for future extension | Committee meetings, working group sessions 25.000 Euro | Communication Technology Expert is member of the working group |

| Purpose | Indicators | Sources | Assumptions |
|--|---|--|-------------|
| 5. Evaluation and as appropriate improvement of the laboratories for the diagnosis of infectious diseases | | | |
| Results | Indicators | Sources | Assumptions |
| 5R1. Laboratories in pilot areas renovated and equipped and able to carry out diagnosis of priority diseases | 5I1.1. In pilot areas physical infrastructure and equipment operational for diagnosis of priority diseases 5I1.2. Handling of specimen meets technical standards and time limits are kept | Physical observation, activity / progress reports of labs Reporting documents Data Bases | |
| 5R2. Safety Guidelines and Regulations for staff handling CD specimen introduced | 5I2. Safety guidelines prepared and disseminated to labs in priority areas | Relevant documents Training schedules for lab technicians | |
| 5R3. Plan for the extension of the laboratory network developed, including financing | 5I3. Extension plan for lab-network for additional areas / districts is available (time frame, equipment, funds) | Planning document | |
| Activities | Means | Preconditions | |
| 5A1. Inventory and assessment of existing laboratory facilities: - National Reference Labs - IPH labs in pilot areas - DPHD labs in pilot areas - Hospital labs in pilot areas | External contribution through WHO - Assessment; Acquisition of complementary information, compilation and analysis of data Assessment of options for utilization of existing laboratory facilities 35.000 Euro | Epidemiological Surveill. Expert and Health Laboratory Equipment and Facility Design Expert is member of working group | |
| 5A2. Definition and specification of role and function of various levels of CD labs within the national epidemiological surveill. system | Committee meetings, working group sessions 25.000 Euro | Epidemiological Surveill. Expert is member of working group | |

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| 5A3. Development of standard equipment lists for the various levels of CD labs for priority diseases Development of budget for operation of equipment | Committee meetings, working group sessions 25.000 Euro | Health Laboratory Equipment and Facility Design Expert is member of working group |
| 5A4. Development of equipment specifications and quantities for priority diseases and pilot areas: - tendering - selection - procurement (purchasing or leasing) - maintenance contracts Installation + commissioning | Committee meetings, working group sessions 25.000 Euro Remark of Consultants: Cost estimates for lab equipment to be up-dated after approval of final laboratory referral system, selected pilot areas and priority diseases: Central level: National Referral Laboratories, including consumables up to 10 x 200.000 Euro = 2.000.000 Euro Maintenance contract for two years for sophisticated lab equipment: up to 10 x 10.000 Euro = 100.000 Euro Regional level: Regional Referral Laboratories, including consumables up to 4 x 50.000 Euro = 200.000 Euro Maintenance contract for two years for sophisticated lab equipment: up to 4 x 5.000 Euro = 20.000 Euro District level: District Public Health Laboratories, including consumables up to 10 x 20.000 Euro = 200.000 Euro Maintenance contract for two years for hardware and software: up to 10 x 3.000 Euro = 30.000 Euro | Health Laboratory Equipment and Facility Design Expert is member of working group |
| 5A5. Assessment of existing physical infrastructure of labs | Survey 25.000 Euro | Health Laboratory Equipment and Facility Design Expert is member of the assessment team |
| 5A6. Determination of renovation requirements; Renovation of labs | Committee meetings, working group sessions 25.000 Euro Remark of Consultants: Cost estimates to be up-dated after approval of final laboratory referral system: Central level: National Referral Laboratories up to 10 x 40.000 Euro = 400.000 Euro Regional level: Regional Referral Laboratories up to 4 x 20.000 Euro = 80.000 Euro District level: District Public Health Laboratories up to 10 x 10.000 Euro = 100.000 Euro | Health Laboratory Equipment and Facility Design Expert is member of working group |

