TWINNING INTERIM QUARTERLY REPORT

No. 6

Strengthening the surveillance and control of Communicable Diseases

Member State Partners
The Netherlands Ministry of Health, Welfare and Sport,
The Netherlands School of Public and Occupational Health (NSPOH)

Beneficiary Country Partners
Ministry of Health of the Slovak Republic
Public Health Authority of the Slovak Republic

September 2006

TABLE OF CONTENTS

List of abbreviations

BC	Beneficiary Country
CC	Component Coordinator
CD	Communicable diseases
CFCU	State Agency “Central Financing & Contracting Unit”
EC	European Commission Representation in the Slovak Republic
EPIS	Epidemiological Information System
EQAS	External Quality Assurance System
EU	European Union
ISO	International Organization for Standardization
KIT BR	KIT (Dutch Royal Tropical Institute) Biomedical Research
LCI	Dutch National Co-ordination-centre for CD
Min VWS	Dutch Ministry of Health, Welfare & Sport
MoH	Ministry of Health of Slovakia
MS	Member State
NRC	National Reference Centre
NSPOH	Netherlands School of Public & Occupational Health
RTA	Resident Twinning Advisor
PL	Project Leader
PM	Project Manager
PHA	Public Health Authority
QA/QC	Quality Assurance / Quality Control
RIVM	Dutch National Institute for Public Health and the Environment
RPHA	Regional Public Health Authority
SAC	Sector Aid Coordinator
SNAS	Slovak National Accreditation Service
SOP	Standard Operating Procedure
SPO	Senior Programme Officer
SR	Slovak Republic
STE	Short Term Expert
SW/HW	Soft Ware / Hard Ware
WHO	World Health Organization

Section 1. Project data

Twinning Contract No.	SK03/IB/SO/01
Project title	Strengthening the surveillance and control of communicable diseases
Twinning partners	Ministry of Health, Welfare and Sport (NL) Ministry of Health (SK)
Report No.	6
Period covered by the report	14 May 2006 – 13 August 2006
Duration of the project	21 months

Rapporteur Member State	Rapporteur Beneficiary Country
Mr Geert van Etten, project leader	Ms Zuzana Škublová, project leader

Section 2. Content

Background

Policy development

On the 17th of June 2006 elections took place in the Slovak Republic. A new Minister of Health was elected: Mr. Ivan Valentovič. Because of this change, the top management of the Public Health Authority of SR was also changed again on 15th of July 2006. Mr. Rovný was appointed as director of the PHA SR. The new management was informed about the current status of realization and implementation of the Twinning project (see also under "meetings", p.6). The position of the Chief Hygienist was cancelled by the Act no. 126/2006 on public health valid as of 1st of June 2006 which replaced the Act no. 272/1994 on health protection. The PHA is currently represented by a director.

The new Decree of the Government of the Slovak Republic no. 337 on further details on prevention and control of communicable diseases from 10th of May 2006 has been approved by the Slovak government. This decree replaced the Regulation of the Ministry of Health of the Slovak Republic no. 54/2000 which changed and supplement the Regulation of the Ministry of Health of the Slovak Republic no. 79/1997 on measurements for prevention from communicable diseases.

The major changes in the new Decree are that the diseases are grouped and a timeframe according to the importance of the measures that have to be taken for each of these groups is established.

Achievements of mandatory results

The following **Benchmarks** were achieved in the reporting period:

Component I
- As part of the training programme, 74 staff from Regional PHA has participated in a two days workshop on outbreak management.
- Implementation and testing of new systems in 5 selected pilot regions

Component II
- The generally accepted standards on quality assurance for granting accreditation by the SNAS have been implemented.

Component III
- Document on the revised Standard Operating Procedures.

The following **Mandatory Results** were completed in the reporting period:

Component I
- Slovak monitoring system of CD harmonised with EU standards, *Early Warning System* (EWS) upgraded and staff trained.

This result is almost achieved, except for the following benchmarks:
- Website with selective parts for experts and the public at large: the design is ready and the site will be functional before the end of the project.

- Integration of new systems into the European Early Warning System (EWS): when the system is working satisfactorily, presumably before the end of the project, this will also be realised.
- Increased number of memberships in EU networks compared with the situation at the start of the project: is in process and will be clear before the end of the project.

Component II

- National Reference Centres (NRC) network extended, existing NRC strengthened, and *Laboratory Assurance Quality System* in NRC implemented.

