1. Basic Information
1.1 CRIS Number: 2006/018-180.02-01 Twinning No: PL/06/IB/SO/02
1.2 Title: Strengthening of communicable diseases epidemiological surveillance in Poland
1.3 Sector: Internal market
1.4 Location: Poland, Warsaw, Chief Sanitary Inspectorate – Ministry of Health

2. Objectives
2.1 Overall objective:
Strengthen the capacity to manage the outbreak and control of the spread of communicable diseases

2.2 Project purpose:
• Strengthening of active surveillance on communicable diseases in Poland.
• Improving knowledge of using computer analysis methods in epidemiology, outbreak management.
• Timely monitoring of trends in infectious disease and trends comparison across regions.

2.3 Justification
According to the Comprehensive Monitoring Report on Poland's preparation for membership:
“With regard to the control and surveillance of communicable diseases, the administrative and regulatory framework has been established. Some implementation and enforcement efforts are still needed, in particular in relation to outbreak management, systematic vigilance, greater data analysis, laboratory capacity, patient confidentiality and rapid response. Efforts to improve the health status of the population and to devote adequate resources to health should be continued.”

3. Description
3.1 Background and justification:
The system of communicable diseases epidemiological surveillance at present in Poland is in line with the act of September 6th 2001. This system complies with the Community Network on communicable diseases based on Dec. 2119/98/EC and the Commission decisions based on that decision.

Surveillance of infectious diseases in Poland is based primarily on case reporting. The list of 78 infectious diseases and syndrome subjects to reporting is included in the act of September 6th 2001.

Obligatory hospitalization is required for the following diseases and syndromes: diphtheria, cholera, typhoid fever, paratyphoid fever (A, B, C), plague, poliomyelitis and other acute flaccid paralysis syndromes including Guillain-Barre syndrome, tularemia, encephalitis, meningitis, yellow fever and viral haemorrhagic fevers (VHF). Quarantine is required for contacts of: cholera, pulmonary plague and VHF.
The organisational structure of surveillance is based on 318 Povi at Sanitary Epidemiological Stations (PSES) at local level and 16 Voivodship Sanitary-Epidemiological Stations (VSES) at Voivodship level and 15 Border Sanitary-Epidemiological Stations. The Department of Epidemiology, at the State Institute of Hygiene (SIH) in Warsaw, performs analysis for the whole country.

Reporting is based on individual cases and done by the physician who makes the diagnosis. Reports are sent to local Poviat Sanitary Epidemiological Stations, except for tuberculosis (TB), sexually transmitted diseases (STD) and AIDS reports, which are sent directly to Voivodship Stations by STD and TB clinics.

For certain diseases e.g. hepatitis, pertussis, further information is collected at Poviat level, which includes risk factor data. These data are summarized at Voivodship level and forwarded to the central level.

Vaccination coverage is assessed using reports linked to vaccination cards, which are kept at primary care level. These data are analysed at the central level.

Analysis
Since 2003 Poland has been introducing the electronic system concerning the communicable diseases’ epidemiological reporting. Implementation of IT system will enable analysis of all data collected at Poviat, Voivodship and national level. It will also allow for systematic vigilance of the occurrence of unexpected increases in the number of reports of any given disease as well as enable active response to the Poviat and Voivodship level. The findings of the Chief Sanitary Inspector’s Team for the Modernisation of the Communicable Diseases Surveillance and Control System under the leadership of the National Epidemiological Consultant, which finalized its work in December 2003 indicated the need of collecting wider scope of data including data specific for such diseases as hepatitis B, C etc..

The experience acquired during the implementation of the piloting project carried out in three Voivodships indicated the need of introducing the separate training concerning the use of statistic analyses methods in the scope of epidemiological data with its following interpretation

At present with regard to project Phare 2003 No. 2003/005-710.01.01 "Modernisation of communicable disease surveillance and control system", System GISK-NET is extended over 16 Voivodships and supplemented with increase scope of data and new statistic functions. Concurrently, the basic training regarding the epidemiological surveillance is carried on within the framework of training component of Phare 2003. Since the training component and the IT component are realized simultaneously, it is impossible to make use of fully operating and expanded System GISK-NET during the training. There is a need for training in computer data analysis and field epidemiology: outbreak investigation.

