

STANDARD TWINNING PROJECT FICHE

1. Basic Information

- 1.1 Publication notice reference: EuropeAid/ 136-936/IH/ACT/HR
- 1.2 Programme: Transition Facility IPA/2013/24986 (Annex of C(2013) 8057 final)
- 1.2 Twinning Number: HR 14 IB SO 01
- 1.3 Title: Improvement of quality of the National Cancer Screening Programmes implementation (CRO SCREENING)
- 1.4 Sector: Health/social sector projects
- 1.5 Beneficiary country: Republic of Croatia

2. Objectives

2.1 Overall objective:

The overall objective is to decrease the morbidity and mortality rates within the targeted population in the Republic of Croatia.

2.2 Project purpose:

The purpose of the project is to enhance the quality of the National Cancer Screening Programmes implementation.

2.3 Contribution to Accession Treaty/Relevant national documents:

Following the signature of **Accession Treaty** on 9 December 2011 and its ratification procedure in the Member States, Republic of Croatia has joined the European Union on 1 July 2013.

National Health Strategy 2012-2020 is the document that sets the context, vision, priorities, targets and key measures in the Croatian health care in the coming period with priorities and measures aiming at improvement of health care. One of the priorities of the National Health Strategy is defined as “Strengthening preventive activities” and this priority sets the focus of the health system on the disease prevention and consequently a gradual increase in the proportion of prevention programmes and activities. Measures planned within this priority will encourage preventive activities in all areas of health care including prevention of malignant tumours and improvement of preventive activities.

Strategic Development Plan of the Public Health 2013-2015 defines the role and development of public health activities and elaborates guidelines for further capacity building, improvement of organization and efficiency in preventing disease and improving quality of life. One of the priorities of this document is prevention of diseases and management of preventive activities through coordination, rational planning and steering the preventive activities into community.

This Twinning project, with activities related to improvement of organization and implementation of disease preventing activities, is in line with priorities from above mentioned Strategy and Plan. Capacities related to the National Cancer Screening Programmes will be strengthened and institutional framework and practices improved which will lead to more effective public health services in general, in line with EU health policy framework.

3. Description

3.1 Background and justification:

The World Health Organization (WHO) adopted a comprehensive health strategy entitled *Health 2020* which is the new European health policy framework and gives practical solutions to new health challenges in the region. One of the essential prerequisites for the implementation of *Health 2020* is an effective public health services, and the most important public health objectives include monitoring and evaluation of state of health and quality of life of the population, preventing diseases and promoting health.

Malignant diseases represent one of the leading public health problems in Republic of Croatia as these diseases are the second most common cause of death and the cause of the highest number of hospitalizations. In order to enable early detection and prevention of malignant diseases Republic of Croatia is currently implementing three National Cancer Screening Programmes¹ adopted by the Government of the Republic of Croatia: National Breast Cancer Screening Programme (adopted in 2006), National Colorectal Cancer Screening Programme (adopted in 2007) and National Cervical Cancer Screening Programme (adopted in 2010). These programmes are in line with the Resolution on the Prevention and Control of Cancer adopted by the World Health Assembly (58.22 "Cancer prevention and control") and with the EU Guidelines for Quality Assurance of Screening.

Ministry of Health retains the overall responsibility for the National Cancer Screening Programmes as the general authority. Croatian Institute of Public Health (CIPH) is responsible for supervising and coordinating of activities on the National Cancer Screening Programmes. CIPH proposes National Coordinator who is responsible for monitoring, coordination and reporting at national level. Institute of Public Health "Dr. Andrija Štampar" together with 20 County Institutes of Public Health is responsible for organizing, coordinating, monitoring and evaluation at the county level. Supervisor of the above mentioned institutes is Committee for coordination of the National Cancer Screening Programmes (National Committee) appointed by the Minister of Health.

Institutions involved in implementation of all National Cancer Screening Programmes are CIPH, County Institutes of Public Health, Institute of Public Health "Dr. Andrija Štampar" and Croatian Health Insurance Fund (CHIF). The implementation of the programmes is being conducted through additional collaboration of public health institutes with:

- Radiological units (National Breast Cancer Screening Programme);
- Gynaecologists in primary care and cytology laboratories (National Cervical Cancer Screening programme);
- Colonoscopy units and pathologists in endoscopy departments at hospitals (National Colorectal Cancer Screening Programme).

Within the efforts for improvement of the implementation of the National Cancer Screening Programmes, protocols for each of the National Cancer Screening Programmes are currently being drafted. Within the said protocols it is planned that primary health care, including general practitioners (licensed medical doctors or specialist of family medicine) and patronage services will be included in

¹ National Cancer Screening Programmes refer to national programmes for early detection of cancer.

implementation of programmes with the goal of increasing the response rate and improving the success of programme. These protocols have not been put in force up to now due to the lack of central coordination and communication, which depends on the full implementation of the IT solution for monitoring and collecting data of the National Cancer Screening Programmes.

Please find below further information on implementation of each of the National Cancer Screening Programmes so far:

National Breast Cancer Screening Programme was introduced in 2006. The target group of National Breast Cancer Screening Programme are women aged 50-69 with a screening interval of 2 years. So far three cycles were completed (invitations were sent out and screenings conducted). The response for the first cycle was 63%, for the second cycle 57% and for the third cycle 60% (three counties had 70% response). In May 2014 the fourth cycle has begun and is on-going.

National Colorectal Cancer Screening Programme has been implemented since 2008. The target group of the National Colorectal Cancer Screening Programme is population aged 50-74 with the screening interval of 2-3 years. By the end of 2012, the first cycle was completed with the response of 21%. The second cycle started in November 2013 and is currently on-going.

