Standard Summary Project Fiche

1. Basic Information

1.1.CRIS Number: 2003/004-979-04-03 *Twinning Number: LV/2003/IB/SO-02* 1.2.Title: Institutional strengthening of the State Agency "Public Health Agency" 1.3.Sector: Public health (Acquis Chapter 13 "Social policy and employment") 1.4.Location: Latvia Ministry of Health^{*}, 25 Baznicas street, Riga LV 1010 Public Health Agency (including 10 regional branches), 7 Klijanu street, Riga LV 1010

2. Objectives

2.1. Overall Objective(s):

Further develop measures in the area of surveillance and control of communicable diseases and health monitoring and information.

2.2. Project purpose:

Institutional strengthening of Public Health Agency at the national and local level

2.3. Accession Partnership and NPAA priority:

Accession Partnership:

Social security and employment:

• Complete transposition and ensure implementation of *acquis* in the field of public health, and further develop measures in the area of surveillance and control of communicable diseases and of health monitoring and information.

NPAA:

• TA No LA-072 "Improvement of public health"

2.5.Cross border impact

The Decision 2119/98/EC of the European Parliament and Council of September 24, 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community, which entered into force on 3 January 1999, requires that the Community Network on communicable diseases should promote co-operation and co-ordination between Member States, assisted by the Commission, in relation to early warning and control, as well as epidemiological surveillance. In addition it:

- delegates responsibility for its progressive technical implementation to the Commission, assisted by a committee comprised of Member States' representatives;
- places obligations on the Member States to communicate to the Network relevant information that would assist in the Community's policy on prevention;
- provides for the Commission to make information available to Member States;
- presents opportunity for co-ordinated action between *Member States*, and with *non-Member States* and *international organisations*, in liaison with the Commission.

The Community Network's extension on the international stage is foreseen to achieve through European Union co-operation with applicant countries, the Mediterranean partner countries, under the Northern Dimension, and through the European Union – third country cooperation arrangements (e.g. Canada, US).

^{*} - Ministry of Health have been established by Cabinet of Ministers regulations Nr.20 from January 14th 2003

3. Description

3.1. Background and justification:

Communicable diseases still represent a serious risk to human health although the advent of interventions such as antibiotics and vaccines has reduced the threat.

Communicable diseases do not respect national frontiers and can spread rapidly if actions are not taken to combat them. They impact on individuals regardless of age, lifestyle, or socioeconomic status. Not only do they cause illness and impose a heavy financial burden on society, they also contribute to about one third of all deaths occurring globally. While mortality is highest in developing countries, ill health is a considerable cost to the industrialised world, where health care and socio-economic costs are high.

The identification, monitoring and control of communicable disease outbreaks are greatly facilitated through well-functioning surveillance systems. Not only do such systems provide information for early detection and rapid response to outbreaks or potential outbreaks, they also help in identifying disease trends, risk factors, and the need for interventions. They also provide information for priority setting, planning, implementation and resource allocation for preventive programmes and for evaluating preventive programmes and control measures.

The Commission put forward its proposal, which was adopted in 1998 as a Decision of the European Parliament and Council (2119/98/EC) (OJ L268, 3.10.1998, p. 1.) setting up a Community Network for the epidemiological surveillance and control of communicable diseases in the Community. The Decision confers on the Commission the responsibility for developing this Network and facilitating and co-ordinating its various activities. The systems existing at national level are now part of this Network. The overall aim of the Community Network is the prevention and control of communicable diseases in the Community, having regard to the need to integrate this objective into international endeavors to reduce these diseases.

The development of the Community Network, its budgeting and priorities are an integral component of the action programme proposed in the "Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the health strategy of the European Community" and the associated Decision 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).

Since Latvia regained its independence, one of priorities has been to became a full-fledged EU member country. This action requires participation in European Community programmes.

To build an institution, that will practice in the field of public health, on the basis of the *Action plan for reinforcing Latvia`s administrative and judicial capacity*, the National Environmental Health Centre was reorganised and instead of it Public Health Agency (PHA) was created on January 1, 2002. The PHA acts as a legally new institution. The main tasks and functions of PHA are:

- Surveillance, investigation and assessment of public health and health risk factors;
- Co-ordination of public health policy implementation;
- Setting of standards of efficient methodology and public health practice and facilitate their implementation.

The PHA has 10 regional branches and 17 sub-branches. The total amount of employees in PHA is 927, in regional branches - 688 of which 195 are in sub-branches. The institutional structure of Public Health Agency is given as Annex 7.

At the moment the development of public health surveillance system in Latvia is described in the "Public Health Strategy" (PHS) approved by the Cabinet of Ministers of the Republic of Latvia on 6 March 2001 (Annex 11). It envisages measures necessary for building administrative capacity of the public health institutions. Within the framework of PHS an action plan is being elaborated, which will define concrete objectives and activities for PHS implementation and realisation.

According to the PHS the Public Health Agency should:

- provide surveillance of public health situation in the country;
- estimate public health status;
- prepare proposals for government institutions in relation to improvement of public health situation;
- realise particular disease prevention programmes;
- encourage research and implementation of projects in relation to public health area;

- lead methodically public health institutions in whole Latvia;
- establish quality improvement and assurance system in area of public health.
- co-ordinate implementation of PHS.

The existing PHA infrastructure and its capacity to ensure implementation of *acquis* on communicable diseases was estimated on Evaluation Mission (*Peer review*) in May 26 – 29, 2002. In the mission report it has been pointed out that majority of PHA infrastructures, procedures and means still are out-of-date, with the tendency to get worse. That has been caused by the insufficiency of the necessary means for development. The summary of Peer Review is given as annex 9.

It is foreseen to implement following recommendations by this project:

- Training on modern epidemiology, especially on analytical methods, investigation of outbreaks, and managing of the surveillance system,
- Training in the field of non-communicable diseases,
- Establishment of the computerised notification system for communicable diseases, in line with findings of the currently ongoing project guided by the Swedish Institute for Infectious Disease Control.
- Improvement of laboratory equipment, procedures and protocols on national and regional level.
- revision and improvement of legislative acts, especially the list of notifiable diseases and the information flow,
- evaluation of data protection regulations and its implementation,
- links with non-communicable diseases surveillance systems,
- links with human/veterinary surveillance system on zoonosis/food borne disease,
- development of the syndromic sentinel surveillance system.