The survey conducted in the end of trainings with regard of Phare 2003 project, allows analyzing those parts of trainings, which needs intensifying. It will become the basis for compiling the detailed training program in the scope TF 2006 with the cooperation of RTA.
Strengthening of communicable diseases epidemiological surveillance in Poland

3.2 Linked activities:
Project Phare 2003 No. 2003/005-710.01.01 "Modernisation of communicable disease surveillance and control system" - where are included procurements of computer hardware, software and training activities in the field of epidemiological surveillance. Project is to be completed by the 30th November 2006.

3.3 Results:
1- Improvement of professional qualifications and knowledge of the staff of State Sanitary Inspection (SSI) in the field of computer analysis methods in epidemiology,
2- The creation of training programme concerning: analyses and the reporting system of special epidemiological issues as the blood-borne infections, analysis of the examples of real, local outbreak situation (the positive and negative examples), as well as the reporting syndromes for the purpose of early detection of the diseases,
3- At least 32 employees of PSES and VSES trained in the area of active surveillance on communicable diseases in Poland who will act as consultants for the internet course participants,
4- Creation of internet course in the field of surveillance on communicable diseases in Poland for SSI employees.

3.4 Activities - Twinning (UE funds – 0.45M€)

At the beginning Twinning site will find out on the current situation – twinning party will have to become familiar with Polish situation in the scope of training needs of SSI (on the basis of discussions with SSI and visits in some VSESs and PSESs); etc. approx cost – 0.02M€

Then the following activities will be performed:

a. Development of the detailed training program matching the needs of State Sanitary Inspection, with special focus on statistical methods in epidemiology and active surveillance system in Poland The activity include creation of internet course for the employee’s of SSI and the another course for consultants who will be supervising internet training. The programme of the course will cover such areas as analysis and the reporting system of special epidemiological issues as the food-borne infections, blood-borne infections, analysis of the examples of real, local outbreak situation (the positive and negative examples), as well as the reporting syndromes for the purpose of early detection of the diseases and use of statistical methods in Epidemiology. - approx. 0.05M€;

b. Provision of trainings for SSI’s staff who will serve as consultants for participants of internet courses. The trainings will include lectures and workshops on the subject matter - at least 32 people trained from PSESs and VSESs who are responsible for epidemiological surveillance and also people from the CSI (central level of SSI); dissemination of information (training materials available). - approx. 0.07 M€. Trainings will be carried out with cooperation with polish experts.

c. Purchasing computer software, designing and implementing computer application serving for interactive, internet courses; – 0.065 M€

Also all Twinning Management costs, visibility costs etc were estimated – approx. 0.03M€
Total RTA costs were assessed - approx. 0.2M€
Also assessment of costs of the assistant was done for approx. 0.015 M€.
Strengthening of communicable diseases epidemiological surveillance in Poland

Simultaneous translations with proper equipment – approx. € 0,024 M€.

**Contract 2** (only Polish co-financing) - provision of computer equipment needed for the computer data analysis trainings *(the contract will be financed entirely from the Polish co-financing)*.

The purchase of 16 notebooks and data projector XGA will enable to organize on-site trainings with remote access to the computer database with real epidemiological data and lower the cost of hiring training rooms.

Within Phare 2003 project 426 PC were purchased. The equipment was deployed to 288 poviat/border sanitary epidemiological-stations (1-7 pcs), 16 voivodship sanitary epidemiological stations (2-3 pcs), Chief Sanitary Inspectorate (7 pcs) and National Institute of Hygiene (5 pcs).

**Required inputs**

**RTA 12 months**

*public servant with good administrative skills and good knowledge of written and spoken English for 12 months will administer the project. The RTA will possess the following qualifications:*

- Has worked in communicable disease epidemiological surveillance of his state for at least 5 years;
- Experience and knowledge in the area of communicable disease epidemiological surveillance especially welcomed - field epidemiology,
- Experience in training in the area of field epidemiology and knowledge of *acquis as well,*
- Preferably, the RTA should be EPIET alumni;
- Preferably, the RTA should have good knowledge of using computer analysis methods in epidemiology and biostatistics;
- being able to work in a team as well as alone.

The task of RTA will consist of acting as a quality manager and consultant for the development of the training programmes and its implementation. In his/her work s/he will be assisted by a team of STEs, who will help to prepare trainings programme, carry out necessary training in more specific areas like crisis management, early warning and response system, influenza pandemic preparedness planning.