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| 5A7. Assessment of existing specimen handling system | External contribution through WHO - Assessment; Acquisition of complementary information, compilation and analysis of data Assessment of options for utilization of existing handling and transit systems 5.000 Euro | Epidemiological Surveill. Expert is member of working group |
| 5A8. Introduction of standard packaging for specimen; Introduction of standard transit system for specimen | Committee meetings, working group sessions 10.000 Euro | Epidemiological Surveill. Expert is member of working group |
| 5A9. Introduction safety guidelines and regulations for CD-labs and staff handling specimen Training of staff | Committee meetings, working group sessions 10.000 Euro | Epidemiological Surveill. Expert is member of working group |
| 5A10. Improvement and adjustment of quality control system in lab diagnosis | Committee meetings, working group sessions 15.000 Euro | Epidemiological Surveill. Expert is member of working group |
| 5A11. Regular assessment of the performance of laboratories in pilot areas and development of a plan for future extension | Committee meetings, working group sessions 25.000 Euro | Epidemiological Surveill. Expert is member of working group |

| Purpose | Indicators | Sources | Assumptions |
|--|--|------------------------------------|-------------|
| 6. Improving the level of knowledge of staff: epidemiologists, microbiologists, lab technicians, staff of reporting system, health promoters | | | |
| Results | Indicators | Sources | Assumptions |
| 6R1. Qualified staff at all levels of the epidemiological surveill. system available in pilot areas | 6I1. Staff performs according to set standards in reporting and lab diagnosis in pilot areas | Monitoring and evaluation of staff | |
| 6R2. Training plan for the future qualification of actors developed, including financing | 6I2. Training plan for updating of existing staff and extension of additional areas developed (time frame, courses, financing) | Planning Document | |

Annex 1 : Logframe Matrix for project: RO0107.14

| Activities | Means | Preconditions |
|--|--|--|
| 6A1. Assessment of existing qualification of epidemiologists, microbiologists and health promoters Identification of training needs Proposal of training opportunities | External contribution of W.H.O. Acquisition of complementary information through existent Staff Records and collection of information 5.000 Euro | Epid. Surveill. Expert is member of working group |
| 6A2. Assessment of professional qualification of telematic user staff; Identification of training needs; Proposal of training opportunities | Acquisition of information through existent staff records and collection of information through questionnaires in parallel with 6A1 10.000 Euro | |
| 6A3. Assessment of professional qualifications of lab staff Identification of training needs Proposal of training opportunities | Acquisition of information through existent staff records and collection of information through questionnaires in parallel with 6A1 and 6A2 10.000 Euro | |
| 6A4. Organisation of study tours to EU Member States with comparable epidemiological surveill. systems for familiarisation | Study tour in four EU Member States for one week for 20 persons (epidemiologists, microbiologists, surveillance recording staff) 60.000 Euro | Steering Committee in place; Participation only for staff directly involved in the development of the national epidem. surveill. system |
| 6A5. Participation at the EU Training Programme EPIET | 5 persons per year for one month 100.000 Euro | Participation only for staff involved in epidemiology |
| 6A6. Participation at WHO Training Courses and workshops for surveillance of CDs | 5 persons for one month with external contribution of W.H.O. 30.000 Euro | Participation only for staff directly involved in the national epidem. surveill. system |
| 6A7. Organisation of training courses for staff in the national system at national , regional and district levels in pilot areas | Four workshops for one week for 20 epidemiologists, 20 microbiologists, 20 surveillance recording staff and 20 health promoters 150.000 Euro | Participation only for staff directly involved in the national epidem. surveill. system |
| 6A8. Development of Training plan for the future extension of the surveillance system | Working group sessions 10.000 Euro | |