The computerisation of the communicable diseases surveillance data system is only at very beginning. In the opinion of EU experts, the several outbreaks have not been investigated routinely with appropriate analytical epidemiological methods in order to find aetiology or correct risk factors for the outbreaks. Communicable diseases control activities are still limited.

According to the report the general picture of Latvian communicable diseases surveillance and Early Warning system shows "the country heroically engaged on an intense modernisation process, with very limited resources". There is a clear need for intensive, short term, highly skilled expertise and investment support to accelerate the modification process already in place.

On 3 January 2003, Ministry of Welfare (Ministry of Health) has accepted Action plan for the accomplishment of Peer review Report recommendations (see annex 10). Recommendations that are left out of this project will be covered by National Priority programme and Action plan, financed through state budget.

In the framework of the project following activities are planed:

Component 1. Strengthening professional capacity of PHA

PHA functions are to evaluate the health status of population and health risk factors, co-ordinate the establishment of public health strategy and provide it's monitoring, including epidemiological monitoring of infectious and non-infectious diseases. PHA is a new institution that is built on the basis of former Environmental Health Services, but for the implementation of the new functions it lacks institutional capacity.

This project is significant as overall institutional strengthening of PHA. All tasks and functions of PHA are relevant and have to be developed at a time. In order to ensure capacity of personnel and proper qualifications training and workshops are necessary – on modern epidemiology of infectious diseases, microbiology, virology, non-infectious diseases risk factors and epidemiology. It is necessary to develop the handbook for public health specialists "Tool for outbreaks investigation and rapid response to health threats".

Coming of a peer review consultations in the following issues are necessary:

- revision and improvement of legislative acts, especially the list of notifiable diseases and the information flow,
- evaluation of data protection regulations and its implementation,
- links with non-communicable diseases surveillance systems,
- links with human/veterinary surveillance system on zoonosis/food borne disease,
- development of the syndromic sentinel surveillance system.

<u>Component 2. Setting up a computerised network within PHA for improvement of the</u> epidemiological surveillance and control of communicable diseases

The computerisation of the surveillance system is very much needed and feasible in short time. The draft of the user's requirements for computerised communicable diseases registration system was developed with the support of the Swedish Institute for Infectious Disease Control (SMI). The twinning expert shall revise the user requirements for IT system. It is planed that tender documentation for service contract to develop IT data system shall prepare IT expert within a separate service contract.

The existing IT equipment of PHA is out-of-date, does not meet the existing requirements of software and is not mutually adequate. It is not possible to carry out computerised collection, analysis and storage of information. In order to provide the access to the computerised surveillance network for the epidemiologists of the PHA it is necessary to supply the IT equipment in 27 surveillance and data management units (10 PHA branches and 17 sub-branches in total). The regional branches and sub-branches will receive 31 workstations (computers) and in central institution 19 units. Access to the system will have approximately 10 epidemiologists on national and 60 epidemiologists on local level.

<u>Component 3. Improvement of technical capacity of PHA for surveillance of communicable</u> <u>diseases, monitoring and response to health threats</u>

Several systems on communicable disease surveillance (e.g. legionellosis, salmonellosis, tuberculosis) are already functioning in the Community. The progressive expansion of comparable systems to other priority communicable diseases is now underway.

The Commission has also identified the need for a rapid response capacity at Community level to assist in outbreaks of disease within and without the frontiers of the European Community. Gathering epidemiological data for communicable diseases surveillance requires that the comparability and compatibility of data are ensured. Correspondence of these data with EU requirements for reporting of communicable diseases to the Community network depends on the laboratory capacity to confirm the cases of infectious diseases and to detect the aetiology of outbreaks.

PHA has laboratory of virology, laboratory of microbiology, laboratory of chemistry. All laboratories have function of state reference laboratory. Investigations are execution of a state order. PHA and its laboratories are under state ownership and no privatisation or commercial transactions are admissible.

The equipment planned for institutional strengthening of laboratory of virology will increase technical capacity of PHA to provide proper action of quality systems according EU directives and LVS EN ISO/IEC 17025 standard. It will be used for detection of viruses ribonucleic acid (RNA) and deoxyribonucleic acid (DNA) with polymerase chain reaction (PCR) and also for use of enzyme immunoassay method for diagnostic of diseases engendered by viruses and seroepidemiological investigation.

In order to perform epidemiological surveillance, laboratory of microbiology have to explore environmental health risk factors as possible engender of communicable disease in food and drinking water. Therefore, training seminars are foreseen to acquire laboratory equipment and implement in practice. Training in acquisition of testing methods is necessary for improvement of campylobacteria diagnostics in food products. To cover instance of ISO standards on food and drinking water testing laboratory equipment (thermostats, stomachers, system of filtration, etc.) also training in acquisition of testing methods is necessary.

Laboratory equipment in all laboratories is insufficient, physically and morally outdated. Laboratory capacity is not enough to identify all pathogens so several cases have to be investigated outside the country. This situation makes the process of identifying pathogens more expensive, longer and not so effective.

Without proper capacity PHA laboratories will not be able to ensure state nominated functions of reference. The improvement of laboratory equipment is necessary to establish early warning and response system and to make such surveillance system of communicable diseases that will become a part of the EU surveillance system of communicable diseases.

Component 3 will succeed the implementation of The Commission Decision of 19 March 2002 laying down case definitions for reporting communicable diseases to the Community network (2002/253/EC) and The Decision 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). Latvia has determined to participate in this programme. Therefore, it is necessary to improve laboratory equipment and procedures to maintain reference functions and introduce new diagnostic methods (see Indicative specification of supplies (Contract 3. and Contract 4.) Annex 5).

3.2. Linked activities:

The Swedish Institute for Infectious Diseases Control (SMI) has done a project "Establishing a computerised system for surveillance of infectious diseases in Estonia, Latvia and Lithuania". Since several years SMI developed a computerised system for reporting of cases of communicable diseases from periphery to the centre in Sweden. The aim was to assist Estonia, Latvia and Lithuania in implementing similar systems, and the rationale for doing it in all three countries simultaneously is that their surveillance systems are still sufficiently due to the influence of the Soviet Union. In June 2002 a common model for information system was created.