RTA costs approx. 0.20 M€

**MS Project Leader**

- at least 3 years of experience in epidemiological surveillance
- civil servant from MS or scientific worker of from national public health institute
- knowledge on epidemiological surveillance of communicable diseases

**Short-term experts**

*Approx. 3 STEs, 3 MMS - experts should be highly experienced in the field of communicable disease surveillance, experience in conducting trainings on the field of epidemiology and statistical methods in epidemiology. They are expected to provide training for the sanitary-epidemiological stations experts. STE costs approx. 0.046 M€*
Expert 1
- preferably, the expert 1 should be EPIET alumni;
- university education in medicine, biology, public health, epidemiology
- at least 3 years experience in epidemiological surveillance
- experience in controlling food-borne diseases (Salmonellosis)

Expert 2
- preferably, the expert 2 should be EPIET alumni;
- university education in medicine, biology, public health, epidemiology
- at least 3 years experience in epidemiological surveillance
- experience in controlling blood-borne diseases (Hepatitis B, C)

Expert 3
- preferably, the expert 3 should be EPIET alumni;
- university education in medicine, biology, public health, epidemiology
- at least 3 years experience in epidemiological surveillance
- experience in methods of statistical analysis in epidemiology

Short-term experts would be responsible for: development of more specific areas of the training programmes, support in the training activities.

Requirements:
knowledge and experience in epidemiological surveillance; university education in medicine, biology, public health, epidemiology, etc; good knowledge of the current *acquis communautaire* in the scope of this project.

3.5 Lessons learned:

The training component of Phare 2003 project is in the preliminary phase. The trainings for the employees of voivodship sanitary-epidemiological station were launched at the end of April. The training at local level for poviat sanitary-epidemiological stations employees will start in June and will be carried out until September 2006. Analysis and formulating recommendation concerning planned training programme will be based on the evaluation of Phare 2003. The evaluation will be carried out by the Chief Sanitary Inspectorate after completion of Phare 2003 project. It should show the areas of epidemiology that need additional or more in depth coverage and will help to determine precise scope for future Transition Facility trainings.

4. Institutional framework

State Sanitary Inspection is an official control body performing communicable diseases epidemiological surveillance and control in Poland. The following legal acts create the framework for State Sanitary Inspection competencies and activity:
- Act of March 15th 1985 on State Sanitary Inspection,

According to Article 7 of Act of March 15th 1985 State Sanitary Inspection is supervised by the Ministry of Health. Chief Sanitary Inspector governs State Sanitary Inspection. Chief Sanitary Inspector (at national level) is accountable directly to the Minister of Health and the Prime Minister. State Voivodship Sanitary Inspectors (16) are accountable to the Chief Sanitary Inspector and directly to the Minister of Health. State Povi at Sanitary Inspectors...
(318) and State Border Sanitary Inspectors are accountable to the Voivodship Sanitary Inspectors.

5. Detailed Budget

<table>
<thead>
<tr>
<th>€M</th>
<th>Transition Facility support</th>
<th>Co-financing</th>
<th>Total cost (TF + co-financing)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Investmen t support (I)</td>
<td>Institution Building (IB)</td>
<td>Total Transition Facility (=I+IB)</td>
</tr>
<tr>
<td>Twinning</td>
<td>450.000</td>
<td>20.000</td>
<td>130.000</td>
</tr>
<tr>
<td>Contract 2 provision of computer equipment for the trainings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>450.000</td>
<td></td>
<td>150.000</td>
</tr>
</tbody>
</table>

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

In the case of Joint Co-financing, where the final overall cost is lower than foreseen in the project fiche, the National Public and Transition Facility Co-financing are reduced proportionally so as to maintain the agreed rate of co-financing. In the case of Parallel Co-financing, where the final cost is lower than foreseen in the project fiche, it must be shown that the overall objectives of the project have been fully achieved.

The amount for co-financing for Contract 1 is entirely parallel co-financing.

The amounts for national co-financing indicated in the table correspond to cash co-financing, unless otherwise stated. Contributions from the Polish administration for effective implementation of the twinning may be further detailed in the twinning contract, unless otherwise indicated joint cofinancing is provided.

VAT does not constitute eligible expenditure except where it is genuinely and definitely borne by the final beneficiary. VAT which is considered recoverable, by whatever means, cannot be considered eligible, even if it is not actually recovered by the final beneficiary or individual recipient.

In case of parallel co-financing, the following activities will be financed from the parallel co-financing provision in the budget table – this will include: all costs of PL experts and participants of trainings such as travel costs, seminar venues, accommodation; all costs of preparation of PL experts’ reports, questionnaires, work of PL experts- delivery of lectures, office for RTA, office equipment and stationary for project’s needs, and all...
necessary costs rising on PL side during the twinning to be covered according to the previous experiences etc.