This result is almost achieved with the exception of the accreditation of 6 NRC's (at the Public Health Authority of the Slovak Republic) instead of the 9 NRC's that should have been accredited. It also should be noted here that instead of the 9 NRC's mentioned only 8 existing NRC's were included in the project and 1 new NRC for arboviruses and haemorrhagic fever was planned to be established. However due to lack of competent staff this only has been established as a separate workplace for the moment. However, it functions on a laboratory level.

Component III

- Standard Operating Procedures (SOP) in selected clinical microbiology laboratories implemented based on the new implemented quality assurance system.

This result is almost achieved, with the exception of the testing in 5 pilot regions. Instead, the testing took place in 2 pilot regions: Due to organisation changes of laboratory basis at Regional Public Health Authorities during the 3.3 activity (drastic reduction of RPHA microbiology laboratories, from 60 to 56) the Component III work plan had to be rearranged and the former idea of a standard EQAS was retained only for salmonella NRC and NRC for resistance to antibiotics (ATB) serving the remaining (about 60) participating clinical microbiology laboratories. Because of lack of target EQAS participating laboratories NRC for measles, mumps and rubella (MMR) and influenza NRC were excluded from EQAS PHA SR. For Polio NRC a relevant simplified system with just 2 participating laboratories at RPHAs was adopted.
During the 3.4.activity of the project three EQAS PHA SR test runs (ATB, salmonella and polio) have been realised and evaluated. All of them passed successfully and have confirmed usefulness and necessity for a national EQA system organisation in the Slovak Republic.

Activities in the reporting period

On 9 June 2006, the 5th Meeting of the Steering Committee took place at the Ministry of Health of the Slovak Republic. See annex 1 for the minutes of this meeting for which a draft was first circulated to all members for comments which then were integrated into this new version.

On the 16th of June the Monthly Meeting on international projects at the MoH took place, chaired by Mrs. Škublová. PM Mrs. Krištúfková, RTA Mrs. Aalders and RTA assistant Mrs. Ráčková were not present due to the visit of two STE's during that week and the de-briefing of one the STE's at that day. Because of this the Twinning project was not discussed too deeply. Minutes are available in Slovak (but not attached to this report).

On the 12th of July a meeting took place with Mr. Valašek, the then Director of the PHA SR.
Mrs. Marušáková from the PHA SR, SK-PL Mrs. Škublová, PM Mrs. Krištúfková, CC I Mrs. Avdičová, RTA Mrs. Aalders and RTA assistant Mrs. Ráčková were also present. Many issues were discussed, o.a. the reconstruction of the building of the PHA SR in Bratislava, the

progress of the new software system, the financial consequences for the catering during workshops and trainings. For more details see annex 2 for the minutes of this meeting.

On the 8th of August the Monthly Meeting on international projects at the MoH took place, chaired by SK-PL Mrs. Škublová. PM Mrs. Krištúfková, RTA Mrs. Aalders and RTA assistant Mrs. Ráčková were present. The representatives of CFCU and Office of Government of SR were also present. In brief, the Twinning project was discussed, next to other projects. An update was given to all the people present on the progress of the project. For more details see annex 3 for the minutes of this meeting.

On the 9th of August a meeting took place between the Deputy of the Director of PHA SR Mr. Fitz, SK-PL Mrs. Škublová, RTA Mrs. Aalders, RTA assistant Mrs. Ráčková, PM Mrs. Krištúfková, CC I Mrs. Avdičová, her deputy Mrs. Hrubá, Deputy Head Department for Microbiology Mrs. Gavačová, Head of Economy Department at PHA SR Mrs. Dobáková and the representative of the company Softec Mr. Hierweg. The purpose of this meeting was to give an update on the project and to discuss with him again the issues formerly discussed in the meeting on the 12th of July with the then director Mr. Valašek (see above). The minutes are available but only in Slovak and not added to this report therefore.
The main conclusions from the meeting are as follows:
Due to the delays in the starting phase of the software development, it was decided to extend the contract between the company Softec and CFCU to the end of October 2006. It was also decided that company Softec will organize additional one-day training for NRC staff at PHA SR, focused on each NRC in more details. It was suggested to set up a working group of Slovak experts in order to harmonise the NRCs with EU. It would be useful to get opinions from the short-term experts. Concerning the reconstruction, the first part will be finished by 15th of August and the rest by the end of September 2006. The SK-PI informed that the contract with the company Vitrum for the delivery of the laboratory equipment could be also extended. Furthermore, the details for organizing of the “Closing ceremony” as well as the catering for remaining activities were discussed.