National Cervical Cancer Screening Programme began with implementation in December 2012 and is currently on-going. The target group are women aged 25-64 with screening interval of 3 years. The second cycle is envisaged to start in first quarter of 2016.

Reporting and monitoring of the National Cancer Screening Programmes is conducted on county level through reports prepared by County Institutes of Public Health on the implementation of the programme by the end of each screening cycle. National Coordinator is responsible for reporting on national level by including all the collected data. Moreover, an IT Application for the National Breast Cancer Screening Programme was used for collecting/storing data as regards this National Cancer Screening Programme, while for the other programmes there was no IT application. Due to the need for IT solution that would incorporate monitoring and reporting system for all three National Cancer Screening Programmes, the project of the construction of IT solution for the National Register for Cancer Screening Programmes (*Screening Register*) for breast, colorectal and cervical cancer on the unique platform for all three programmes is being developed and it is planned that the *Screening Register* will become fully functional and in use in April 2015.

Screening Register is the property of Ministry of Health, Croatian Institute of Public Health and Croatian Health Insurance Fund which are also the owners of the source code and can decide on upgrade of the application as needed. The users of the system are, besides the abovementioned institutions, Institute of Public Health "Dr. Andrija Štampar", County Institutes of Public Health, primary health care teams (gynecologists, family medicine and patronage services), radiology units, cytology laboratories and colonoscopy units (with pathology).

Screening Register will include following functionalities:

- Unique database of persons and outcomes – from different sources and institutions;
- Centralized invitation system – through the County Institutes of Public Health;
- Electronic referral (e-referral) and electronic prescription (e-prescription)
- Interconnectivity with Central Health IT System of Republic of Croatia (CEZIH);
- Availability of medical documentation for all users;
- Unique reporting system (predefined reports and BI reporting system);
- Interactive web portal for the users of the National Cancer Screening Programmes.

Organization and implementation of the National Cancer Screening Programmes is a very complex process, with many institutions and health professionals involved. Thus, it is very important that all participants have adequate and accessible information at all times. Since it is planned that *Screening Register* will be in full use in April 2015, it is expected that additional improvements will be needed upon assessment of its functionalities in practice. It is therefore foreseen that within this Twinning project analysis of the *Screening Register* will be conducted and the *Screening Register* will be upgraded as determined by the project partners.

Although Republic of Croatia achieved significant progress in the area of the National Cancer Screening Programmes, the administrative and technical capacities for effective implementation of programmes need further strengthening. The system may be further enhanced through improvement of legislation, development of specific guidelines for each of the National Cancer Screening Programmes and training of experts. Moreover, there is also need to train selected health professionals on medical expert topics related to the specialized type of cancer screening taking into consideration the constant need to have more experienced health professional and more accessible public health services. Therefore, this Twinning project will focus on further strengthening of the institutional and administrative capacities for implementation of the National Cancer Screening Programmes with the final aim of decreasing the morbidity and mortality rates within the targeted population in the Republic of Croatia.

3.2 Linked activities:

Transition facility project “Improvement of Quality of the National Cancer Screening Programmes Implementation”

This Twinning project is part of the overall project which consists of the Twinning and Technical Assistance projects and which main objective is decreasing of the morbidity and mortality rates within the targeted population in Republic of Croatia.

Through the Technical Assistance project public awareness and awareness of the target groups on the breast, cervical and colorectal cancer will be increased. Technical Assistance project is currently in the preparation phase and it is envisaged to last 12 months. Technical Assistance project is planned to start 3 months after the Twinning project in order for the public awareness campaign carried through Technical Assistance project to take into consideration results and outputs of the Twinning project.

"Development of the European Guide on Quality Improvement in Comprehensive Cancer Control" (2014-2017)

This Joint Action continues with the goal of reducing cancer incidence by 15% by 2020 through:

- 1) Identifying key elements and quality standards for comprehensive cancer control in Europe and preparing an evidence-based European guide on quality improvement in comprehensive cancer control;
- 2) Facilitating cooperation and exchange of best practice between EU countries, to identify and define key elements to ensure optimal, comprehensive cancer care.

Croatian representatives will be included as associated partner in the Cancon, Working Package 9, which will focus on creating guidance and guiding principles for better organization, governance and evaluation of population-based cancer screenings programmes as a part of the National Cancer Control Policies at the European level.

“European Partnership for Action Against Cancer” (EPAAC)

Republic of Croatia has participated in the Joint Action EPAAC project as Steering Committee member. This project aimed to improve implementation of the Council Recommendation on Cancer Screening by alleviating key barriers, to make screening of appropriate quality, as recommended by the Council of the EU, accessible to all citizens who could benefit. Further added value has been created by promoting synergy between cancer screening and other areas of early detection.

A general objective of EPAAC for the period 2010-2013 was to contribute to the reduction of cancer burden in the EU by actions in the areas of health promotion and prevention, screening and early diagnosis, cancer related health care, coordination of cancer research and cancer information and data. The overall objective was to support Member States in the development of their National Cancer Plans. Integrated National Cancer Plans are public health programmes designed to ensure coordinated and centrally managed implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, rehabilitation, palliation and research for innovative solutions, and to evaluate outcomes. EPAAC contributed in raising awareness about cancer promotion and prevention, especially among target groups in Europe, by disseminating the European Code Against Cancer, using proven communication strategies and messages, and by engaging policymakers at the European, national, and sub national levels. Implementation of this Joint Action ended in February 2014.

Moreover, there have been several projects in the Republic of Croatia carried out through IPA programmes as well as other national and international initiatives related to improvement of health and health protection, but neither of them referred to the cancer screening programmes.

