Standard Summary Project Fiche

1. Basic Information

1.1. **CRIS Number: 2005/017-495-02-02**
Twinning Number: LV/2005-IB/SO/02/01
1.2.Title: **Development of Public Health Monitoring and Reporting System**
1.3.Sector: Public Health
1.4.Location: Latvia

Ministry of Health[*] ,
25 Baznicas Street,
Riga LV 1010

State Agency "Public Health Agency"
7 Klijanu Street, Riga
LV- 1012

2. Objectives

2.1. Overall Objective(s):

To improve information to the public and decision makers in order to formulate appropriate strategies, policies and actions in the field of Public Health.

2.2. Project purpose:

Development of Public Health Monitoring and Reporting System in line with Community health indicators.

2.3.Justification

Reference to Monitoring Report or other:

- Comprehensive monitoring report on Latvia's preparations for membership, Chapter 13, November 2003
- Action Plan for eliminating the shortcomings identified by EC the Regular Report of 2002 on the Latvia's progress towards accession - Paragraph 13 of section "Public Health" requires continuing of the public health reform, and implementation of Health Reform subproject "Public Health Strategy Monitoring".
- Decision No 1786/2002/EC of European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008)
- Final report of the Phare Twinning Light project LV2002/IB/SO-04TL "Capacity building for Public Health and Health promotions agencies"

3. Description

3.1. Background and justification:

Article 111 of the Constitution of the Republic of Latvia provides that the State protects the health of the people. Health is not only one of the basic rights of a person; it is also the foundation of the quality of life and individual and family welfare.

Unfortunately, Latvian health status is among the worst in the Europe Union. The average life expectancy at birth in Latvia was 70,71 years in 2001, whereas in the EU Member States it reached 79,02 years in 2001, accordingly in Latvia it is by more than 8 years shorter than in the EU. Such a low life expectancy is caused by the high mortality and morbidity rates. Cardiovascular diseases occupy the first place in Latvia among the causes of both the mortality and morbidity. In 2001, the mortality rate of cardiovascular diseases was 606.82 per 100 000 population in Latvia, which 2.5 times exceeded that of the EU-15 (238.45 cases per 100 000). The second cause of mortality is cancer - 197.59 per 100 000 population in Latvia, compared to 180.98 in the EU Member States. A significant

[*] *Ministry of Health have been established by Cabinet of Ministers regulations No.20 of 14 January 2003*

problem in Latvia is mortality due to external causes - 150.60 cases per 100 000, which is nearly 4 times higher than in the EU Member States (38.52 per 100 000).

In order to help improve the health of the people of Latvia, the Public Health Strategy (further – Strategy) was accepted in the Cabinet of Ministers on 6 March 2001. It is the main strategic document that determines the goals of public health in Latvia. Establishment of Public Health monitoring and reporting system is delegated to the State Agency "Public Health Agency".

Health monitoring as one of the public health activities has been set out in Decision No. 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008) - Commission Statements.

The chapter on Public Health suggests continuing to support measures with regard to the health monitoring and information system (Monitoring report on the implementation of commitments made in the accession negotiations by Latvia, 15 May 2003, Chapter 13).

The Decision No 1786/2002/EC of European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008) states the necessity to develop the information system for the public health surveillance and operative information exchange between EU Member States.

The reform of the public health system needs to be continued in order to improve the health status of the population, which is much lower than the EU average and to ensure adequate resources for health. (Comprehensive monitoring report on Latvia's preparations for membership, Chapter 13, November 2003)

A lot of measures are taken regarding the establishment of the Public Health monitoring and Reporting System. A new Department has been established in the State Agency "Public Health Agency". The main function of this Department is to perform the public health monitoring and reporting. At the moment three specialists are working in it. These specialists have elaborated groups of theoretical indicators, as well as have prioritised the monitored indicators. In the future it is planned to involve more specialists to maintain the performance of this function.

As a preliminary activity in the public health monitoring could be mentioned elaboration of the pilot model of Public health monitoring report within the framework of the Twinning Light project "Capacity building in the Public health and Health promotion agencies". The pilot model include developed outline of the report, developed the internal structure of the chapters, developed pilot monitoring report on two targets of Public Health Strategy of Latvia. The final report of the project contains recommendation to develop the regular Public Health report, the setting of priorities for the topics, the involvement of the other centres and agencies contributing to the monitoring, producing and reviewing one report after the other.