Component I

Extension of activity 1.10 (extra proposal)

To streamline Slovak specific general guidelines for outbreak management with the Dutch National guidelines by translating part of the latter into the Slovak language.

In this way an increase of the level of epidemiological action and its harmonization with EU standards can be expected. At the end of July the green light was given to the translating company to make the translation from Dutch to Slovak. The estimated time of finalization of the translation is mid-September.

Activity 1.11 Two days workshop on outbreak management for regional staff with exercise on case control and cohort studies.

Mrs. Willy-Anne van Stiphout (NSPOH / STIP, Zweeloo, The Netherlands) was involved in this activity on behalf of the Member State-partner.

The visit took place from 2 – 4 July 2006 at the Public Health Authority of SR in Bratislava and the Ministry of Health of SR.

The first part of act 1.11 has been executed by Mrs. Aura Timen in February this year: a 1 day workshop on outbreak management by way of a cohort study. 1 day (4-6 July) was left of this activity and was concerned with a training on basic epidemiological principles for approx.

20 epidemiologists from the Regional PHA's,.Mrs. Willy-Anne van Stiphout replaced Mrs. Aura Timen, who was no longer available. This training will be followed in the 3rd week of September by a 5 day training course (extra act. 1.15) on advanced epidemiological principles (o.a. case control study) with 2 other Dutch STE's.
See annex 4 for the Side letter no. 10 for the approval of the new expert.

During the 1 day workshop the following subjects were discussed:

- Types of epidemiological studies and their outcomes and how they relate to each other. Pro's and con's of the different types
- Fundamentals of data analysis: precision and validity
    - Precision is about random error: in stead of calculating p-values it is advised to calculate 95% confidence intervals
    - Validity is about systematic error: it is recommended to separate confounding (bias) from information- and selection bias
- Controlling or adjustment for confounding, depending on how much time is left:
    - Learn to reason in what direction the outcome measure will change after adjustment
    - Learn to calculate an adjusted outcome measure through stratified analysis and standardization

Main conclusions of the mission according to STE:
Overall, at the end the impression was that the training was useful for most of the participants but until the end it was not easy to get a good discussion going. In making exercises they were very active however.

Mrs. van Stiphout's full mission report can be found in annex 5.

With the finalization of activity 1.11, the Second Phase (development) of Component I is now completed.

Activity 1.12 Registration for new memberships of EU networks

This activity is delayed. The RTA and RTA assistant are still in the process of trying to update the list of EU memberships already made available as part of act. 1.5. Because one of the key persons to assist with the updating of this list, Mrs. Máderová, has left the PHA SR, it turns out to be quite difficult to find another relevant person who can give support. However, everything possible will be done to get the proper results.

Next to this, this activity is put forward as an extra proposal: *a 1 day workshop on the use of ENTERNET*, a network specialized in communicable diseases, implemented by two Dutch experts: Mr. van Pelt and Mr. van de Giessen from RIVM, which will take place on the 5th of September *(See also Annex 14 Overview of activities)*
A report on this activity will appear in the 7th Quarterly Report.
The accompanying Sideletter no. 12, for the approval of Mr. van de Giessen as the second expert to come for this activity, will also appear in the 7th report.

Activity 1.13 Implementation, testing and evaluation of the new system on data collection in 5 selected pilot regions.

At the request of the component coordinator the STE also concentrated on the following:
- To read and comment the last version of the "Proposal on the new software solution EPIS" created by the SOFTEC company.

Mr. Matthias Otto (NSPOH / KinderUmwelt Germany) was involved in this activity on behalf of the Member State-partner.

The visit took place from 9 – 14 July 2006 at the Public Health Authority of SR in Bratislava and the Regional Public Health Authority in Trenčín. This was the 1st part of his involvement for activity 1.13. the 2nd part will take place from the 21st until the 25th of August. His report on this part will follow in the 7th Quarterly report.

Main conclusions of the mission according to STE:
The (highly complex) software package is still in a stage of development.

Training was provided on a rather early version of the forthcoming system. However, basically the training course served its purpose: to introduce the new information system to its potential users (from 5 pilot regions) and – at the same time - to detect errors, missing functions and malfunctions.

Mr Otto's full mission report can be found in annex 6.