3.3 Results:

Result 1: Organization and implementation of the National Breast Cancer Screening Programme on national and regional level improved

Indicators of achievement:

- Analysis of the legislative and institutional framework of the National Breast Cancer Screening Programme conducted and analysis report with recommendations for improvement prepared
- Analysis of practices applied and corresponding documentation related to organization and implementation of the National Breast Cancer Screening Programme conducted and analysis report with recommendations for improvement prepared
- 1 round table discussion of the representatives of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Breast Cancer Screening Programme organized and conducted
- Guidelines for the National Breast Cancer Screening Programme prepared and adopted by the relevant authority (e.g. National Committee and/or Ministry of Health)

Result 2: Organization and implementation of the National Cervical Cancer Screening Programme on national and regional level improved

Indicators of achievement:

- Analysis of the legislative and institutional framework of the National Cervical Cancer Screening Programme conducted and analysis report with recommendations for improvement prepared

- Analysis of practices applied and corresponding documentation related to organization and implementation of the National Cervical Cancer Screening Programme conducted and analysis report with recommendations for improvement prepared
- 1 round table discussion of the representatives of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Cervical Cancer Screening Programme organized and conducted
- Guidelines for the National Cervical Cancer Screening Programme prepared and adopted by the relevant authority (e.g. National Committee and/or Ministry of Health)

Result 3: Organization and implementation of the National Colorectal Cancer Screening Programme on national and regional level improved

Indicators of achievement:

- Analysis of the legislative and institutional framework of the National Colorectal Cancer Screening Programme conducted and analysis report with recommendations for improvement prepared
- Analysis of practices applied and corresponding documentation related to organization and implementation of the National Colorectal Cancer Screening Programme conducted and analysis report with recommendations for improvement prepared
- 1 round table discussion of the representatives of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Colorectal Cancer Screening Programme organized and conducted
- Guidelines for the National Colorectal Cancer Screening Programme prepared and adopted by the relevant authority (e.g. National Committee and/or Ministry of Health)

Result 4: Strengthening capacities of health professionals² involved in the National Cancer Screening Programmes

Indicators of achievement:

- Training needs analysis (TNA) of health professionals involved in National Cancer Screening Programmes (breast, cervical and colorectal) conducted and TNA report prepared, including also criteria for identification of target groups and selection of training participants
- Training plan and training materials related to organization and implementation of the National Cancer Screening Programmes (breast, cervical, colorectal) with special focus on organization and coordination within the county teams prepared
- Regional workshops for 80 health professionals (in total) on organization and implementation of the National Cancer Screening Programmes conducted
- Training plan and training materials related to monitoring and reporting of the National Cancer Screening Programmes (breast, cervical, colorectal) prepared
- Regional workshops for 80 health professionals (in total) on monitoring and reporting of the National Cancer Screening Programmes conducted
- Training plan and training materials for training of trainers on medical expert topics on specialized type of cancer screening prepared; training plan/materials will include at least one of the following topics:
 - colonoscopy
 - mammography
 - PAPA smear test

² Medical practitioners, administrative staff and other experts involved in National Cancer Screening Programmes.

- FOBT – faecal occult blood testing
- pathohistology
- One training of trainers with the purpose to increase medical expert knowledge on determined type of cancer screening (in accordance with the training plan/materials) for 10 health professionals conducted

Result 5: Monitoring and reporting of the National Cancer Screening Programmes on national and regional level improved

Indicators of achievement:

- Analysis of the monitoring and reporting of the National Cancer Screening Programmes (breast, cervical, colorectal) conducted and analysis report with recommendations for improvement prepared
- Guidelines for monitoring and reporting of the National Cancer Screening Programmes prepared
- Analysis on the current procedures regarding *Screening Register* conducted and analysis report with recommendations for improvement prepared
- Functional and technical specifications for upgrading of the *Screening Register* prepared
- *Screening Register* upgraded³

3.4 Activities:

The activities listed below represent the minimum activities to be implemented in the course of the Twinning project. Member State(s) may propose additional activities in line with the methodology elaborated in its proposal.

Activities linked to Result 1

- 1.1 Conducting analysis of the legislative and institutional framework of the National Breast Cancer Screening Programme and preparing analysis report with recommendations for improvement
- 1.2 Conducting analysis of practices applied and corresponding documentation related to organization and implementation of the National Breast Cancer Screening Programme and preparing analysis report with recommendations for improvement
- 1.3 Organizing and conducting 1 round table discussion of the representatives of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Breast Cancer Screening Programme
- 1.4 Preparing Guidelines for the organization and implementation of National Breast Cancer Screening Programme prepared and adopting Guidelines by the relevant authority (e.g. National Committee and/or Ministry of Health)

Activities linked to Result 2

- 2.1 Conducting analysis of the legislative and institutional framework of the National Cervical Cancer Screening Programme and preparing analysis report with recommendations for improvement

³ Upgrading of the *Screening Register* may be implemented through private sector input in case the MS does not have at disposal public sector expert(s) with required expertise for implementing this activity.