A project proposal for Phare 2002 twinning light programme "**Capacity building for Public Health** and **Health Promotion Agencies**" has been elaborated. Twinning Light project will provide training of PHA experts and development of methodology for PHS target indicators usage as well as assessment of the development plan of the PHA 2002 - 2006 and its institutional capacity to carry out the new tasks set in the PHS and in the EU documents, including:

- The Decision 2119/98/EC of the European Parliament and Council of September 24, 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community.
- The Commission Decision 2000/57/EC of 22 December 1999 on the early warning and response system for the prevention and control of communicable diseases.
- The Commission Decision 2000/96/EC of 22 December 1999 on the communicable diseases to be progressively covered by the Community network.
- The Commission Decision 2002/253/EC of 19 March 2002 laying down case definitions for reporting communicable diseases to the Community network.
- The Decision 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).
- The Council Recommendation 2002/77/EC of 15 November 2001 on the prudent use of antimicrobial agents in human medicine.

The Twinning light project "Capacity building for Public health and health promotion agencies" and Phare 2003 project "Institutional Strengthening of the Public Health Agency" deal with separate issues as they have different activities and will reach different results and therefore are independent from each other.

The PHA is participating in Phare 2002 project "**Environment monitoring**" (<u>2002/000-590-09-01</u>). PHA will receive investment support for laboratory equipment and establishment of information system in the field of drinking water quality monitoring.

PHA has participated in Phare project, **"Modernisation and Capacity building of food control at National and Regional level"** (LE9904.01). Computers and laboratory equipment have been supplied to Laboratory of chemical investigations for increasing capacity of food quality and safety control.

In 2002 PHA was offered collaboration in international research "The European Seroepidemiology Network 2" (ESEN2), the project in the framework of the projects "Quality of Life" by The European Commission. Participation and support for Latvia in this project is offered by Surveillance Centre of Infectious Diseases of the United Kingdom (PHLS).

On 23 September, 2002, The European Parliament and the Council have adopted a new "**Programme of Community action in the field of public health for the years 2003-2008**". Latvia's Cabinet of Ministers has approved Latvia's participation in this programme and Memorandum of Understanding will be signed in due course.

3.3.Results:

The following results are anticipated:

Component 1

Strengthening professional capacity of PHA.

• Twinning will achieve the following guaranteed results:

- Report assessing the current legislation and procedures is prepared and recommendations on improving procedures are given in the following fields:
 - intervention epidemiology for surveillance and control of communicable diseases at the national and local level;
 - improvement of legislative acts, especially the list of notifiable diseases and the information flow;
 - data protection regulations and their implementation;
 - improvement of links with non-communicable diseases surveillance systems and links with human/veterinary surveillance system on zoonosis/food borne disease,
 - development of the syndromic sentinel surveillance system.
- Handbook for public health specialists "Tool for outbreak investigation and rapid response to health threats" is prepared;
- Professional capacity and qualifications of PHA specialists on the topics of (1) modern infectious diseases epidemiology, (ii) microbiology, (iii) virology, (iv) non-infectious diseases risk factors and epidemiology are improved;

Component 2

Established computerised network within PHA for epidemiological surveillance and control of communicable diseases.

• Twinning will achieve the following guaranteed results:

- Evaluation report and recommendations for actual reporting system of communicable diseases in relation with acquis are developed;
- User requirements for computerised communicable diseases registration system are worked out.
- Tender documentation for computerised communicable diseases registration system, including data processing procedures and joint IT network for the surveillance of communicable diseases is prepared.
- Software for computerised network for registration of communicable diseases (data bases and IT network) is tested, improved and accepted.
- PHA specialists who are able to work with the new computerised reporting system of communicable diseases registration are trained.
- New computerised reporting system of communicable disease registration is launched.

Component 3

Improvement of technical capacity of PHA for surveillance of communicable diseases, monitoring and response to health threats.

- The capacity of PHA laboratories to identify pathogens is increased.
- Ability to classify disease cases according to the Commission decision of 19 March 2002 on case definitions (2002/253/EC) and reference functions are ensured.
- 3 days training/instruction for the use of the equipment by contractor is provided

3.4. <u>Activities^{*}</u>

Component 1

Twinning activities:

- Assessment of the adequacy of the existing legislation, institutional structure, capacity for implementation of Peer review recommendations on:
 - Intervention epidemiology for surveillance and control of communicable diseases at the national and local level;

^{*} Division of project activities between Twinning instrument and Technical assistance is based on the following principles:

⁻ Twinning instrument is optimal for the adoption of acquis and provision of best policy practice and consultations during day-to-day co-operation with Candidate state authorities.

⁻ Technical assistance is optimal for activities, which needs more technically time-consuming individual preparatory work and involvement of large number of similar experts during implementation (e.g. data bases).

- Legislative acts, especially the list of notifiable diseases and the information flow;
- Evaluation of data protection regulations and its implementation;
- Links with non-communicable diseases surveillance systems and links with human/veterinary surveillance system on zoonosis/food borne disease;
- Development of the syndromic sentinel surveillance system.
- Assistance on preparing of Handbook for public health specialists "Tool for outbreak investigation and rapid response to health threats";
- 4 training seminars to increase of professional capacity and qualifications of PHA specialists on each of the topics separately:
 - (i) modern infectious diseases epidemiology (app. 40 specialists);
 - (ii) microbiology (app. 30 specialists);
 - (iii) virology (app. 15 specialists);
 - (iv) non-infectious diseases risk factors and epidemiology (app. 50 specialists);
- Training and practical experience on intervention epidemiology for surveillance and control of communicable and non-communicable diseases at the national and local level in some of the EU country (two visits, three weeks each for 5 epidemiologists and 5 public health specialists);

Means

Contract I (Twinning):

- PAA- (12 man months. see profile and tasks of PAA below);
- Short term international expertise on 4 topics separately (4 man months);
- Short term international expertise on preparation of Handbook (2 man months).

Component 2.

Setting up a computerised network within PHA for improvement of the epidemiological surveillance and control of communicable diseases.

Twinning activities:

- Assessment of the reporting system for communicable diseases in relation with *acquis*;
- Development of user requirements for computerised communicable diseases registration system.