| Purpose | Indicators | Sources | Assumptions |
|--|--|--|-------------|
| 7. Establishment of mutual cooperation with other EU national focal points and reference laboratories | | | |
| Results | Indicators | Sources | Assumptions |
| 7R1. Authority / Institution nominated with mandate to join the EU Network Committee for the implementation of Dec. 2119/98/EC | 7I1.1. Authority / Institution is member of the EU Network Committee and participates actively 7I1.2 EU Network Committee decisions and recommendations are considered in the Romanian epidemiological surveill. system | Committee reports National Action Plan is revised accordingly | |
| 7R2. The Romanian epidemiological surveill. system participates at relevant EU Disease Specific Networks | 7I2. Romanian epidemiological surveill. system is member of at least 2 EU Disease Specific Networks | Membership documents, activity reports | |
| 7R 3. The Romanian epidemiological surveill. system is member of the EU telematic network EUPIN - HSSCD | 7I3. Romania epidemiological surveill. system has subscribed to EUPHIN – HSSCD and feeds the network with data on the priority diseases | Information is available in HSSCD | |
| Activities | Means | Preconditions | |
| 7A1. MoHF nominates an authority / institution who would participate in the EU- Network according to Council Decision 2119/ 98/ EC | Consulting the MoHF, negotiating with Steering Committee, development of Terms of Reference for the authority / institution, streamlining of decisions with Ministry of European Integration 5.000 Euro | Legislative framework prepared | |

Annex 1 : Logframe Matrix for project: RO0107.14

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| 7A2. Romanian representatives participate at meetings of the EU Network Committee and its working groups | 4 visits for 3 persons each year 80.000 Euro | Representatives nominated and Terms of Reference in line with EU Network Committee requirements Participation only for staff directly involved in the national epidem. surveill. system |
| 7A3. Establishment of contacts to relevant Disease Specific Networks and their Operating Hubs in other EU Member States | Acquisition of information on EU Disease Specific Networks, establishment of communication and information links to Operating Hubs 10.000 Euro Remark of Consultants: Cost estimates to be up-dated after approval of final selection of priority diseases: 2 x 3 visits for 3 persons each year 60.000 Euro | Representatives nominated and Terms of Reference in line with EU Disease Specific Networks requirements Participation only for staff directly involved in disease specific epidemiological activities |
| 7A4. Establishing and maintaining membership in the EU telematic network EUPHIN - HSSCD | Acquisition of information on HSSCD. Building up of data base and entering of country specific information on communicable diseases and epidemiological surveillance 10.000 Euro | Telematic network installed and operative |

PROJECT: Improvement of the efficiency of the Romanian system for epidemiological surveillance and control of communicable diseases

| | 2001 | | | | | | 2002 | | | | | | | | | | | | 2003 | | | | | | | | | | | | 2004 | | | | | | | | | | | | | | |
|--|------|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|--|--|--|
| calendar months | 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 | J | F | M | A | M | J | J | A | S | O | N | D | | | |
| activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inception Phase | | | | | | | D | D | D | D | D | D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Technical Assistance, Project Management: Public Health and Epidem. Surv. Systems Expert | | | | | | | D | D | | | | D | D | | | D | | | D | I | | | | D | D | D | | | | | I | C | | | | | | | | | | | | | |
| Technical Assistance: Communication Technology Expert | | | | | | | | | | D | | | | | | | | | | | | | | D | I | | | D | | | | | | | | | | | | | | | | | |
| Technical Assistance: Health Laboratory and Facility Design Expert | | | | | | | | | | D | | | | | | | D | | | | | | | | D | C | C | I | | | | | | | | | | | | | | | | | |
| Technical Assistance: Mircrobiologist | | | | | | | | | | D | | | | | | D | | | I | | | | | | I | | | | | | | | | | | | | | | | | | | | |
| Establishment of a Steering Committee for Project (1A1) | | | | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessment of existing legislation (1A2) | | | | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Annex 2 - Detailed implementation chart for project: RO0107.14