- 2.2 Conducting analysis of practices applied and corresponding documentation related to organization and implementation of the National Cervical Cancer Screening Programme and preparing analysis report with recommendations for improvement
- 2.3 Organizing and conducting 1 round table discussion of the representatives of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Cervical Cancer Screening Programme
- 2.4 Preparing Guidelines for the organization and implementation of National Cervical Cancer Screening Programme and adopting Guidelines by the relevant authority (e.g. National Committee and/or Ministry of Health)

Activities linked to Result 3

- 3.1 Conducting analysis of the legislative and institutional framework of the National Colorectal Cancer Screening Programme and preparing analysis report with recommendations for improvement
- 3.2 Conducting analysis of practices applied and corresponding documentation related to organization and implementation of the National Colorectal Cancer Screening Programme and preparing analysis report with recommendations for improvement
- 3.3 Organizing and conducting 1 round table discussion of the representatives of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Colorectal Cancer Screening Programme
- 3.4 Preparing Guidelines for the organization and implementation of National Colorectal Cancer Screening Programme and adopting Guidelines by the relevant authority (e.g. National Committee and/or Ministry of Health)

Activities linked to Result 4

- 4.1 Conducting Training needs analysis (TNA) of stakeholders involved in the National Cancer Screening Programmes (breast, cervical and colorectal) and preparing TNA report, including also criteria (e.g. level of involvement in the National cancer screening program, professional field of medicine, deficient teams within the counties) for identification of target groups and selection of training participants
- 4.2 Preparing training plan and training materials related to organization and implementation of the National Cancer Screening Programmes (breast, cervical, colorectal) with special focus on organization and coordination within the county teams
- 4.3 Conducting regional workshops for 80 health professionals (in total) on organization and implementation of the National Cancer Screening Programmes; upon implementation of workshops the trainees should be enabled to further disseminate the obtained knowledge
- 4.4 Preparing training plan and training materials related to monitoring and reporting of the National Cancer Screening Programmes (breast, cervical, colorectal)
- 4.5 Conducting regional workshops for 80 health professionals (in total) on monitoring and reporting of the National Cancer Screening Programmes; upon implementation of workshops the trainees should be enabled to further disseminate the obtained knowledge
- 4.6 Preparing training plan and training materials for training of trainers on medical expert topics on specialized type of cancer screening; training plan/materials will include at least one of the following topics:
 - colonoscopy
 - mammography
 - PAPA smear test

- FOBT – faecal occult blood testing
 - pathohistology
- 4.7 Conducting one training of trainers with the purpose to increase medical expert knowledge on determined type of cancer screening (in accordance with the training plan/materials) for 10 health professionals

Activities linked to Result 5

- 5.1 Conducting analysis of the monitoring and reporting of the National Cancer Screening Programmes (breast, cervical, colorectal) and preparing analysis report with recommendations for improvement
- 5.2 Preparing guidelines for monitoring and reporting of the National Cancer Screening Programmes
- 5.3 Conducting analysis on the current *Screening Register* and preparing analysis report with recommendations for improvement
- 5.4 Preparing functional and technical specifications for upgrading of the *Screening Register*
- 5.5 Upgrading *Screening Register*⁴

Minimum two visibility events will be organized in the course of the implementation of the project; Kick-off meeting at the start of the implementation and the Final meeting at the end of the implementation of the project activities.

3.5 Means/ Input from the MS Partner Administration:

MS Project Leader may participate in the project also as the short-term expert (STE) and in this case the MS Project Leader should satisfy requirements stipulated in the fiche for both the Project Leader and the relevant STE profile.

3.5.1 Profile and tasks of the Project Leader

Profile of the Project Leader

Requirements:

- University level education or equivalent professional experience of 10 years in the health system
- Minimum 6 years of experience in the health system
- High ranking official
- Working level of English language
- Computer literacy
- Experience in project management
- Proven contractual relation to public administration or mandated body, as defined under Twinning manual 5.4.5

Assets:

- Experience in implementation of EU funded projects in the health system
- Experience in implementation of cancer screening programme in an EU Member State

⁴ Upgrading of the *Screening Register* may be implemented through private sector input in case the MS does not have at disposal public sector expert(s) with required expertise for implementing this activity.

Tasks of the Project Leader:

- Overall coordination and managing of the implementation of the project in cooperation with the BC Project Leader
- Ensuring sound implementation of the envisaged activities
- Monitoring the project implementation and proposing remedial actions if needed
- Coordination of MS experts' work and availability
- Ensuring backstopping and financial management of the project in the MS
- Providing efficient leadership of the project
- Participation in Steering Committee meetings
- Project reporting

3.5.2 Profile and tasks of the RTA

Profile of the Resident Twinning Adviser

Requirements:

- University level education or equivalent professional experience of 10 years in the health system
- Minimum 3 years of experience in implementation of one or more cancer screening programmes
- Working level of English language
- Computer literacy
- Experience in project management
- Proven contractual relation to public administration or mandated body, as defined under Twinning manual 5.4.5

Assets:

- Experience in implementation of breast or cervical or colorectal cancer screening programmes
- Experience in organizing or conducting trainings on cancer screening programme
- Experience in business process analysis in the health system

Tasks of the Resident Twinning Adviser:

- Support and coordination of all activities in the BC
- Day to day management of the project in the beneficiary institution
- Coordination and assistance to the short-term experts
- Coordination of the project implementation and proposing corrective actions, if required
- Organization of visibility events (kick-off and final event)
- Organization of PIU and Steering Committee meetings
- Participation in Steering Committee meetings
- Executing administrative issues (e.g. assisting in reporting)
- Providing technical advice on EU policies and best practices, and assisting Croatian administration in the context of project work plan
- Networking with institutions relevant to this project in Croatia and in MS

The duration of the RTA secondment is 12 months.

3.5.3 Profile and tasks of the short-term experts

Profile of the Short-term expert 1 (STE 1) - Expert for cancer screening programmes

Requirements:

- University level education or equivalent professional experience of 8 years in the health system
- Minimum 3 years of experience in implementation of one or more cancer screening programmes
- Working level of English language
- Computer literacy
- Proven contractual relation to public administration or mandated body, as defined under Twinning manual 5.4.5.