6. Implementation arrangements

There will be a Project Steering Committee (PSC) established in order to speed up the implementation process of the given project components in the first months after Financial Decision for Transition Facility 2006 is taken. The structure of the Committee will be working as an advisory and monitoring body until particular components are contracted and thus where appropriate may be replaced by the Twinning Steering Committee.

The participants of the Project Steering Committee will be representatives of the following institutions: PAO, NAC, CFCU and beneficiary (SPO, contact person as indicated in the fiche and representative from Office for Foreign Aid Programmes in Health Care). It is also recommended to invite representatives of NAO services while the issues of financial management flow are to be comprehensively discussed. The Project Steering Committee will meet every quarter starting from the date of signing the Financial Decision and will concentrate on discussing the problem occurred at the beginning phase of project implementation as well as on defining possible solutions and corrective measures. The PAO representative will organise and chair the PSC meetings.

6.1 Implementing Agency

PAO: Tadeusz Kozek, Under-secretary of State at the Office of the Committee for European Integration, Aleje Ujazdowskie 9, 00-918 Warszawa; phone 48 22 455 52 41.
CFCU: Foundation Co-operation Fund, CFCU Director, ul. Górnośląska 4a, 00-400 Warsaw: phone: +4822 622-88-20, fax: +4822 622-75-65

The CFCU is responsible for handling tendering, contracting and payments of contracts on behalf of the (Ministry of Health, Chief Sanitary Inspectorate).

6.2 Twinning:

■ One Resident Twinning Adviser (RTA) and a number of short-term experts will assist in project implementation: consultations continually throughout 12 months of stay in Poland,
■ short-term experts with adequate knowledge and experience
■ Institutional beneficiary - Chief Sanitary Inspector and the State Sanitary Inspection

SPO: Mr Andrzej Trybusz, Chief Sanitary Inspector, ul. Długa 38/40, 00-238 Warsaw, Phone: 48 22 635 45 81, Fax: 48 22 635 61 94.

Project Leader: Mr Michał Ilnicki, M.D. - Department of Communicable Diseases Control in the Chief Sanitary Inspectorate, Address: 00-238 Warsaw, ul. Długa 38/40; tel. +48 22 536 13 57 fax +48 22 635 61 94

Administrative Office: Department for Institution Building Programmes, Office of the Committee for European Integration, Aleje Ujazdowskie 9, Warsaw, Phone: 48 22 455 52 15, Fax: 48 22 455 52 14

6.3 Non-standard aspects
Non-standard contracts are not foreseen under the project.

6.4 Contracts

Contract 1 - Twinning 580.000 gross value (EU funds 450.000 + 130.000 co-financing) parallel co-financing,
**Contract 2** - purchasing notebooks with appropriate statistical software to perform trainings in the field of computer data analysis - 20.000 € (Polish co-financing)

7. **Implementation schedule:**
   7.1 Start of tendering/call for proposals:
      1) Twinning
      7.1.1 Commencement of contracting process: IV quarter 2006
      7.1.2 Start of project implementation (signature of contract): II quarter 2007
      7.1.3 Project completion: II quarter 2008
   2) IT Contract
   7.1 Commencement of contracting process: II quarter 2007
   7.2 Start of project implementation (signature of contract): III quarter 2007
   7.3 Project completion: IV quarter 2007

8. **Sustainability**
   Creating of internet based courses and training of the consultants will enable distant learning after completion of TF 2006 project.

9. **Conditionalities and sequencing**

9.1 Conditionalities
   Twinning contract:
   Carrying out the survey of training needs of State Sanitary Inspections employees. It will enable to focus training programme on the real needs of SSI and cover the topics that need special attention.

9.2 Sequencing
   Twinning contract:
   - working out of the programme of twinning cooperation;
   - selection of topics for and preparation of training in Poland;

   Equipment:
   - preparation of technical specification for tender procedures;
## Annex 1: Logframe matrix

<table>
<thead>
<tr>
<th>LOGFRAME PLANNING MATRIX FOR THE PROJECT</th>
<th>Programme name and number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project</td>
<td></td>
</tr>
<tr>
<td>Strengthening of communicable diseases epidemiological surveillance in Poland</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Contracting period expires</th>
<th>Disbursement period expires</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IV quarter 2008</td>
<td>IV quarter 2009</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total budget</th>
<th>Transition Facility Budget</th>
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<tbody>
<tr>
<td></td>
<td>0,6 MEUR</td>
<td>0,45 MEUR</td>
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</tbody>
</table>

### Overall objective

Strengthening of capacity to manage the outbreaks and control the spread of communicable diseases

### Objectively Verifiable Indicators

Management of outbreaks performed according to the EU requirements (active vigilance, outbreak management).