Activity 1.14 Full systems roll-out in all 36 Regional PHA's

This activity should have taken place in this quarter but is delayed because the system is not completely operational yet. It is expected that before the end of the project the system will be fully operational. The RTA will keep checking how it is going (see also annex 14 Overview of activities).

Activity 1.15 Organization of a one day conference on Intervention epidemiology for surveillance and control of communicable diseases at the national and local level

This activity should have taken place in this quarter but is delayed. It will take place on the 22nd of September and will be the final part of the 4 day training (see below; see also annex 14 Overview of activities)

Extension activity 1.15 (extra proposal)
4 day training by Mrs. Jeanette de Boer and Mrs. Hannelore Götz on epidemiological principles in general and on risk assessment

See also annex 14 Overview of activities. It will take place from 18-22 Sept. The accompanying Sideletter no. 11 and mission report will appear in the 7th Quarterly report.

Update on SOFTEC

The work with the company SOFTEC continues on a daily basis and according to agreed time schedule stated in the contract.

- Company SOFTEC prepared the first proposal of the document "Solution of software for monitoring of infectious diseases for Public Health Authority of SR and 36 Regional Public Health Authorities" (material content 426 pages). The document was repeatedly commented by members of working group for this component. Finally the third version was accepted.
- On the 10th of.July the training for people from pilot areas Bratislava, Trenčín, Rimavská Sobota, Martin, Banská Bystrica and PHA SR (22 people) started. From 24.7. to 9.8.2006 the training for other users from all RPHAs (95 people) took place. The training was held in Bratislava. The users from pilot districts send to Banská Bystrica all contributions to the system. Dr. Avdičová and Dr. Hrubá evaluated the contributions and sent

them to SOFTEC. This process continues until the 18th of .August. The training for administrators (4 people) was held in RPHA Banská Bystrica for two weeks.

- Check of documents for automatic link of reporting to European networks, BSN, ENTER-NET, POLIO, HIV/AIDS …etc.
- Proposal of the portal for website and its content preparation.
  Members of working group have prepared:
  - Information for public - Basic Information about infectious disease from A to Z
    - Immunisation schedule in SR, Immunisation calendar for common year
    - Other relevant information
  - Information for health professionals – Legislation on control and prevention infectious disease, Links to information on epidemiological situation in SR, regions and districts
  - Up dating of EPIS individual items run by needs.

Component II

Activity 2.6 Development and implementation of the quality control systems and progressive detection methods.

Three short-term experts were involved in this activity on behalf of the Member State-partner: Mrs. de Schipper, Mr. Melchers and Mr. Galama.

The visit of the first expert Mrs. de Schipper (NSPOH / University Medical Centre Leiden, The Netherlands) took place from 11 – 18 June 2006 at the Public Health Authority of SR in Bratislava. Ms De Schipper combined her work for activity 2.6 with activity 3.3. (see under Comp. III) She wrote one mission report for both activities.

Specific expected results from component co-ordinator:

- Evaluation of resolving process of non-conformities that were found during the SNAS visit.

Main conclusions of the mission according to STE:
Most of the operational Non-Conformities at the work floor are solved, depending on reconstruction issues.

Mrs. de Schipper's full mission report on activities 2.6 and 3.3 can be found in annex 7 together with the "Explanatory document activity 3.3".

On the request of Mrs. de Schipper, RTA Mrs. Aalders and RTA Assistant Mrs. Ráčková went to Košice to visit the NRC for Diphteria to do some preparatory work for activity 2.6. Information was gathered on quality management issues. This information can also be used for the evaluation of the quality system in activity 2.7.This visit took place on the 29th of May 2006.

Main conclusions of the mission according to STE:

- There are around 30 non-conformities for the 3 NRCs. Most of them can be and will be solved by 25/5. The non-conformities concerning the quality manual will be solved around 2/6.
- Very clean and well organized NRC.
- In all rooms there were lists with descriptions, SOP's, on the wall; notebooks with date were up to date.
- Unclear is how much work there is during working hours because of not seeing work in progress.

See annex 8 for Side letter No. 9 for the approval of this visit.
See annex 9 for the report of this visit.

The visit of the second expert Mr. Willem J.G. Melchers (NSPOH / University Medical Centre St Radboud, The Netherlands) took place from 12 – 15 June 2006 at the Public Health Authority of SR in Bratislava.