Assets:

- Experience in conducting trainings on cancer screening programme
- Experience in implementation of breast or cervical or colorectal cancer screening programmes
- Experience in preparing guidelines on procedures in the health system
- Experience in preparing recommendations for improvement of legislation

Tasks of the Short-term expert 1:

- Close cooperation with the Croatian experts in undertaking all activities
- Advance preparation and familiarization with relevant documentation
- Participating in all activities under the scope of the project:
 - o Analysing legislative and institutional framework, practices applied related to organization and implementation as well as monitoring and reporting of the National Cancer Screening Programmes (breast, cervical, colorectal) and preparing analysis report with recommendations for improvement
 - o Preparing guidelines for the National Cancer Screening Programmes (breast, cervical, colorectal)
 - o Organizing and participating in round-table discussions
 - o Conducting TNA, preparing corresponding report, training plan and materials
 - o Conducting trainings and training of trainers
 - o Analysing the current procedures regarding *Screening Register* and preparing report with recommendations for improvement
 - o Preparing functional and technical specifications for upgrading of the *Screening Register*
 - o Upgrading *Screening Register*

Note 1:

The pool of experts should include:

- At least one short-term expert who in addition to respective profile requirements has experience in conducting trainings
- At least one short-term expert who in addition to respective profile requirements has experience in implementation of breast cancer screening programme as medical practitioner
- At least one short-term expert who in addition to respective profile requirements has experience in implementation of colorectal cancer screening programme as medical practitioner
- At least one short-term expert who in addition to respective profile requirements has experience in implementation of cervical cancer screening programme as medical practitioner

Note 2:

- Upgrading of the *Screening Register* (Activity 5.5) may be implemented through private sector input in case the Member State(s) does not have at disposal public sector expert(s) with the required expertise for implementing the mentioned activity.

4. Institutional Framework

Ministry of Health (MH) is the main beneficiary of this project. It is Competent Authority for the National Cancer Screening Programmes which nominates the members of the National Committee for coordination of the National Cancer Screening Programmes implementation. Ministry of Health has in total 420 employees.

National Cancer Screening Programmes are supervised by the following responsible bodies which will be involved in this project as stakeholders:

- Croatian Institute of Public Health (CIPH) is the operator of the epidemiology of infectious diseases and chronic mass non-infectious diseases, public health, health education to promote health and disease prevention, health ecology, microbiology, school health, mental health and addiction prevention to achieve the basic purpose public health, and that is the preservation and improvement of population health. CIPH has in total 230 employees. In this project CIPH will be involved in the activities linked to organizing and coordinating of the education programmes for their employees.
- Institute of Public Health "Dr. Andrija Štampar" performs activities related to public health, epidemiology, environmental health, microbiology, school medicine, prevention of addiction and mental health care. The Institute is also a teaching base of the Medical Faculty, University of Zagreb and the Faculty of Medicine of Josip Juraj Strossmayer. Epidemiologic and Public Health teams at Institute of Public Health "Dr. Andrija Štampar" will be involved in the activities of this project linked to organizing, implementing, coordinating, monitoring and evaluating of cancer screening programme on the county level.
- County Institutes of Public Health are organized in each county in the Republic of Croatia to perform activities connected to preservation and improvement of population health within relevant county. There are in total 20 county Institutes.
- Croatian Health Insurance Fund (CHIF) carries out activities of compulsory health insurance in Croatia as well as additional health insurance in line with the national legislation. CHIF is responsible for contracting with health institutions that are providing health services for the programmes (mammography, colonoscopy with pathohistological examination, gynecologist examination with PAPA smear, and PAPA smear analysis in cytology labs) and financing the procedures. Moreover, CHIF is responsible for the *Screening Register* software and it will be involved in this project in relation to activities related to improvement of the *Screening Register*.

The project stakeholders also include the following institutions responsible for implementation of the National Cancer Screening Programmes:

- Health Care Centres (primary gynaecologists, general practitioners, cytology laboratories, radiology units) – representatives of physicians and nurses will be invited to the Steering Committee meetings (SCM). Health Care Centres are responsible for implementation of the programmes, monitoring of participants of the programmes with detected cancer and entry of their information in the *Screening Register* together with list of persons that did not attend a testing within programmes for public health institutes and patronage services.
- Hospitals (Radiology units, Cytology laboratories, Colonoscopy units, Pathohistology units) – representatives of hospitals will be invited to the SCM. Mentioned specialists are responsible for technical, administrative assignments to meet adequate implementation of the programme.
- Patronage Services – representatives of patronage services will be invited to the SCM. Through *Screening Register* nurses and medical technicians will have information on the list of persons that did not attend a testing within programmes and will be involved in the activities of motivating the people to attend testing.

Detailed overview on the current and planned organizational structure for implementation of the National Cancer Screening Programmes are presented in the Annex 5 and Annex 6 of the Twinning fiche.

Ministry of Health is responsible for coordination of the above stakeholders during the implementation of this Twinning project.

This project may lead to a change of the institutional framework depending on the outcomes of analysis of the national legislative and institutional framework of the National Cancer Screening Programmes (activities 1.1, 2.1 and 3.1).

The beneficiary institution will dedicate all necessary human and financial resources in order to guarantee an effective implementation of the respective project. In particular, the beneficiary institution will insure the availability of the following provisions:

- Adequately equipped office space for the RTA and the RTA assistant for the entire duration of their secondment (in particular a desk, a telephone line, PC with e-mail account and internet access, possibility to use fax & copy services);
- Adequate conditions for the STEs to perform their work while on mission to the BC;
- Training and conference venues as well as presentation and interpretation equipment;
- Costs for travel by BC participants from their capitals to a MS or between MS (study visits);
- Its active involvement in preparation of the PIU and Steering Committee meetings and participation of its members on the same;
- The availability of the BC human resources (BC experts) during the implementation of the activities.