But there are still many gaps in this field including professional capacity of the PHA, technical resources and knowledge management to provide complete and relevant information to public health policy makers in the national and EU level in line with the list of Community health indicators.

PHA should monitor Public Health Strategy and provide regular Reports on Public Health. Those reports should contain information about current status and predict future trends and risks on Public Health as well as formulate proposals for actions in order to achieve better health status of population. Currently many institutions in Latvia are compiling various information on different factors related to public health, a comprehensive analysis of this information and public health reporting have not been carried out so far. It is necessary to establish an integrated public health monitoring system for the systematic and comprehensive collection and analyses of data over time. In order to establish such a system, a mechanism for data sharing, improved data availability, accessibility, comparability and enhanced exchange of information must be developed. The computerised information system is necessary for the collection, storage and analysis of the data referring to the public health. The system should consist of data base with public health indicators (including information received from other involved institutions), the description of indicators, methodological remarks, data sources, international comparison of data, etc. The information system should ensure the opportunity to import and export data to the different programmes and data files, as well as an opportunity to search for the relevant data and then to perform the analysis of these data. The more precise requirements will be defined by project activities.

Despite the insufficient capacity and lack of experience in performing public health monitoring and reporting, PHA has commenced preliminary actions for the implementation of the Strategy monitoring and reporting. For the further development of Public Health monitoring and reporting system, it is necessary to have twinning expertise and assistance.

3.2. Linked activities:

To start Strategy monitoring and public health reporting PHA is implementing EU Phare 2002 Twinning Light project "**Capacity Building of the Public Health Agency and Health Promotion Agency**". In activity 1 of this project recommendations for the improvement of PHA Development Strategy 2002-2006 incorporating Human Resource development plan were developed, including necessary improvements to insure public health reporting, both strengthening of personal capacity and appropriate insurance of technical resources. In activity 2 the pilot model for the Public Health Strategy monitoring has been developed. It is planned to be use in commencing of health reporting. The specialists trained within the framework of the Project will use the acquired knowledge and experience in their work as well as share it with other specialists who will perform the public health monitoring and reporting.

The project was completed in December 2004. The results of the Twinning Light project will provide the necessary information to the Transition Facility project experts for the further development of health monitoring and reporting system. It means that there are strong links between both projects but they are not overlapping.

EU Phare 2003 project "**Institutional Strengthening of the State Agency "Public Health Agency""** provides institutional strengthening of the Public Health Agency regarding surveillance of communicable diseases. The project will be completed approximately at the end of year 2005. During the project it is planned to develop and test Early Warning and Rapid Response plan in order to ensure rapid response to health threats in the field of communicable diseases and meet the EU requirements in this field as well. In comparison with afore mentioned project, the proposed Transition Facility project refers to the wider scope of the public health monitoring and reporting system including other threats to health (e.g. non-communicable diseases, lifestyle risk factors, environment etc.).

Ministry of Health is also implementing Phare 2003 National Programme projects "Medicinal Products Market Surveillance and Pharmacovigilance" (final beneficiaries State Agency of Medicines, State Pharmaceutical Inspection, Hospital "Gailezers") and "Medical devices: Market surveillance and Vigilance system" (final beneficiaries Health Statistics and Medical Technologies Agency, State Pharmaceutical Inspection, National Custom Board) that are not directly linked to this particular project.

3.3. Results:

The following mandatory results are anticipated:

Contract 1 (Twinning)

- Elaborated action plan for the development of Public Health report;
- Gained knowledge and skills for the development of the Public Health reports;
- Elaborated Public Health report on 3 selected topics;
- Defined structure of necessary data for information system; elaborated recommendations for fulfilment of identified data gaps;
- Defined scope, sources and storage of data necessary for the information system, based on the experience from the EU countries.

Contract 2 (Service)

- Developed user requirements and terms of reference for the software and technical specifications for the necessary hardware.

Contract 3 (Supply)

- Delivered computer server and 3 workstations for the elaborated software and data storage.

Contract 4 (Service)

- Developed, installed and tested information system; pre-service and in-service training (approx. 10 persons).