Specific expected results from component co-ordinator:
- Approve the setting-up of a molecular unit with respect to the need of implementation of the new molecular detection methods.
- Evaluation of the preparedness of NRC for Salmonellosis for RAPD method.
- Evaluation of the preparedness of NRC for Meningococci for Real Time PCR.

Main conclusions of the mission according to STE:
The progress in implementation of RAPD for the genetic analysis of different Salmonella serovars is impressive. The expert feels an important step forward would be to gain more knowledge about the interpretation of the massive amount of data.

The set-up of the molecular unit is in progress but delayed because the reconstruction of the labs is expected to start in July 2006, the actual new set-up could therefore practically not be evaluated. In theory it looks fine.

Mr. Melcher's full mission report can be found in annex 10.

The visit of the third expert Mr. Joachim M.D. Galama (NSPOH / University Medical Centre St Radboud, The Netherlands) took place from 10 – 12 July 2006 at the Public Health Authority of SR in Bratislava and the Regional Public Health Authorities in Košice and Banská Bystrica.

At the request of the component coordinator Mr Galama also concentrated on the following:
- Maintaining of a high level of expertise and performance of diagnostics of Measles, Rubella, Poliomyelitis and Influenza in the Regional Public Health Authorities in Banská Bystrica and Košice.
- An evaluation of fulfilment of the standard operating procedures at regional level.

Main conclusions of the mission according to STE:
Technically the laboratory systems are on a satisfactory level.

There is limited opportunity for the professionals in these NRC's to keep up with recent developments and standards through post-graduate trainings.

There is quite a distance between the lab and the clinic which makes that virology has currently a weak position in clinical decision making.

Mr. Galama's full mission report can be found in annex 11.

Activity 2.7 Final assessment of the implementation of the new quality control system

Mrs. de Schipper will fulfil this activity, which is delayed, in the 1st week of September (4/9-8/9) and will combine it with activity 3.4. A report of this activity (and act. 3.4) will appear in the 7th Quarterly Report.

Activity 2.8 Passing the accreditation process

The process is running. RTA Mrs. Aalders is keeping track of it (see also below for update on Accreditation process by component coordinator Mrs. Bosá).

Update on the accreditation
The SNAS inspection of the fulfilment of the nonconformities will possibly take place at the end of September. As the result of the inspection, the SNAS will issue a Certificate of the Accreditation, by mid October, if all goes according to schedule.

Update on VITRUM
Half of the area for PHA SR in Bratislava still needs to be reconstructed therefore delivery for this part will be realised after its reconstruction. Estimated delivery finalization is in September 2006.

Update on reconstruction of PHA SR in Bratislava
By mid August the first part will be finished. The rest will be finished before the end of the contract of the building company, by the end of September.

Component III

This component is in the finalizing stages of evaluation and completion.

Both Salmonella and ATB NRCs have sent independent control samples to all of 56 currently existing clinical microbiology laboratories in Slovakia. There were 2 separate samples for ATB susceptibility testing and 2 other samples for Salmonella identification, serotyping and susceptibility testing.

The experimental PHA EQAS run can be preliminary evaluated as follows:

- More than 96% of routine laboratories responded.
- For Salmonella PHA EQAS, 24% of responding laboratories achieved full success, another 57% were partially successful.
- For susceptibility testing ATB PHA EQAS, the overall success was 94.85% however, only 84.5% of responding laboratories identified tested antimicrobial resistance mechanisms correctly.
- runs in both tested areas allowed to identify current situation in quality of routine laboratory work and needs for improvements in clinical microbiology laboratories in Slovakia

Activity 3.3 Development of Standard Operating Procedures for external quality assurance based on the new-implemented quality assurance system

At the request of the component coordinator the STE also concentrated on the following:
- Discussing the proposal on evaluation of implemented External Quality Assurance System (through a pilot project)

Mrs. de Schipper (NSPOH / University Medical Centre Leiden, The Netherlands) was involved in this activity on behalf of the Member State-partner.

The visit was combined with activity 2.6 and took place from 11 – 18 June 2006 at the Public Health Authority of SR in Bratislava. Mrs. de Schipper replaced Mrs. Wendy Waijboer for activity 3.3. See annex 12 for Sideletter No. 8 for approval of Mrs. de Schipper for activity 3.3.

Main conclusions of the mission according to STE:
For all schemes carried out, at least first draft SOP's are written.

Crucial for the assurance of the process in the virological workplaces is the standardizing and central producing of cellcultures in PHA Bratislava which has been accomplished.