5. Budget

Improvement of quality of the National Cancer Screening Programmes implementation (CRO SCREENING)	Transition Facility Contribution	National Co-financing	TOTAL
Twinning Contract	95% 609.425,00 EUR	5% 32.075,00 EUR	641.500,00 EUR

The total amounts of the Transition Facility Contribution and National Co-financing stipulated in the above table represent the total maximum amounts and therefore, they may be reduced at the level of the Twinning contract, while the relevant ratio (percentages) should be maintained as fixed.

The co-financing requirement foreseen under Transition Facility will be considered fulfilled according to the provision of the relevant Financing Decision.

Interpretation costs will be reimbursed from the budget only for the purpose of workshops and seminars, up to 7% of the Contract amount can be used for translation and interpretation purposes.

6. Implementation Arrangements

6.1 Implementing Agency responsible for tendering, contracting and accounting:

Central Finance and Contracting Agency (CFCA)
Ulica grada Vukovara 284
10000 Zagreb, Republic of Croatia
Ms Nataša Mikuš Žigman, Director
Phone: + 385 1 4591 245
Fax: +385 1 4591 075
E-mail: procurement@safu.hr

Twinning Administrative Office
Central Finance and Contracting Agency
Ulica grada Vukovara 284
10000 Zagreb, Republic of Croatia
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Fax: + 385 1 4591 075
E-mail: twinning@safu.hr

6.2 Main counterpart in the BC:

Senior Programme Officer (SPO)
Mr Miljenko Bura, Assistant Minister
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BC Project Leader
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6.3 Contracts:

It is envisaged that the Project will be implemented through one Twinning contract, with the maximum amount of 641.500,00 EUR.

7. Implementation Schedule (indicative)

7.1 Launching of the call for proposals: 1Q 2015⁵

7.2 Start of project activities: 4Q 2015

7.3 Project completion: 4Q 2016

7.4 Duration of the execution period (number of months): 15 months; the execution period will end 3 months after the implementation period of the Action (work plan) which will take 12 months.

8. Sustainability

The Twinning project will give all necessary analyses and recommendations for improvement of the organization, implementation, monitoring and reporting system of the National Breast, Cervical and Colorectal Cancer Screening Programmes on national and regional level.

Capacities of the stakeholders of the National Cancer Screening Programmes will be strengthened in area of organization, implementation, monitoring, reporting of National Cancer Screening Programme. Moreover, training of trainers on medical expertise knowledge in cancer screening will be conducted. Upon the implementation of the project stakeholders will be able to further disseminate the obtained knowledge, while produced training materials will be used for future training activities.

After successful implementation of this project Guidelines will be prepared for each of the National Cancer Screening Programme which will enable more efficient future implementation of the National Cancer Screening Programmes in Republic of Croatia. Furthermore, prepared Guidelines for monitoring and reporting and upgraded *Screening Register* will enable long-term improvement of monitoring and reporting of the Programmes.

Developed procedures and strengthened capacities will ensure future effective implementation of National Screening Programmes which will contribute to better public health services and increased early detection of cancer.

9. Crosscutting issues

Based on the fundamental principles of promoting equality and combating discrimination, participation in the project will be guaranteed on the basis of equal access regardless of sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation.

Environmental impact of the project is not applicable.

10. Conditionality and sequencing

⁵ Member States submitting proposals for Twinning projects implemented in Croatia, as well as the beneficiary institutions, will be requested to finalise drafting of the contracts in maximum four months regardless of the period of the year during which the drafting will take place.

Preconditions:

n/a

Sequencing:

The overall project “Improvement of quality of the National Cancer Screening Programmes implementation” is divided into two components (Twinning and Technical Assistance). The Twinning component is envisaged to start three months before the Technical Assistance component due to the fact that the Technical Assistance component should perform public awareness campaign for the National Cancer Screening Programmes taking into consideration results and outputs of the Twinning component.

ANNEXES TO PROJECT FICHE

1. Logical framework matrix in standard format
2. Detailed implementation chart
3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period)
4. List of relevant laws and regulations
5. Current organizational structure for implementation of the National Cancer Screening Programmes
6. Planned organizational structure for implementation of the National Cancer Screening Programmes

Annex 1. Logical framework matrix in standard format

Improvement of quality of the National Cancer Screening Programmes implementation (CRO SCREENING)		Programme name and number: Transition Facility	
Ministry of Health		Contracting period expires: 3 years from the day on which the Commission notifies the Republic of Croatia that all of its internal procedures necessary for the adoption of this Decision have been fulfilled	Disbursement period expires: 4 years following the expiration of the contracting deadline
		Total budget: 641.500,00 EUR	TF financing: 609.425,00 EUR (95%) National co-financing: 32.075,00 EUR (5%) ⁶
Overall objective	Objectively Verifiable Indicators	Sources of Verification	
The overall objective is to decrease the morbidity and mortality rates within the targeted population in the Republic of Croatia.	<ul style="list-style-type: none"> • The response rate of target population increased (Breast cancer screening \geq 70%, Colorectal cancer screening \geq 45% (at least), Cervical cancer screening 85%, in the first year 40%) • Breast cancer screening - up to 25% reduction in mortality rate after 5 years • Colorectal cancer screening - 10% reduction in mortality rate after 10-13 years of program implementation • Cervical cancer screening - 60% reduction in incidence rate from invasive cervical cancer after 8 years of programme implementation; 80% reduction in mortality rate from invasive cervical cancer after 13 years of programme implementation • 10% increase in early response rate related to breast cancer screening in the 	<ul style="list-style-type: none"> • Relevant EC reports • Relevant National Reports • MoH annual reports • CIPH statistical reports • Institute of Public Health "Dr. Andrija Štampar" reports • County Institutes of Public Health reports • Croatian Health Insurance Fund (CHIF) report • National cancer screening programmes' reports 	