3.4. Activities

Contract 1 *(Twinning)*

1.1. Elaboration of the action plan for the development of Public Health report that would contain guidelines for the development of public health reports, selection of topics, proposed schedule, indication of necessary resources, etc.

Means:

Twinning expertise (1 m/m)

1.2. Training and practical experience on Public Health monitoring for Health reporting - 2 weeks internships for three PHA specialists in EU country, who will be responsible for the development of the Public Health reporting (Training of trainers) in order to gain practical experience and improve knowledge in the field of health monitoring and reporting (3 persons prepared to implement Activity 1.3.) on health status in Latvia in line with a list of Community health indicators

1.3. Implementation of the elaborated action plan for the development of Public Health report. The three PHA specialists who were on the internship will lead the development of Public Health reports on three selected topics with assistance of three STEs.

Means:

Twinning expertise (3 experts each 2 m/m)

1.4. Defining structure and sources of necessary data for public health monitoring and reporting; elaboration of recommendations for fulfilment of identified data gaps.

Means:

Twinning expertise (1m/m)

1.5 Definition of scope, sources and storage of data necessary for the computerised information system, taking into account and based on the experience of EU countries for creation of database for public health monitoring and reporting.

Means:

Twinning expertise (1 m/m)
The Twinning expertise profile should comprise

- 5 to 10 years experience working in Public Health field
- Knowledge about Community health policy and *Acquis Communautaire,*
- Experience working in Public Health monitoring and reporting field, e.g. data collection and processing,
- Relevant education,
- Fluent English.

Contract 2 (Service)

2.1. Development of user requirements and terms of reference for the software and necessary hardware for activities 3.1. and 4.1. below.

Means:

IT expertise (2 m/m)
The expert profile should comprise

- at least 5 years professional experience in the fields of:
- documentation of IT software elaboration,
- public health data summarising and processing,
- EU legislation and standards on data processing,
- Relevant education,
- Fluent English

Contract 3 (Supply)

3.1. Purchasing of the computer server and 3 workstations (PCs, basic software, statistical software, e.g. standard statistical soft, printers) for the elaborated software and data storage.

Means:

IT supplies

Contract 4 (Service)

4.1. Development, installation and testing of the information system (data-base), pre-service and in-service training (approx. 10 persons).

Means:

IT service

Twinning arrangements for the project:

The significance of the project as well as the ambitious goals set therein call for the involvement of the Resident Twinning Adviser (RTA) for the whole duration of the twinning activities of 12 months to:

- be the head of all the twinning's experts and activities, being the leading EU counterpart of the beneficiary
- assist PHA in the capacity building activities
- be responsible for management and co-ordination of the project to ensure that the project proceeds, as planned, in an efficient and orderly fashion
- advise the Project Steering Committee (PSC) on ways to improve design, planning and implementation framework of the project components
- upon request from the head of the PSC, deliver general advisory support to the Ministry of Health
- ensure successful correlation and collaboration of all the institutions engaged in the project activities as far as it is necessary to achieve the project objectives
- follow up on the activities carried out during short-term missions of the expert pool in all the components proposing to the PSC any further measures needed to ensure the sustainability of the project.

Means:

Resident Twinning Adviser

The Adviser's profile should comprise:

- At least 10 years of work and knowledge experience in the fields of:
- public health monitoring and reporting,
- Community health policy and *Acquis Communautaire,*
- project management,
- laying down structures and strategic developments in the public health sector,
- Relevant education,
- Fluent English.

3.5. Lessons learned:

The conclusions and recommendations of Phare Twinning light project LV2002/IB/SO-04TL "Capacity building in the Public Health and Health promotion agencies" have been considered and taken as a basis for development the TF project proposal.

Taking into account the previous experience, to avoid the difficulties faced in other projects, it is necessary to ensure sufficient time for project planning otherwise there is a possibility to meet unexpected difficulties during the implementation.

4. Institutional Framework

The Ministry of Health is a government body responsible for implementing the EU requirements on Public Health in Latvia. The main tasks of the Ministry of Health in health care sector are:

- To elaborate national policy in the field of health protection.
- To manage by political, economic and legal measures health care and protection, as well as public health and pharmacy issues.
- To elaborate national legislation, as well as ensure its harmonisation with the European Council and European Union document requirements.