Means

Contract 1 (Twinning):

• 1 short-term public health expert (epidemiologist) 2 man months

Technical assistance activities:

- Elaboration of tender documentation for computerised communicable diseases registration system, including data processing procedures and joint IT network for the surveillance of communicable diseases

Means

Contract 2 (Framework contract)

- IT expert 4 man months
- Elaboration and implementation of software for computerised network for registration of communicable diseases (data bases and IT network).
- Training of PHA personnel to operate with the computerised communicable diseases registration system.

Means Contract 3 (Framework contract)

• IT company

Supplies activities:

• Creation of IT network for the surveillance of communicable diseases

Means

Contract 4

• IT Supplies

Component 3.

Improvement of technical capacity of PHA for surveillance of communicable diseases, monitoring and response to health threats

Supplies activities:

- Purchase of laboratory equipment to increase the capacity of PHA laboratories in identifying pathogens, to ensure ability to classify disease cases according to the Commission decision of 19 March 2002 on case definitions (2002/253/EC) and to ensure reference functions
- 3 days training/instruction for the use of the equipment

Means

Contract 5

• Supply of laboratory equipment

Twinning arrangements for the project:

The significance of the project as well as the ambitious goals set therein call for involvement of the Pre-accession Advisor (PAA) for the whole duration of the project 12 months to:

- be the head of the all the project's experts and activities, being the leading EU counterpart of the beneficiary
- assist PHA for capacity building activities,
- be responsible for management and co-ordination of all the components of the project to ensure that the project proceeds, as planned, in an efficient and orderly fashion
- advice 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 the PSC any further measures needed to ensure the sustainability of the project

The PAA profile should comprise:

- at least 10 years professional experience from working in private or public administration and a good grounding in the fields of:
 - laying down structures and strategic developments in sector of Public Health
 - institutional building and professional capacity building procedures
 - planning of epidemiological surveillance and control of communicable diseases system development
 - organisation of epidemiological surveillance data processing activities
 - assistance to state institution for preparation its future role in EU.
- experience of working with senior politicians and officials in an advisory role
- some experience in environmental health would be desirable
- Corresponding education

- Fluent English
 - The short-term experts profile should comprise:
 - at least 8 years professional experience working in the fields of:
 - public health
 - communicable and non-communicable diseases epidemiology
 - epidemiological surveillance and control of communicable diseases
 - epidemiological surveillance data processing
 - EU legislation and standards.
- Corresponding education
- Fluent English

The IT expert profile should comprise:

- at least 5 years professional experience working in the fields of:
 - large IT network
 - epidemiological surveillance data processing
 - EU legislation and standards on data processing
- Corresponding education
- Fluent English

3.5. Lessons learned:

Taking into account previous experience, to avoid the difficulties faced in other projects – the maintenance costs of the procured equipment will be envisaged in PHA's budget in advance.

4.Institutional Framework

Since February 1, 2003 the Ministry of Welfare in the result of reorganisation was divided into the Ministry of Health and the Ministry of Welfare. The new ministry - Ministry of Health has taken over tasks and functions of the previous Ministry of Welfare. Now Ministry of Health is responsible government body for implementing 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 in activities of national legislation improvement.

According to the Order of Cabinet of Ministers of December 21, 2001 No 646 as from January 1, 2002 the subordinate state institution of the Ministry of Health "National Environmental Health Centre" and its territorial units Environmental Health Centres has been reorganised to establish the state agency "Public Health Agency" (PHA). The Agency is composed of the territorial units - offices in Daugavpils, Gulbene, Jelgava, Jekabpils, Liepaja, Rezekne, Riga, Tukums, Valmiera, Ventspils - and accredited laboratories.

Public Health Agency is a state institution that is monitored by the Ministry of Health. PHA fulfils the functions stated in the Epidemiological Safety law, normative documentation and management contract.

The purpose of the work of the Public Health Agency is to facilitate public health by means of assisting in realisation of the hygienic and epidemiological safety state politics. The monitoring of the infectious and non-infectious diseases is kept in Latvia i.e. the society is being educated and informed about the topicalities, as well as the possibilities for public health improvement are being worked out.

5.Detailed budget (in Euros)

Phare Support	National	
	Cofinancing	

	Investment	Institution	Total	Eligible	Non-	IFI	TOTAL
	Support	Building	Phare	costs	eligible		eligible
			(= I + IB)		costs		costs
Contract 1		396 000	396 000	43 600*			439 600
Twinning							
Contract 2		60 000	60 000	7 000*			67 000
Framework							
Contract I							
Contract 3	138 000		138 000	46 000**			184 000
Framework							
Contract II							
Contract 4	273 000		273 000	91 000**	16 380		364 000
IT Supplies							
Contract 5	471 000		471 000	157 000**	28 242		628 000
Supply of							
laboratory							
equipment							
Total	882 000	456 000	1 338 000	344 600	44 622		1 682 600

* Parallel co-financing. Parallel co-financing will be applied for covering of office costs for experts, infrastructure facilities and travel costs for national counterparts.

**Joint co-financing, excluding all taxes and duties.

6. Implementation Arrangements

6.1. Implementing Agency:

Implementing agency of the project will be the CFCU, PAO Valentina Andrejeva, State Secretary of Ministry of Finance. CFCU will be responsible for the financial and administrative management of the project.

Project Authorising Officer - V.Andrejeva, State Secretary of the Ministry of Finance. 1, Smilsu Str., LV-1919, Riga, Latvia Ph. 371-7222466; Fax. 371-7224533.

Central Finance and Contracting Unit (CFCU) - A.Eberhards, Director, 1, Smilsu Str., LV-1919 Ph. 371-7222466; Fax. 371-7224533.

Senior Programme Officer - L.Ruskule, Deputy State Secretary of the Ministry of Health (25, Baznicas street, Riga, LV-1010, Latvia; phone 371 7021635, fax 371 7043751).

Project steering committee will be established to oversee project implementation. The Steering Committee will comprise representatives from the Ministry of Health and PHA. The PHA as subordinated body of the Ministry of Health will carry out technical implementation of the project.

6.2. Twinning

The leading PAA will be situated in the PHA. Mr. Imants Rezebergs, Director of PHA will be the Latvian counterpart of the PAA.