⁶ The total amounts of the Transition Facility Contribution and National Co-financing stipulated in the above table represent the total maximum amounts and therefore, they may be reduced at the level of the Twinning contract, while the relevant ratio (percentages) should be maintained as fixed. The co-financing requirement foreseen under Transition Facility will be considered fulfilled according to the provision of the relevant Financing Decision.

	<p>first screening after the conducted media campaign</p> <ul style="list-style-type: none"> • 10% increase in early response rate related to colorectal cancer after two year of implementation • 10% increase in early response rate related to cervical cancer after two year of implementation 		
Project purpose	Objectively Verifiable Indicators	Sources of Verification	Assumptions
<p>The purpose of the project is to enhance the quality of the National Cancer Screening Programmes implementation.</p>	<ul style="list-style-type: none"> • Organization and implementation of the National Cancer Screening Programme (breast, cervical, colorectal) on national and regional level improved • Strengthening capacities of the health professionals, CIPH staff and other stakeholders involved in the National Cancer Screening Programmes • Monitoring and reporting of National Cancer Screening Programmes on national and regional level enhanced 	<ul style="list-style-type: none"> • Interim Quarterly Reports • Final Twinning Report • Documentation produced under project (analysis reports, recommendations, guidelines, training plan, training materials, etc.) • Upgraded <i>Screening Register</i> • Lists of participants on workshops, trainings 	<ul style="list-style-type: none"> • A good horizontal collaboration among different institutions responsible for coordination, organization and implementation of the National Cancer Screening Programme • Support by the highest management in all relevant institutions • Adequate cooperation among relevant MoH and CIPH departments and other stakeholders • Adequate commitment and capability of all relevant stakeholders • Adequate BC experts appointed to participate in work groups and trainings established • Timely adoption of guidelines • Adequate IT resources
Results	Objectively Verifiable Indicators	Sources of Verification	Assumptions
<p>Result 1: Organization and implementation of the National Breast Cancer Screening Programme on national and regional level improved</p>	<ul style="list-style-type: none"> • Analysis of the legislative and institutional framework of the National Breast Cancer Screening Programme conducted and analysis report with recommendations for improvement prepared • Analysis of practices applied and corresponding documentation related to organization and implementation of the National Breast Cancer Screening Programme conducted and analysis 	<ul style="list-style-type: none"> • Interim Quarterly Reports • Final Twinning Report • Documentation produced under project (analysis reports, recommendations, guidelines, training plan, training materials, etc.) • Upgraded Screening Register • Lists of participants on workshops, trainings 	<ul style="list-style-type: none"> • A good horizontal collaboration among different institutions responsible for coordination, organization and implementation of the National Cancer Screening Programme • Support by the highest management in all relevant institutions • Adequate cooperation among relevant MoH and CIPH departments and other stakeholders • Adequate commitment and capability

<p>Result 2: Organization and implementation of the National Cervical Cancer Screening Programme on national and regional level improved</p>	<p>report with recommendations for improvement prepared</p> <ul style="list-style-type: none"> • 1 round table discussion of the representatives of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Breast Cancer Screening Programme organized and conducted • Guidelines for the National Breast Cancer Screening Programme prepared and adopted by the relevant authority (e.g. National Committee and/or Ministry of Health) • Analysis of the legislative and institutional framework of the National Cervical Cancer Screening Programme conducted and analysis report with recommendations for improvement prepared • Analysis of practices applied and corresponding documentation related to organization and implementation of the National Cervical Cancer Screening Programme conducted and analysis report with recommendations for improvement prepared • 1 round table discussion of the representatives of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Cervical Cancer Screening Programme organized and conducted • Guidelines for the National Cervical Cancer Screening Programme prepared and adopted by the relevant authority (e.g. National Committee 		<p>of all relevant stakeholders</p> <ul style="list-style-type: none"> • Adequate BC experts appointed to participate in work groups and trainings established • Timely adoption of guidelines • Adequate IT resources
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<p>Result 3: Organization and implementation of the National Colorectal Cancer Screening Programme on national and regional level improved</p>	<p>and/or Ministry of Health)</p> <ul style="list-style-type: none"> • Analysis of the legislative and institutional framework of the National Colorectal Cancer Screening Programme conducted and analysis report with recommendations for improvement prepared • Analysis of practices applied and corresponding documentation related to organization and implementation of the National Colorectal Cancer Screening Programme conducted and analysis report with recommendations for improvement prepared • 1 round table discussion of the representatives of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Colorectal Cancer Screening Programme organized and conducted • Guidelines for the National Colorectal Cancer Screening Programme prepared and adopted by the relevant authority (e.g. National Committee and/or Ministry of Health) 		
<p>Result 4: Strengthening capacities of health professionals involved in the National Cancer Screening Programmes</p>	<ul style="list-style-type: none"> • Training needs analysis (TNA) of health professionals involved in National Cancer Screening Programmes (breast, cervical and colorectal) conducted and TNA report prepared, including also criteria for identification of target groups and selection of training participants • Training plan and training materials related to organization and implementation of the National Cancer 		