Ministry of Health will be directly involved during the project activities.

Public Health Agency is a state institution that is monitored by the Ministry of Health. PHA fulfils the functions stated in the Public Health Strategy (accepted by the Cabinet of Ministers on 6 March 2001), normative documentation and management contract.

5. Indicative budget

€M	**Transition Facility support**			**Co-financing**			**Total cost (TF plus cofinancing**
	Investment Support	Institution Building	**Total TF (=I+IB)**	National Public Funds(*)	Other Sources (**)	Total co-financing of the project	
Year 2006							
Contract 1 Twinning		0,354	0,354	0,0354*		0,0354	0,3894
Contract 2 Service		0,036	0,036	0,0036*		0,0036	0,0396
Contract 3 IT supplies	0,045		0,045	0,015*		0,015	0,06
Contract 4 Service	0,075		0,075	0,025*		0,025	0,1
Total	**0,12**	**0,39**	**0,51**	**0,079***		**0,079**	**0,589**

**contributions from National, Regional, Local, Municipal authorities, FIs loans to public entities, funds from public enterprises*

***private funds, FIs loans to private entities*

6. Implementation Arrangements

6.1. Implementing Agency:

Implementing agency of the project will be the Central Finance and Contracting Agency. CFCA will be responsible for the financial and administrative management of the project in accordance with the Extended Decentralised Implementation System (EDIS).

Central Finance and Contracting Agency – Director
1 Smilsu street, Riga, Latvia, LV-1050
Tel: +371 7094342
Fax: +371 7094348

Programme Authorising Officer – Deputy State Secretary of the Ministry of Finance
1 Smilsu street, Riga, Latvia, LV-1050
Tel: +371 7095545
Fax: +371 7095421

The overall responsibility on technical implementation is under Ministry of Health. Senior Programme Officer (SPO) – Deputy State Secretary of the Ministry of Health
25 Baznicas Street, Riga, Latvia, LV- 1010
Tel: +371 7021635
Fax: +371 7021586

State Agency "Public Health Agency" as subordinated body of the Ministry of Health will carry out technical implementation of the project.

Project Steering Committee (PSC) will be established to monitor project implementation. The PSC will comprise representatives from competent authorities and competent institutions - Ministry of Finance, Ministry of Health, State Agency "Public Health Agency" and Twinning partners.

6.2. Twinning

Beneficiary institutions:

Ministry of Health
Contact Person: Ms. Laila Ruskule
Deputy State Secretary of the Ministry of Health
Tel: +371 7021635
Fax: +371 7021586
E-mail: Laila_Ruskule@vm.gov.lv
25 Baznicas Street, Riga
LV- 1010

Public Health Agency
Contact Person: Mr. Oskars Velmers,
Acting Director of the State Agency "Public Health Agency"
Tel: +371 7081 570
Fax: +371 7379 006
E-mail: velmers@sva.lv
7 Klijanu Street
Riga, LV - 1012

6.2. Non standard aspects

There will be no non-standard aspects regarding implementation of the project. Twinning manual will be followed under Extended Decentralised Implementation System.

Ratio: if during project implementation the project cost for some reasons will decrease, the Transition Facility financing will also decrease proportionally.

Contracts

Contract 1 – Twinning Covenant: 354 000 EUR (parallel co-financing)
Contract 2 - Service contract I for development of user requirements and terms of reference for the software and necessary hardware (IT consultant): 36 000 EUR (parallel co-financing)
Contract 3 - Supply contract for purchasing of the computer server and 3 workstations for the elaborated software and data storage: 60 000 EUR (joint co-financing).
Contract 4 – Service contract II for development, installation and testing of the software, pre-service and in-service training: 100 000 EUR (joint co-financing).

6. Implementation Schedule

	Start of tendering	Start of project activity	Completion
Contract 1	IV Quarter of 2005	II Quarter of 2006	I Quarter of 2007
Contract 2	II Quarter of 2006	III Quarter of 2006	III Quarter of 2006
Contract 3	III Quarter of 2006	IV Quarter of 2006	I Quarter of 2007
Contract 4	III Quarter of 2006	IV Quarter of 2006	I Quarter of 2007

7. Sustainability

For the complete development of the public health strategy monitoring and reporting system within the State Agency "Public Health Agency", it is foreseen to continue the activities in this field according to the Public Health Strategy. Ministry of Health will provide the support to maintain the developed system and the necessary financial resources will be foreseen to be included in the budget of the State Agency "Public Health Agency".