Mrs. de Schipper's full mission report (one report for both actvities 2.6 and 3.3) can be found in annex 7 together with the extra "Explanatory document activity 3.3", as mentioned under section Component II.

With the finalization of activity 3.3 the Second Phase (development) of Component III is now completed.

Activity 3.4 Implementation and testing in 5 selected pilot workplaces of Standard Operating Procedures for external quality assurance

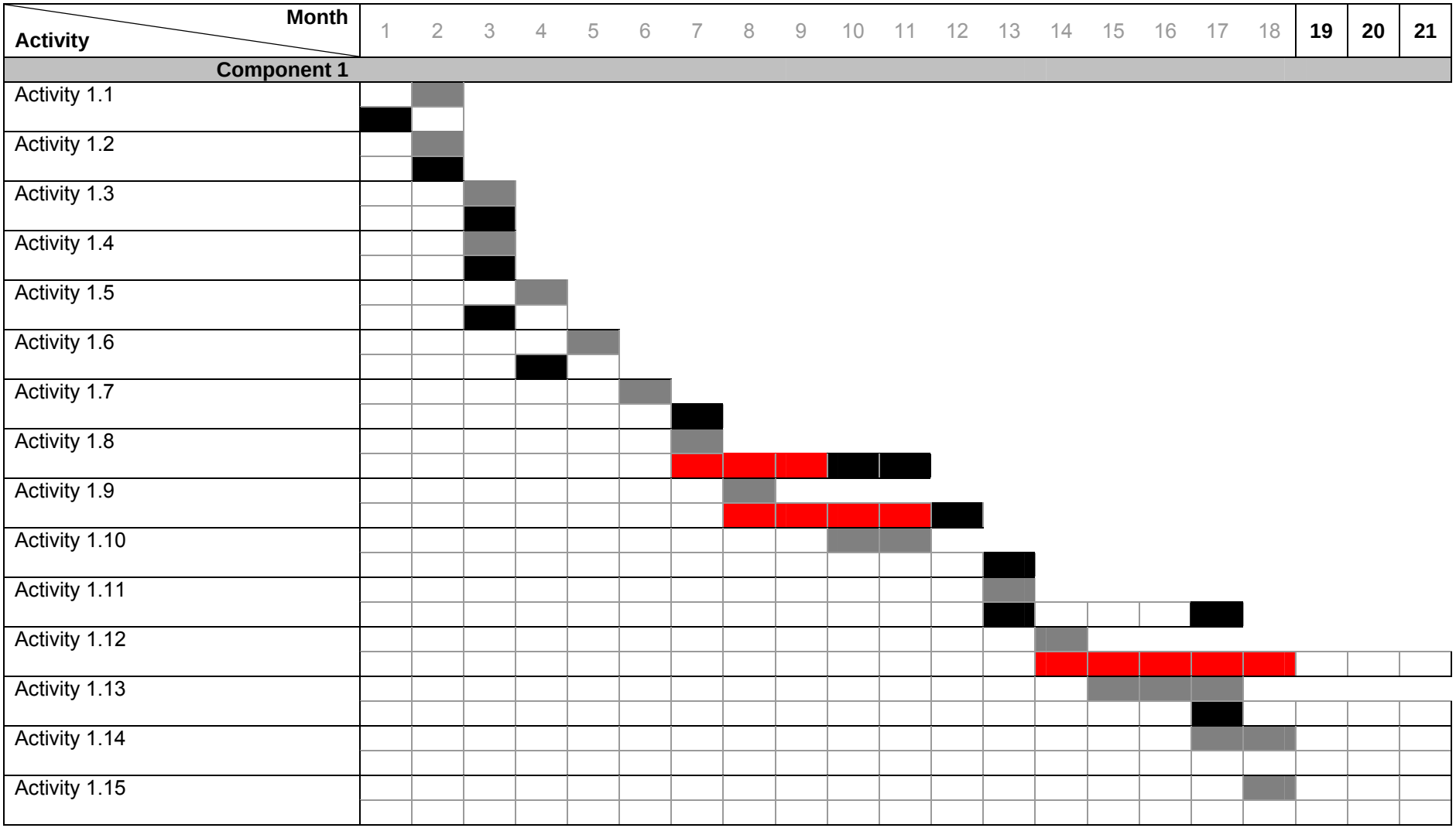
Mrs. de Schipper will also replace Mrs. Waijboer for Activity 3.4, which should been finished by the end of this quarter, and will combine it with activity 2.7. This mission will take place in September (4/9-8/9). During this mission three days will be spend on activity 3.4 and two days on activity 2.6. Because this activity is running according to schedule, two to three days, instead of the seven days originally planned, will be enough for the STE to implement a short evaluation on the whole Component III.
The mission report on this activity (and act. 2.7) will appear in the 7th Quarterly Report.
See annex 12 for Sideletter No. 8 for approval of Mrs. de Schipper for activity 3.4.