Main Beneficiary institution: **Public Health Agency** (including 10 regional offices) Project leader and counterpart for the PAA Mr. Imants Rezebergs, Director of PHA, Tel: +371 7081 537 Fax: +371 7379 006 e-mail: <u>nehap@sva.lv</u> 7 Klijanu street Riga 1010

> Other Beneficiary institutions: Ministry of Health, Riga, Baznicas street 25

6.3. Non standard aspects

During the project implementation EDIS Manual will be strictly followed and contracts will be signed according to the procedures provided in Practical Guide for Phare, ISPA and SAPARD Contracting Procedures. Prior to EDIS accreditation, DIS will be followed. EDIS will apply from the date of accession at latest. The Twinning manual will be followed in the case of Twinning.

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

6.4. Contracts

Contract 1 – Twinning Covenant: 396 000 EUR (parallel co-financing);

<u>Contract 2 –</u> Framework contract I for development of tender documentation for the original software (IT consultant): 60 000 EUR (parallel co-financing)

<u>Contract 3</u> – Framework contract II for development of the original software (IT company): 184 000 EUR (joint co-financing, excluding all taxes and duties)

<u>Contract 4</u> – Supply contract for purchase of data processing hardware and IT network equipment: 364 000 EUR (joint co-financing, excluding all taxes and duties).

<u>Contract 5</u> – Supply contract for purchase of the laboratory equipment: 628 000 EUR (joint co-financing, excluding all taxes and duties).

	Start of tendering	Start of project activity	Completion
Contract 1	III Quarter of 2003	I Quarter of 2004	IV Quarter of 2004
Contract 2	III Quarter of 2003	I Quarter of 2004	II Quarter of 2004
Contract 3	I Quarter of 2004	II Quarter of 2004	I Quarter of 2005
Contract 4	II Quarter of 2004	IV Quarter of 2004	I Quarter of 2005
Contract 5	IV Quarter of 2003	II Quarter of 2004	IV Quarter of 2004

7. Implementation Schedule

8. Equal Opportunity

The main criteria for the selection and evaluation of the staff will be relevant professional qualification and experience in similar assignments not their sex or age. There will be equal opportunities for both – men and women.

9. Environment

N/a

10. Rates of return

N/a

11. Investment criteria

11.1. Catalytic effect:

The implementation of this project will allow to improve the epidemiological surveillance and control of communicable diseases in Latvia accordingly to EU requirements in order to fulfil obligations of EU member state.

11.2. Co-financing:

Ministry of Health has requested co-financing from the state budget in the amount of 21% of the total project costs. The final decision on the co-financing will be taken after Phare funds will be allocated.

11.3. Additionality:

Phare grant will not displace other financiers.

11.4. Project readiness and Size:

Total project cost is 1682 600 EUR. Investment component size is 1176 000 EUR and institutional building component size 806 600 EUR. Project will be ready for tendering process after the signature of Financing Memorandum.

11.5 Sustainability:

The equipment provided to the PHA will be maintained by the means of PHA, the necessary costs will be included in PHA's yearly budget.

11.6. Compliance with state aids provisions

The project is in accordance with the Europe Agreement.

11.7. Contribution to National Development plan

N/a

12. Conditionality and sequencing

• Co-financing allocated from national budget.

ANNEXES TO PROJECT FICHE

- 1. Logical framework matrix in standard format
- 2. Detailed implementation chart
- 3. Contracting and disbursement schedule
- 4. Indicative specification of supplies (Contract 4. and Contract 5.)
- 5. Detailed description and justification of supplies
- 6. Institutional structure of the PHA

June	2003
June	2005

Annex 1		
LOGFRAME PLANNING MATRIX	Program name and number	
Project	-	
Institutional strengthening of the State Agency "Public Health Agency"	Contracting period expires	Disbursement period expires
	Total budget EUR 1 682 600	Phare budget EUR 1 338 000

Overall objective	Indicators of Achievement	Sources of Information	
Further develop measures in the area of surveillance and control of communicable diseases and of health monitoring and information	The capacity of PHA, its branches and staff is sufficient to perform their functions according to EU requirements and standards	 Regular progress reports of the Commission; Information in mass media. 	
Project purpose	Indicators of Achievement	Sources of Information	Assumptions
Institutional strengthening of Public Health Agency at the national and local level	Information available for decision - makers (politicians), experts and society on health risk factors and public health situation.	 MoH, PHA information Annuals and main report on PHS target monitoring in year 2006; EU programme reports in PH sector; Statistical information and annual reports on public health. 	 Reporting obligations of Latvia to the EU and other international organisations specified; Recession of state strategies and policy.
Results	Indicators of Achievement	Sources of Information	Assumptions
 Component 1 Report assessing the current legislation and procedures is prepared and recommendations on improving procedures are given in the following fields: intervention epidemiology for surveillance and control of communicable diseases at the national and local level improvement of legislative acts, especially the list of notifiable diseases and the information flow, data protection regulations and their implementation, improvement of links with non-communicable diseases surveillance systems and links with human/veterinary surveillance system on zoonosis/food borne disease, development of the syndromic sentinel surveillance system. Handbook for public health specialists "Tool for outbreak investigation and rapid response to health threats" is prepared; Professional capacity and qualifications of PHA specialists on the topics of (i) modern infectious diseases epidemiology, (ii) microbiology, (iii) virology, (iv) non-infectious diseases risk factors and epidemiology are 	 80% of PHA and its branches specialists improved professional qualification; By the end of project PHA ready to participate in the Community networks for the epidemiological surveillance of communicable diseases and early warning system; Instructions of handbook "Tool for outbreaks investigation and rapid response to health threats" is followed in PHA and other institutions investigating outbreak and health threats Over 95% of epidemiological information processed through the computerised communicable diseases surveillance system; 100 % Proportion of local branches (sub-branches) involved in the communicable diseases surveillance system; Proportion of communicable diseases cases/outbreaks and other health threats detecting aetiology and risk factors adequately investigated and managed. 	 MoH, PHA information; Regular reports of Project co-ordination; Joint monitoring committee reports; Training and fieldwork certificates; Statistical information and annual reports on public health. Project assessment reports 	 If accreditation of laboratories will not be prolonged, they will lose reference nomination; Adequate yearly allocations from the state budget; Qualitative and professional exchange of information between other institutions (MoH, MEPRD, etc.).