| | 2001 | | | | | | 2002 | | | | | | | | | | | | 2003 | | | | | | | | | | | | 2004 | | | | | | | | | | | | |
|---|------|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|--|
| calendar months | 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 | J | F | M | A | M | J | J | A | S | O | N | D | |
| WHO-Contribution: Assessment of elements of exist-ing epidemiological surveillance system (2A1, 3A1, 4A1 partly, 5A1partly, 5A7, 6A1) | | | | D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessment of elements of existing epidemiological surveillance system (4A1 partly, 5A1partly, 5A5) | | | | | | | | | D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Familiarisation with epidemiological surveillance systems in selected EU Member States (6A4, 1A3, 2A2, 3A2) | | | | | | | | | | D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preparation of a proposal for strengthening of legislation and development of organisational structure (1A4, 1A6, 2A3, 1A5, 2A4, 2A5, 5A2) | | | | | | | | | | | | D | D | I | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Determination of priority diseases and pilot areas (2A6, 2A7) | | | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration and membership in EU Network Committee (7A1, 7A2) | | | | | | | | | | | | | | | | D | D | I | | | I | | | I | | | I | | | I | | | I | | | I | | | I | | | I | |
| Registration and membership in EU Disease Specific Networks (7A3) | | | | | | | | | | | | | | | | | D | I | I | | | | I | | | I | | | | I | | | | I | | | I | | | | | | |

Annex 2 - Detailed implementation chart for project: RO0107.14

| | 2001 | | | | | | 2002 | | | | | | | | | | | | 2003 | | | | | | | | | | | | 2004 | | | | | | | | | | | | | |
|--|------|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| calendar months | 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 | J | F | M | A | M | J | J | A | S | O | N | D | | |
| Development and introduction of standards for physical infrastructure and safety (5A3, 5A8, 5A9) | | | | | | | | | | | | | | | | | | D | D | D | D | | | | | | | | | | | | | | | | | | | | | | | |
| Setting up national standard case definitions (3A4) | | | | | | | | | | | | | | | | | | I | I | I | | | | | | | | | | | | | | | | | | | | | | | | |
| Establishment of standardised reporting format including quality control (3A3, 3A5) | | | | | | | | | | | | | | | | | | | | | D | D | | | | | | | | | | | | | | | | | | | | | | |
| Development of National Action Plan and Guidelines (2A8) | | | | | | | | | | | | | | | | | | | | | | | D | D | | | | | | | | | | | | | | | | | | | | |
| Development of a national telematic networking system (4A2, 4A3, 4A4) | | | | | | | | | | | | | | | | | | | | | | | D | D | | | | | | | | | | | | | | | | | | | | |
| Registration and membership in EU telematic network (7A4) | | | | | | | | | | | | | | | | | | | | | | | D | D | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I |
| Participation at international epidemiological and laboratory training courses (6A5, 6A6) | | | | | | | | | | | | | | | | | | | | | | | I | | | | I | | | | I | | | | I | | | | I | | | | | |
| Improvement of quality control in laboratory diagnosis (5A10) | | | | | | | | | | | | | | | | | | | | | | | D | I | | | | | | | | | | | | | | | | | | | | |
| Equipping of telematic user stations (4A5) | | | | | | | | | | | | | | | | | | | | | | | D | C | I | | | | | | | | | | I | | | | | | | | | |

Annex 2 - Detailed implementation chart for project: RO0107.14

| | 2001 | | | | | | 2002 | | | | | | | | | | | | 2003 | | | | | | | | | | | | 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| calendar months | 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 | J | F | M | A | M | J | J | A | S | O | N | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Renovation and equipping of laboratories (5A5 partly, 5A6, 5A4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Annex 3 –Cumulative contracting and disbursement schedule by quarter for project: RO0107.14

Improvement of the efficiency of the Romanian system for epidemiological surveillance and control of communicable diseases

(EURO 4 M€)

| | 31/03/02 | 30/06/02 | 30/09/02 | 31/12/02 | 31/03/03 | 30/06/03 | 30/09/03 | 31/12/03 | 31/03/04 | 30/06/04 | 30/09/04 | 31/12/04 |
|-------------------------------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| CONTRACTED | 4 M€ | 4 M€ | 4 M€ | 4 M€ | 4 M€ | 4 M€ | 4 M€ | 4 M€ | | | | |
| DISBURSEMENT Total | 85.000 | 287.500 | 490.000 | 602.500 | 712.500 | 933.000 | 2.074.000 | 2.888.000 | 3.497.000 | 3.586.000 | 3.607.500 | 4.000.000 |