### Sources of Verification

Documentation of the Ministry of Health, Chief Sanitary Inspectorate, report of the EU.

### Project Purpose

- Strengthening of active surveillance on communicable diseases in Poland.
- Improving knowledge of using computer analysis methods in epidemiology, outbreak management.
- Timely monitoring of trends in infectious disease and trends comparison across regions.

### Objectively Verifiable Indicators

32 employees of SSI trained in epidemiological surveillance as consultants for internet courses.

Internet course on epidemiological surveillance and statistic methods in epidemiology prepared.

### Sources of Verification

Documentation of the Ministry of Health, Chief Sanitary Inspectorate, report of the EU.

### Assumptions

Participation of the foreign and Polish experts. Continuation by the government bodies of the trainings programmes.
### Results

<table>
<thead>
<tr>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement of professional qualifications and knowledge of the staff of State Sanitary Inspection (SSI) in the field of computer analysis methods in epidemiology.</td>
<td>Development of disease specific questionnaires based on EU case definitions.</td>
<td>Participation of the foreign and Polish experts. Continuation by the government bodies of the trainings programmes.</td>
</tr>
<tr>
<td>Creation of training programme concerning: analyses and the reporting system of special epidemiological issues as the blood-borne infections, analysis of the examples of real, local outbreak situation (the positive and negative examples), as well as the reporting syndromes for the purpose of early detection of the diseases.</td>
<td>Internet course in the field of surveillance on communicable diseases in Poland created.</td>
<td></td>
</tr>
<tr>
<td>At least 32 employees of PSES and VSES trained in the area of active surveillance on communicable diseases in Poland who will act as consultants for the internet course participants.</td>
<td></td>
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<tr>
<td>Creation of internet course in the field of surveillance on communicable diseases in Poland created.</td>
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<tr>
<td>32 employees of SSI trained on epidemiological surveillance: data analysis, outbreak management, early warning and response system and crisis management.</td>
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<tr>
<td>Documentation of the Ministry of Health, Chief Sanitary Inspectorate, report of the EU.</td>
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<tr>
<td>Activities</td>
<td>Means</td>
<td>Sources of Verification</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>- Assessment of the current situation in the scope of reporting of outbreaks and spread of communicable diseases system performed by the SSI (on the basis of discussions with SSI and visits in some VSEs and PSEs) carried out; - Detailed training programme matching the active evaluation of the reporting system in Poland and needs of State Sanitary Inspection; - Provision of trainings for SSI's staff who will be at as consultants for internet course trainees concerning: analysis and the reporting system of special epidemiological issues as the food-borne and blood-borne infections, analysis of the examples of real, local outbreak situation (the positive and negative examples), as well as the reporting syndromes for the purpose of early detection of the diseases. The trainings will include lectures and workshops on case analysis - at least 32 people from SSI who are responsible for epidemiological surveillance and also people from the CSI (central level of SSI) trained; dissemination of information (training materials available). - Trainings materials on the internet for SSI's staff available; - Computer equipment for the trainings provided.</td>
<td>Twinning contract with 1 RTA and 3 STEs Investment contract signed</td>
<td>Participation of the Polish and foreign expert Continuation by the government bodies of the trainings programmes Co-financing available</td>
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<td></td>
<td>Date of Drafting</td>
<td>Planning Period</td>
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### Aneks 2-3: Implementation, contracting and disbursement schedules

<table>
<thead>
<tr>
<th></th>
<th>Budget Allocation</th>
<th>Cost Estimate (in M EUR)</th>
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<tr>
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<thead>
<tr>
<th></th>
<th>Implementation schedule</th>
<th>Contracting schedule</th>
<th>Disbursement schedule</th>
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<td>D</td>
<td>D</td>
<td>D</td>
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</tbody>
</table>

**Legend:**
- D = design of contract and tendering
- C = signature of contract
- I = contract implementation and payment
Annex 4

List of EU legislation in the field of Communicable Disease Epidemiological Surveillance and Control

Decision No 2119/98/EC of the European Parliament and of the Council of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community


Commission decision (2003/542/EC) of 17 July 2003 amending Decision 2000/96/EC as regards the operation of dedicated surveillance networks


Communication of 28.11.2005 form the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions on Pandemic Influenza Preparedness and Response Planning in the European Community COM(2005) 607 final