J	une	2003	

improved	\triangleright	Users requirements for information exchange system		
• Component 2	\triangleright	Tender documentation for service contract approved		
<u>Component 2</u>	Í	by CFCU and ECD after first quarter of project		
• Evaluation report and recommendations for actual reporting system of communicable diseases in relation with acquis are developed.	5	activities.		
• User requirements for computerised communicable diseases registration system are worked out.	3			
• Tender documentation for computerised communicable diseases registration system, including data processing procedures and joint IT network for the surveillance of communicable diseases is prepared.	e g f			
• Software for computerised network for registration of communicable diseases (data bases and IT network) is tested, improved and accepted.	f ,			
• PHA specialists who are able to work with the new computerized reporting system of communicable diseases registration are trained	8			
• New computerised reporting system of communicable diseases registration is launched.	e			
Component 3				
• The capacity of PHA laboratories to identify pathogens is increased.	3			
• Ability to classify disease cases according to the Commission decision of 19 March 2002 on case definitions (2002/253/EC) and reference functions are ensured.	8			
• 3 days training/instruction for the use of the equipment by contractor is provided	7			
Activities		Means		Assumptions
Twinning:		Twinning:	\triangleright	Co-operation with other
• Assessment of the adequacy of the existing legislation,	, –	1 long-term expert (PAA) 12 m/m;		institutions (MEPRD, State
institutional structure, capacity for implementation of Peer	r _	4 Short term experts 1 m/m each for 4 Training		Environmental Department) setting
Intervention_enidemiology_for_surveillance_and	1	seminars (for PHA specialists training in 4 fields		standards:
control of communicable diseases at the national	1	1 short term expert for preparation of the handbook	\triangleright	Government provides co-funding.
and local level:		2 m/m·		
- Legislative acts, especially the list of notifiable	e _	Three-week course at EPIET for 5 persons:		
diseases and the information flow;	_	Three-week course at Public Health institute in EU		
- Evaluation of data protection regulations and its	5	country for 5 persons;		
implementation;	-	-		
 Links with non-communicable diseases surveillance systems and links with 	5 — 1	1 short-term public health expert (epidemiologist) for development of user requirements for computerised		
human/veterinary surveillance system on	1			

zoonosis/food borne disease;	communicable diseases registration system 2 m/m;	
- Development of the syndromic sentinel		
surveillance system.	Framework contract I (technical assistance):	
 Assistance on preparing of Handbook for public health 	 1 short-term IT expert 4 m/m 	
specialists "Tool for outbreak investigation and rapid		
response to health threats";	Framework contract II (technical assistance):	
 Professional capacity and qualifications of PHA specialists 	- Development, installation and testing of the original	
on the topics of (i) modern infectious diseases	software (IT company);	
epidemiology, (ii) microbiology, (iii) virology, (iv) non-	- Local expertise 10 m/m for pre-service and in-	
infectious diseases risk factors and epidemiology	service training (approx. 120 persons).	
 Training and practical experience in intervention 		
epidemiology for surveillance and control of	Supplies:	
communicable diseases at the national and local level	– Purchase of IT equipment (hardware facilities).	
 Assessment of the reporting system for communicable 	- Supplies of laboratory equipment for Laboratory of	
diseases in relation with acquis	Virology and Laboratory of Microbiology:	
 Development of user requirements for computerised 		
communicable diseases registration system.		
Framework (Technical assistance)		
- Elaboration of technical specifications for computerised		
communicable diseases registration system, including data		
processing procedures and joint IT network for the		
surveillance of communicable diseases		
- Elaboration and implementation of software for		
computerised network for registration of communicable		
diseases (data bases and IT network);		
- Training of PHA personnel to operate with the		
computerised communicable diseases registration system		
Supply		
• Creation of IT network for the surveillance of		
communicable diseases		
• Purchase of laboratory equipment to increase the capacity		
of PHA laboratories in identifying pathogens, to ensure		
ability to classify disease cases according to the		
definitions (2002/252/EC) and to an f		
definitions (2002/253/EC) and to ensure reference		
Tunctions		
• 3 days training/instruction for the use of the equipment		
		• Co-financing allocated from national budget.

	2003 2004							200									
Months	S	$\overline{0}$	N	D	Т								200				
Contract 1 - Twinning Covenant:	5	U	11	D	J	1	101	11	111	3	J	11	5	U	11	D	J
$1 \log_{\text{term}} \exp((PAA)) 12 \text{ m/m}$								I									
PAA assistant 12 m/m					Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	
4 Short term experts 1 m/m each for 4 Training																	
seminars						Χ	Х	Χ	Χ								
4 training seminars for PHA specialists on 4																	
topics (separately)						Х	X	X	Х								
1 short term expert for preparation of the										Х							
handbook 2 m/m;											X						
Three-week course at EPIET** for 5 persons;												Χ					
Three-week course at Public Health institute in													37				
EU country for 5 persons;													Х				
1 short-term public health expert																	
(epidemiologist) for development of user					v	v											
requirements for original software 2 m/m;					Λ	Λ											
Contract 2 - Framework contract I	┝──	-	-	1	-	1	1		1	1	-	-	-	-	-	——-	<u> </u>
1 short-term IT expert for preparation of					v	v	\mathbf{v}	\mathbf{v}									
technical specification 4 m/m.					Λ	Λ	Λ	Λ									
Contract 3 - Framework contract II	┝──	-	-	1	-	1	1		1	1	-	-	-	-	-	——-	<u> </u>
Development, installation and testing of the									v	v	v						
original software (IT company);									Λ	Λ	Λ					┢──┤	
Local expertise 10 m/m for pre-service and in-									x	x	x	x	x	x	x	x	v
Contract 4 Supply	 								Δ	Δ	Δ	Δ	Δ	Δ	Δ	Λ	Δ
<u>Contract 4 - Supply</u>		<u> </u>	<u> </u>	r —	<u> </u>	r —	1	<u> </u>	r		<u> </u>	<u> </u>	<u> </u>	v	v	NZ.	
Purchase of 11 equipment.	 													Х	Х	Χ	
<u>Contract 5 - Supply</u>				-		-	-										
Purchase of laboratory equipment for Laboratory								v	v	v	v	v	v				
of Virology and Laboratory of Microbiology								Х	Х	Х	Х	Х	Х				

