

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 than 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	111.1 Legislation is published 111.2 Responsible Committee meets regularly	Legal documents Progress Reports Minutes of Meetings	
1R2. Financial sources to sustain the system are determined	112. Funds are made available	Financial Statements	
1R3. Provision of human resources to run the system is ensured	113. 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	

Annex 1 : Logframe Matrix for project: RO0107.14

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
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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

<p>4A3. Development of a national reporting and networking system, compatible with the EU standards and telematic network (structure + software)</p>	<p>Committee meetings, working group sessions 25.000 Euro</p>	<p>Communication Technology Expert is member of the working group</p>
<p>4A4. Improvement of the technical communication system for rapid and efficient reporting from district to national levels (and feed-back)</p>	<p>Committee meetings, working group sessions 25.000 Euro</p>	<p>Communication Technology Expert is member of the working group</p>
<p>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</p>	<p>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</p>	<p>Communication Technology Expert is member of the working group</p>
<p>4A6. Regular assessment of the telematic system and development of a plan for future extension</p>	<p>Committee meetings, working group sessions 25.000 Euro</p>	<p>Communication Technology Expert is member of the working group</p>

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	

<p>5A3. Development of standard equipment lists for the various levels of CD labs for priority diseases Development of budget for operation of equipment</p>	<p>Committee meetings, working group sessions 25.000 Euro</p>	<p>Health Laboratory Equipment and Facility Design Expert is member of working group</p>
<p>5A4. Development of equipment specifications and quantities for priority diseases and pilot areas: - tendering - selection - procurement (purchasing or leasing) - maintenance contracts Installation + commissioning</p>	<p>Committee meetings, working group sessions 25.000 Euro Remark of Consultants: Cost estimates for lab equipment to be updated 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</p>	<p>Health Laboratory Equipment and Facility Design Expert is member of working group</p>
<p>5A5. Assessment of existing physical infrastructure of labs</p>	<p>Survey 25.000 Euro</p>	<p>Health Laboratory Equipment and Facility Design Expert is member of the assessment team</p>
<p>5A6. Determination of renovation requirements; Renovation of labs</p>	<p>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</p>	<p>Health Laboratory Equipment and Facility Design Expert is member of working group</p>

Annex 1 : Logframe Matrix for project: RO0107.14

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	711.1. Authority / Institution is member of the EU Network Committee and participates actively 711.2 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	712. 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	713. 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

<p>7A2. Romanian representatives participate at meetings of the EU Network Committee and its working groups</p>	<p>4 visits for 3 persons each year 80.000 Euro</p>	<p>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</p>
<p>7A3. Establishment of contacts to relevant Disease Specific Networks and their Operating Hubs in other EU Member States</p>	<p>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</p>	<p>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</p>
<p>7A4. Establishing and maintaining membership in the EU telematic network EUPHIN - HSSCD</p>	<p>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</p>	<p>Telematic network installed and operative</p>

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																				
Registration and membership in EU Disease Specific Networks (7A3)																	D	I	I			I																				

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€										
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