8. Conditionality and sequencing

- Successful co-operation between the involved governmental an non-governmental institutions;
- Co-financing from the state budget for the project activities is ensured.

ANNEXES TO PROJECT FICHE

1. Logical framework matrix in standard format
2. Detailed implementation chart
3. Cumulative contracting and disbursement schedule (by quarters, in Euros)
4. List of Relevant Laws and Regulations.

ANNEX 1

LOGICAL FRAMEWORK MATRIX IN STANDARD FORMAT

LOGFRAME PLANNING MATRIX Project	Program name and number	
Development of Public Health Monitoring and Reporting System	Contracting period expires	Disbursement period expires
	Total budget **EUR 707 800**	TF budget **EUR 618 000**

Overall objective	**Indicators of Achievement**	**Sources of Information**	
To improve information to the public and decision makers in order to formulate appropriate strategies, policies and actions in the field of Public Health.	➢ Proposals for actions in order to improve public health status in Latvia.	➢ MoH; ➢ Legislative acts and strategies in the field of Public Health	
Project purpose	**Indicators of Achievement**	**Sources of Information**	**Assumptions**
Development of Public Health monitoring and Reporting System in line with Community health indicators.	➢ Annual reports on Public Health; ➢ Computerised information system to assist in regular Public Health monitoring;	➢ MoH, PHA information	➢ Cooperation with other public health institutions ➢ Recruitment of more staff
Results	**Indicators of Achievement**	**Sources of Information**	**Assumptions**
Contract 1 (Twinning) • Elaborated action plan for the development of Public Health report; • Gained knowledge and skills for the development of the Public Health reports; • Elaborated Public Health report on 3 selected topics; • Defined structure of necessary data for information system; elaborated recommendations for fulfilment of identified data gaps; • Defined scope, sources and storage of data necessary for the information system, based on the experience from the EU countries; **Contract 2 (Service)** • Developed user requirements and terms of reference for the original software and technical	**Contract 1** ➢ Specified and discussed necessary actions and procedures for the development of public health report; ➢ Trained 3 trainers to lead implementation of the Action plan for development of Public Health reports and transfer necessary know-how to the staff of PHA; ➢ Published and disseminated Public Health reports on 3 different topics; ➢ Data set for computerised information system; **Contract 2** ➢ Terms of reference and technical specifications	➢ MoH, PHA information; ➢ Project monitoring reports ➢ Training and fieldwork certificates; ➢ Project assessment reports.	➢ Adequate yearly allocations from the state budget; ➢ Strong cooperation and exchange of data between public health institutions and other governmental an non-governmental institutions ➢ Qualified personnel (including foreign expert and local specialists)

specifications for the necessary hardware **Contract 3 (Supply)** • Delivered computer server and 3 workstations for the elaborated software and data storage; **Contract 4 (Service)** • Developed, installed and tested information system (data-base), trained specialists (approx. 10 persons)).	**Contract 3** ➢ Hardware for computerised Public Health monitoring information system **Contract 4** ➢ Software for computerised Public Health monitoring information system ➢ 10 trained specialists		
Activities	**Means**		**Assumptions**
Contract 1 (Twinning) • Elaboration of the action plan for the development of Public Health report that would contain guidelines for the development of public health reports, selection of topics, proposed schedule, indication of necessary resources, etc. • Internships for three PHA specialists in a EU country, who will be responsible for the development of the Public Health reporting (Training of trainers); • Implementation of the elaborated action plan for the development of Public Health report. The three PHA specialists who were on the internship will lead the development of Public Health reports on three selected topics with assistance of three STEs; • Defining structure and sources of necessary data for public health monitoring and reporting; elaboration of recommendations for fulfilment of identified data gaps; • Definition of scope, sources and storage of data necessary for the computerised information system, taking into account and based on the experience of EU countries for creation of database for public health monitoring and reporting.	Twinning • Resident twinning adviser (RTA) - 12 m/m • Twinning expertise – 1 m/m, • Twinning expertise - 2 m/m, • Twinning expertise - 2 m/m, • Twinning expertise - 2 m/m, • Twinning expertise - 1 m/m, • Twinning expertise - 1 m/m,	➢ Terms of Reference ➢ STE Mission Reports	➢ Co-operation with other institutions in public health monitoring; ➢ Government provides co-funding. ➢ Qualitative and professional exchange of information between all involved institutions