DETAILED IMPLEMENTATION CHART Annex 2 Project title: Institutional strengthening of the State Agency "Public Health Agency"

CUMULATIVE CONTRACTING and DISBURSEMENT SCHEDULE (by quarters, in Euros) **Annex 3** Project title: Institutional strengthening of the State Agency "Public Health Agency"

	31.03.2003	30.06.2003	30.09.2003	31.12.2003	31.03.2004	30.06.2004	30.09.2004	31.12.2004	31.03.2005	30.06.2005	30.09.2005	31.12.2005
Contract 1 (Twinning)*												
Contracted total					396 000							
Phare					396 000							
National					43 600							
Disbursed total					316 800	356 400		396 000				
Phare					316 800	356 400		396 000				
National					34 880	39 240		43 600				
Contract 2 (FWC I)*												
Contracted total					60 000							
Phare					60 000							
National					7 000							
Disbursed total					36 000	60 000						
Phare					36 000	60 000						
National					4 200	7 000						
Contract 3 (FWC II)**												
Contracted total					184 000							
Phare					138 000							
National					46 000							
Disbursed total					110 400		138 000	184 000				
Phare					82 800		103 500	138 000				
National					27 600		34 500	46 000				
Contract 4 (Supply)**												
Contracted total							364 000					
Phare							273 000					
National							91 000					
Disbursed total							218 400		327 600			364 000
Phare							163 800		245 700			273 000
National							54 600		81 900			91 000
Contract 5 (Supply)**												
Contracted total					628 000							
Phare					471 000							
National					157 000					(0.0.5.5.5		
Disbursed total					376 800		565 200			628 000		
Phare National					282 600		423 900			471000		
Inational					94 200		141 500			137000		

* Parallel co-financing** Joint co-financing, excluding all taxes and duties

Annex 4

Indicative specification of supplies (Contract 4. and Contract 5.) Project title: Institutional strengthening of the State Agency "Public Health Agency"

Contract 4 – Supply contract for purchase of data processing hardware and IT network equipment: 364 000 EUR (joint co-financing, excluding all taxes and duties).

Activities (Inputs) /Means	Phare, EUR	Co-financing, EUR	Total eligible costs, EUR	18%VAT on National co- financing inputs	Total, EUR (includ.18% VAT)
Contract 4 (Purchase of IT					
equipment)	273 000	91 000	364 000	16 380	380 380
1 central server	37 500	12 500	50 000	2 250	52 250
2 servers for data processing	50 250	16 750	67 000	3 015	70 015
Computers for branches and sub-					
branches (31 units)	39 000	13 000	52 000	2 340	54 340
Computers for PHA center (19 units)	24 000	8 000	32 000	1 440	33 440
printers (31 units)	9 750	3 250	13 000	585	13 585
Basic software	33 750	11 250	45 000	2 025	47 025
1 air-conditioner for provision of adequate microclimatic conditions in					
central server premises	3 750	1 250	5 000	225	5 225
Equipment for network system	75 000	25 000	100 000	4 500	104 500

Contract 5 – Supply contract for purchase of the laboratory equipment: 628 000 EUR (joint co-financing, excluding all taxes and duties).

Activities (Inputs) /Means	Phare, EUR	Co-financing, EUR	Total eligible costs, EUR	18%VAT on National co- financing inputs	Total, EUR (includ.18% VAT)
Contract 5 (Purchase of laboratory					
equipment)	470 625	156 875	627 500	28 242	655 742
Laboratory equipment for virological investigations	85 650	28 550	114 200	5 141	119 341
Automatic thermostat-gene amplification system (PCR)	11 587	3 863	15 450	695	16 145
Water concentration system of Minitan-type	4 463	1 487	5 950	268	6 218
Spectrophotometric system for virus indentification with immune ferment analysis methods (2 units)	10 950	3 650	14 600	657	15 257
Microbiological incubator (5 - 6 C) with capacity:					
115 l (1 unit)	1 125	375	1 500	68	1 568
28 L (3units)	1 500	500	2 000	90	2 090
Microplate incubator (2 units)	6 300	2 100	8 400	378	8 778
CO2 incubator (1 unit)	4 425	1 475	5 900	266	6 166
Centrifuge (1 unit)	3 150	1 050	4 200	189	4 389
Freezer (20-40C):					
300 L (1unit)	3 150	1 050	4 200	189	4 389
150L (2 units)	5 025	1 675	6 700	302	7 002
Medical refrigirator 250 L (10 units)	12 000	4 000	16 000	720	16 720
Horizontal electrophoresis system for					
agarose gel 10x15 cm 2 combs (1,5 mm)15 samples,					
2 combs (1,5 mm) 20 samples	1 275	425	1 700	77	1777
8-channel multi-stepper (1 unit)	900	300	1 200	54	1 254

Videocamera (PCR) (1 unit)	4 500	1 500	6 000	270	6270
Computer for documentation of					
results of reactions	300	100	400	18	418
Digital Nicon camera with					
computer, printer and programmes for					
luminescence Nicon E-600 microscope	15 000	5 000	20 000	900	20 900
Laboratory equipment for					
microbiological investigations	384 975	128 325	513 300	23 101	536 401
Incubators (20 units)	25 500	8 500	34 000	1 530	35 530
Autoclaves (6 units)	76 500	25 500	102 000	4 590	106 590
Sterilisation boards (2 units)	5 100	1 700	6 800	306	7 106
Refrigerators (6 units)	7 725	2 575	10 300	464	10 764
Distillors (12 units)	45 900	15 300	61 200	2 754	63 954
Condensing incubators (8 units)	10 200	3 400	13 600	612	14 212
Scales (7 units)	9 075	3 025	12 100	545	12 645
Filter systems (3 units)	10 200	3 400	13 600	612	14 212
Microscopes (4 units)	5 100	1 700	6 800	306	7 106
Automatic pourer of culture media					
(1 unit)	38 250	12 750	51 000	2 295	53 295
Air sampling unit (1 unit)	3 750	1 250	5 000	225	5 225
Super insulation freuzer 85 °C (1					
unit)	7 500	2 500	10 000	450	10 450
Stomacher (1 unit)	3 750	1 250	5 000	225	5 225
CO incubator (1 unit)	7 500	2 500	10 000	450	10 450
pH-meter (5 units)	7 500	2 500	10 000	450	10 450
Ecuring the premises of					
laboratories with microclimate					
regulators (conditioners)	12 750	4 250	17 000	765	17 765
Equipment for samples storing and					
preparing (cold boxes, equipment for					
filtering, centrifuge, etc.)	84 675	28 225	112 900	5 081	117 981
Thermostatic baths 10 pcs	12 750	4 250	17 000	765	17 765
Drying ovens 5 unit.	1 875	625	2 500	113	2 613
Elektrodes 10 pcs	1 875	625	2 500	113	2 613
Equipments and Materials for					
Personal Safety and Hygiene	7 500	2 500	10 000	450	10 450