Timing & Delays

Adherence to time schedule[1]
The adherence to the time schedule is expressed in the following table:

[1]

Activity planned
Activity implemented
Activity delayed by more than 3 months


Month
Activity
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
Component 1
Activity 1.1
Activity 1.2
Activity 1.3
Activity 1.4
Activity 1.5
Activity 1.6
Activity 1.7
Activity 1.8
Activity 1.9
Activity 1.10
Activity 1.11
Activity 1.12
Activity 1.13
Activity 1.14
Activity 1.15

Activity \ Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Component 2																					
Activity 2.1																					
Activity 2.2																					
Activity 2.3																					
Activity 2.4																					
Activity 2.5																					
Activity 2.6																					
Activity 2.7																					
Activity 2.8																					

Activity \ Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Component 3																					
Activity 3.1																					
Activity 3.2																					
Activity 3.3																					
Activity 3.4																					

Recuperation of delays
There is a delay in implementing activities in Component II: activity 2.7 (more than three months).
An overview of the missions of the experts as originally planned is attached as annex 13.

Assessment

Overall assessment of progress

In general the progress of the project is in line with the revised work schedule. There have been some delays in implementing activities in all three components. However most of the activities that were delayed are already scheduled to take place. This also counts for the activities that are on schedule. Next to this, the activities that have been extended (activities 1.10, 1.12 and 1.15) have now also been scheduled.
See annex 14 - Overview activities until end of project.

Component I
All activities left for component I are already scheduled to take place.
See annex 14 - Overview activities until end of project.

Component II
All activities left for component II are already scheduled to take place
See annex 14 - Overview activities until end of project.

Component III
The one remaining activity for component III is already scheduled to take place.
See annex 14 - Overview activities until end of project.

Issues

As stated at the beginning of this report, Mr. Valašek was replaced by Mr. Rovný, as the Director of PHA SR. On the 9th of August a meeting was held with the new management to inform them about the project, so as to avoid any problems with the implementation of the project. Contact between Mr. Rovný, his deputy Mr. Fitz, and the RTA office so far has been pleasant and polite.

Another point that should be mentioned here is the matter of cooperation between the BC PL, PM, (some of the) CC's and the RTA. Often there are problems with deadlines that are not met by the Slovak partners, a lack of communication from the side of the Slovak partner, not enough time available for STE's when they came for an activity, the activities are sometimes not properly organized and decisions are made without consulting the RTA, days off or holidays are not communicated to the RTA. Sympathizing with the fact that all Slovak people involved have very busy work schedules and hence little time available, it must be understood however that for the RTA and RTA assistant it is sometimes very difficult to manage the project and have all documents ready on time and everything organized within the time schedule given because of this.
These issues are not special for this period but have been going on since the start of the project. The RTA often has spoken about this, during her period as RTA, with the relevant Slovak persons but to no avail. It still continues to be a problem. Therefore it should be reported here as well.

Recommendations

Component I

For activity 1.11 the following recommendations were made by Mrs. van Stiphout:

- More training on the subjects discussed, with a lot of examples and exercises will be needed. It is therefore recommended to repeat the issues on data analysis (validity) during the next training in September by way of some exercises.
- It should also be considered whether simultaneous translation would be helpful or not.

For activity 1.13 the following recommendations were made by Mr. Otto:

- Install a help desk / hotline to answer emerging problems (preferentially at RPHA Banská Bystrica).
- Consider a "train-the trainer" approach to educate well-experienced people at each RPHA which in turn may help in the case of local problems.
- Create a discussion forum on technical issues on the portal.
- Put a FAQ-list on the portal.
- Consider an evaluation of the training course (e.g. by means of a questionnaire).

Component II

For activity 2.6 the following recommendations were made by the three experts:

Mrs. de Schipper:

- Make a strict time-schedule up for solving of non-conformities before evaluating mission (activity 2.7) in September and make use of email contact with expert in preparation for verification visit of SNAS.