Contract 2 (Service) • Development of user requirements and terms of reference for the software and necessary hardware for activities 3.1. and 4.1; **Contract 3 (Supply)** • Purchasing of the computer server and 3 workstations (PCs, basic software, statistical software, e.g. standard statistical soft, printers) for the elaborated software and data storage. **Contract 4 (Service)** Development, installation and testing of the information system (data-base), pre-service and in-service training (approx. 10 persons).	Service • IT Expert 3 m/m,		
		Preconditions: - National co-financing ensured; - The priority for the Government of Latvia is maintained.	

ANNEX 2

DETAILED IMPLEMENTATION CHART

Project title: Development of Public Health Monitoring and Reporting System

	2006												2007						
Months	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J
Contract 1 - Twinning Covenant:																			
Resident Twinning Adviser (RTA) (12 m/m)				X	X	X	X	X	X	X	X	X	X	X	X				
Twinning expertise (2 m/m) for the elaboration of the action plan for the development of Public Health report that would contain guidelines for the development of public health reports, selection of topics, proposed schedule, indication of necessary resources, etc.					X	X													
Internships for three PHA specialists in EU country, who will be responsible for the development of the Public Health reporting (Training of trainers).								X											
3 Short-term experts each for 3 man months for the implementation of the elaborated action plan for the development of Public Health report. The three PHA specialists who were on the internship will lead the development of Public Health reports on three selected topics with assistance of three STEs.									X	X	X	X	X	X					
Twinning expertise (2 m/m) for the defining structure and sources of necessary data for public health monitoring and reporting; elaboration of recommendations for fulfilment of identified data gaps.					X	X													
Twinning expertise (2 m/m) for the definition of scope, sources and storage of data necessary for the computerised information system, taking into account and based on the experience of EU countries for creation of database for public health monitoring and reporting.							X	X											

Contract 2 – Service:																		
IT expert (2 m/m) for the development of user requirements and terms of reference for the software and necessary hardware for contracts 3 and 4.								X	X									
Contract 3 – Supply:																		
Purchasing of the computer server and 3 workstations (PCs, basic software, statistical software, e.g. standard statistical soft, printers) for the elaborated software and data storage.												X	X	X				
Contract 4 –Service:																		
Development, installation and testing of the information system (data-base), pre-service and in-service training (approx. 10 persons).												X	X	X				

ANNEX 3

INDICATIVE CUMULATIVE CONTRACTING and DISBURSEMENT SCHEDULE (MEUR)

Project title: **Development of Public Health Monitoring and Reporting System**

	31.03.2006	30.06.2006	30.07.2006	30.09.2006	28.12.2006	30.11.2006	28.02.2007	31.03.2007	31.12.2007
Contract 1 (Twinning)*									
Contracted total	**0,354**								
TF	0,354								
National	0,0354								
Disbursed total	**0,2832**							**0,354**	
TF	0,2832							0,354	
National	0,023	0,0248	0,0266	0,0284	0,0302	0,032	0,034	0,0354	
Contract 2 (Service)*									
Contracted total			**0,036**						
TF			0,036						
National			0,0036						
Disbursed total			**0,0072**	**0,036**					
TF			0,0072	0,036					
National			0,0021	0,0036					
Contract 3 (IT Supplies)**									
Contracted total						**0,06**			
TF						0.,45			
National						0,015			
Disbursed total						**0,012**	**0,06**		
TF						0,009	0,045		
National						0,003	0,015		
Contract 4 (Service)**									
Contracted total						**0,1**			
TF						0,075			
National						0,025			
Disbursed total						**0,02**	**0,1**		
TF						0,015	0,075		
National						0,005	0,025		

* Parallel co-financing

** Joint co-financing

Annex 4

LIST OF RELEVANT LAWS AND REGULATIONS

1. Public Health Strategy, 2001;
2. Regulation of Public Health Agency;
3. Decision No. 1786/2002/EC of European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008).