Annex 5

Detailed description and justification of previous and planed supplies

Activities / inputs	Requirement of the <i>acquis</i>	Phare/other assistance	Current compliance	Compliance after implement- ation of the project	Beneficiary
Supplies: 1.Drinking water data processing and dissemination system: 11 working stations	Art. 13 of Directive 98/83/EC Concerning the quality of water Intended for Human Consumption	Phare 2002 National Programme Environment monitoring	PHA receives the data from the regional offices in the paper format, and then these data are input in the existent database. There is no special programme for the automatic data processing	Full compliance with the respective requirements	PHA and its regional laboratori es
2.Drinking water monitoring equipment (number of units): Ph-meter (6) Conductometer (6) Spectrophotometers (4) graphite's furnaces for atomabsorbtion spectrophotometers(3) atomabsobtion spectrophotometers with graphite's furnaces and system of hydrides(1) ion's chromatograph (2) fluid's chromatograph with fluorimetric and diod's matrix detector's and derivatization system (1)	Annex 3 of Directive 98/83/EC Concerning the quality of water Intended for Human Consumption	Phare 2002 National Programme Environment monitoring	Protecting	To enable regional laboratories making operative water quality assessment Full compliance with the respective requirements	PHA and its regional laboratori es
3. IT equipment for setting up a network for the epidemiological surveillance and control of communicable diseases: 1 central server 2 servers for data processing Computers for branches and sub-branches (31 units) Computers for PHA center (19 units) printers (31 units) Basic software 1 air-conditioner for provision of adequate microclimatic conditions in central server premises Equipment for network system	The Decision 2119/98/EC of the European Parliament and Council of September 24, 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community	Planned Phare 2003 (This Project)	There is a lack of suitable hardware and software to provide exchange of information between PHA and regional offices. It is not possible to carry out computerised collection, analysis and storage of information	Modern software and hardware will allow carry out computerised collection, analysis, storage and exchange of information Full compliance with the respective requirements	PHA and its regional laboratori es
4.Laboratory equipment for microbilogical investigations of samples: Incubators (20 units) Autoclaves (6 units) Sterilisation boards (2 units) Refrigerators (6 units) Distillors (10 units) Condensing incubators (8 units) Scales (3 units) Filter systems (3 units) Microscopes (4 units) Automatic pourer of culture media (1 unit) Air sampling unit (1 unit) Super insulation freuzer 85 °C (1 unit) Stomacher (1 unit)	- The Commission Decision 2002/253/EC of 19 March 2002 laying down case definitions for reporting communicable diseases to the Community network (annex I For the diseases/health issues listed, to be progressively covered by the	Planned Phare 2003 (This Project)	There is no possibility to use modern methodology in laboratory work and investigate samples agreeably to the EU Directives and participate fully in a programme of Community action in the field of public health (2003-2008). In accordance with EU acquis listed diseases and health issues, they	Equipment will allow using standardised investigations , enabling to get high quality data and to cover all parameters required Full compliance with the respective requirements	PHA and its regional laboratori es

Project title: Institutional strengthening of the State Agency "Public Health Agency"

June 2003

Laboratory equipment for virological investigations of samples: Automatic thermostat-gene amplification system (PCR) Water concentration system of Minitan-type Spectrophotometric system for virus indentification with immune ferment analysis methods (2 units) Microbiological incubator (5 - 6 C) with capacity: 115 l (1 unit) 28 L (3 units) Microplate incubator (2 units) CO2 incubator (1 unit) Centrifuge (1 unit) Freezer (20-40C): 300 L (1unit) 150L (2 units) Medical refrigirator 250 L (10 units)	community network) - The Decision 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).		
capacity:	adopting a programme of		
28 L (3 units)	Community action		
Microplate incubator (2 units)	in the field of		
CO2 incubator (1 unit)	public health		
Centrifuge (1 unit)	(2003-2008).		
Freezer (20-40C):			
300 L (1unit)			
150L (2 units)			
Medical refrigirator 250 L (10 units)			
Videocamera (PCR) (1 unit)			
Computer for documentation of results of			
reactions			
Horizontal electrophoresis system for			
agarose gei $10x15$ cm 2 combs $(1.5 \text{ mm})15$ complex			
2 combs (1.5 mm) 10 samples			
8-channel multi-stepper (1 unit)			
Digital Nicon camera with computer printer			
and programmes for luminescence Nicon E-			
600 microscope			
ooo meroseope			

June 2003



6 6	1 5	6 5	_
Unit	Number of	Regional units	Number of
	employees		employs in
			regional units
Central body and central laboratories	239	-	-
Daugavpils branch*	68	Kraslava	3
		Aluksne	6
Gulbenes branch*	62	Balvi	7
		Madona	9
Jakabpils branch*	65	Aizkraukle	11
		Ogre	14
Jelgavas branch*	80	Bauska	18
		Dobele	14
Liepajas branch*	60	Saldus	12
Rezeknes branch*	69	Ludza	12
		Preili	9
Rigas branch*	79	-	-
Tukuma branch*	73	Jurmala	13
		Talsi	24
		Cesis	8
Valmieras branch*	71	Limbazi	12
		Valka	8
Ventspils branch*	61	Kuldiga	15

The number of employees in PHA in 2003

Including all regional units there are 927 employees in PHS agency:

* Each branch has laboratory personnel to carry out microbiological and chemical investigations of samples.