Mr. Melchers:

- As stated also in the previous Mission report, the NCR is now establishing the infrastructure for reliable molecular diagnosis. This point will influence all further developments in this area and I therefore consider this aspect as a major break-point for future work. At this point I still highly recommend to bring all molecular diagnostics work in a single unit under the supervision of full-area over-viewing head. This means that both molecular diagnosis and typing should be concentrated in the separate laboratories (clean-lab, clinical lab and analysing lab). In the analysis lab all available and new equipment (PCR, LightCycler, PFGE) should be brought together, accessible for every assay.
- I would recommend Dr. J. Černická to be the Head of this new molecular unit, with full responsibility and power to implement these new technologies.
- It is recommended that Dr. J. Černická will get extensive training possibilities in this area. Especially an internship in an established laboratory is recommended. By doing so, she can learn all potentials and pitfalls of these technologies in a relative short time period without being confronted with these issues in her own setting from the start
- It is recommended to implement RAPD and PFGE as molecular tools for outbreak and epidemiological analysis in the laboratory setting in a broad perspective.
- It is recommended to incorporate the molecular diagnosis of parvovirus by PCR and enterovirus and meningococci genotypes by real-time PCR (LightCycler)
- As indicated previously, it will be important to establish a Slovakian working group on molecular diagnosis in which open discussions concerning newly acquired experiences will extend the possibilities to introduce these techniques country-wide.
- It will be important to establish a net-work for proficiency-panels to quarantine quality assessments, the NCR can be leading in this issue.

Mr. Galama*:*
The role of clinical virology should be strengthened because of its great importance for public health as well as its rapidly growing clinical relevance. From discussions in both labs and with the Component Coordinator in Bratislava a general recommendation is to bring virology nearer to the patients and their doctors. This can be achieved as follows:

- Increase attention for clinical virology in the medical curriculum at Universities (Virology, not only within the Science Faculty but also in the Medical Faculty).
- Integrate virology in the clinical diagnostic process by introduction of viral diagnostic units in the Microbiology Departments of University Hospitals and large Teaching Hospitals.
- Providing training of medical professionals how to apply viral diagnostics.
- Increase number of clinically relevant diagnoses, which will improve sight on the prevalence and incidence of viral infections.
- A separate recommendation is to organize post-graduate training and accreditation of professionals in the 3 Public Health Laboratories, which should, as far as not already achieved, become integral part of the quality system.

Component III

For activity 3.3 the following recommendations were made by Mrs. De Schipper:

- Include SOP's in system of document control. Even though the EQAS is not accredited it will be good for evaluating and monitoring the EQAS.
- Evaluate the effort/benefits of organizing EQAS rounds for two regional PHA.

Section 3. Expenditure

According to the Twinning manual (revision 2004), the total figures of disbursement for key groups of costs are described in this section of the quarterly report. A detailed financial report following the format for financial invoice report is enclosed as annex 15.

Total figures of disbursement for key groups of costs

Project management	€ 36.331,03
Activities component I	€ 9.965,32
Activities component II	€ 10.695,34
Activities component III	€ 3.081,99
Total budget	€ 505.816,95
Spent 1st quarter	€ 98.563,43
Spent 2nd quarter	€ 54.458,57
Spent 3rd quarter	€ 12.799,05
Spent 4th quarter	€ 35.813,63
Spent 5th quarter	€ 55.385,63
Spent 6th quarter	€ 60.073,68
Total spent	€ 317.094,00

Up till the 6th quarter 62 % of the budget has been spent. If all scheduled activities for the 7th quarter will take place according to plan the estimated expenditure for the total project will amount to EUR 389.000, which equals nearly 77 % of the total budget.

If we include into this amount the salary costs of the RTA assistant, which are paid directly by CFCU and are therefore not reported by NSPOH in the Quarterly Financial Reports, the estimated expenditure for the total project amounts to EUR 404.500 which equals nearly 80 % of the total budget.

The savings occurred mainly under budget components RTA and RTA allowances. The reason for that is two-fold:

1. The project period was shortened from 24 months to 20,5 months;
2. The gap between the departure of the 1st RTA, Mr Korver and the installation of the 2nd RTA, Ms Aalders took nearly 5 months.

This led to a cost reduction of more than 8 months in salary costs and RTA allowances. The other savings are minor and amount to no more than a few percent of the total budget.