<p>Result 5: Monitoring and reporting of the National Cancer Screening Programmes on national and regional</p>	<p>Screening Programmes (breast, cervical, colorectal) with special focus on organization and coordination within the county teams prepared</p> <ul style="list-style-type: none"> • Regional workshops for 80 health professionals (in total) on organization and implementation of the National Cancer Screening Programmes conducted • Training plan and training materials related to monitoring and reporting of the National Cancer Screening Programmes (breast, cervical, colorectal) prepared • Regional workshops for 80 health professionals (in total) on monitoring and reporting of the National Cancer Screening Programmes conducted • Training plan and training materials for training of trainers on medical expert topics on specialized type of cancer screening prepared; training plan/materials will include at least one of the following topics: <ul style="list-style-type: none"> ○ colonoscopy ○ mammography ○ PAPA smear test ○ FOBT – faecal occult blood testing ○ pathohistology • One training of trainers with the purpose to increase medical expert knowledge on determined type of cancer screening (in accordance with the training plan/materials) for 10 health professionals conducted • Analysis of the monitoring and reporting of the National Cancer Screening Programmes (breast, 		
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<p>level improved</p>	<p>cervical, colorectal) conducted and analysis report with recommendations for improvement prepared</p> <ul style="list-style-type: none"> • Guidelines for monitoring and reporting of the National Cancer Screening Programmes prepared • Analysis on the current procedures regarding <i>Screening Register</i> conducted and analysis report with recommendations for improvement prepared • Functional and technical specifications for upgrading of the <i>Screening Register</i> prepared • <i>Screening Register</i> upgraded 		
Activities	Means	Specification of costs	Assumptions
<p>The activities listed below represent the minimum activities to be implemented in the course of the Twinning project. Member State(s) may propose additional activities in line with the methodology elaborated in its proposal.</p> <p>1.1 Conducting analysis of the legislative and institutional framework of the National Breast Cancer Screening Programme and preparing analysis report with recommendations for improvement</p> <p>1.2 Conducting analysis of practices applied and corresponding documentation related to organization and implementation of the National Breast Cancer Screening Programme and preparing analysis report with recommendations for improvement</p> <p>1.3 Organizing and conducting 1 round table discussion of the representatives</p>	<p>Analysis, Consultations, Preparation of documentation</p> <p>Analysis, Consultations, Preparation of documentation</p> <p>Consultations, Preparation of</p>	<p>Twinning Contract: 641.500,00 EUR</p>	<p>In line with the assumptions specified for results.</p>

<p>of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Breast Cancer Screening Programme</p> <p>1.4 Preparing Guidelines for the organization and implementation of National Breast Cancer Screening Programme prepared and adopting Guidelines by the relevant authority (e.g. National Committee and/or Ministry of Health)</p> <p>2.1 Conducting analysis of the legislative and institutional framework of the National Cervical Cancer Screening Programme and preparing analysis report with recommendations for improvement</p> <p>2.2 Conducting analysis of practices applied and corresponding documentation related to organization and implementation of the National Cervical Cancer Screening Programme and preparing analysis report with recommendations for improvement</p> <p>2.3 Organizing and conducting 1 round table discussion of the representatives of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Cervical Cancer Screening Programme</p> <p>2.4 Preparing Guidelines for the organization and implementation of National Cervical Cancer Screening Programme and adopting Guidelines by the relevant authority (e.g.</p>	<p>documentation, Round table discussions</p> <p>Consultations, Preparation of documentation</p> <p>Analysis, Consultations, Preparation of documentation</p> <p>Analysis, Consultations, Preparation of documentation</p> <p>Consultations, Preparation of documentation, Round table discussions</p> <p>Consultations, Preparation of documentation</p>		
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National Committee and/or Ministry of Health)			
3.1 Conducting analysis of the legislative and institutional framework of the National Colorectal Cancer Screening Programme and preparing analysis report with recommendations for improvement	Analysis, Consultations, Preparation of documentation		
3.2 Conducting analysis of practices applied and corresponding documentation related to organization and implementation of the National Colorectal Cancer Screening Programme and preparing analysis report with recommendations for improvement	Analysis, Consultations, Preparation of documentation		
3.3 Organizing and conducting 1 round table discussion of the representatives of Ministry of Health, CIPH, County Institutes of Public Health and other relevant stakeholders on organization and implementation of the National Colorectal Cancer Screening Programme	Consultations, Preparation of documentation, Round table discussions		
3.4 Preparing Guidelines for the organization and implementation of National Colorectal Cancer Screening Programme and adopting Guidelines by the relevant authority (e.g. National Committee and/or Ministry of Health)	Consultations, Preparation of documentation		
4.1 Conducting Training needs analysis (TNA) of stakeholders involved in the National Cancer Screening Programmes (breast, cervical and colorectal) and preparing TNA report, including also criteria (e.g. level of involvement in the National cancer	Analysis, Consultations, Preparation of documentation		

<p>screening program, professional field of medicine, deficient teams within the counties) for identification of target groups and selection of training participants</p> <p>4.2 Preparing training plan and training materials related to organization and implementation of the National Cancer Screening Programmes (breast, cervical, colorectal) with special focus on organization and coordination within the county teams</p> <p>4.3 Conducting regional workshops for 80 health professionals (in total) on organization and implementation of the National Cancer Screening Programmes; upon implementation of workshops the trainees should be enabled to further disseminate the obtained knowledge</p> <p>4.4 Preparing training plan and training materials related to monitoring and reporting of the National Cancer Screening Programmes (breast, cervical, colorectal)</p> <p>4.5 Conducting regional workshops for 80 health professionals (in total) on monitoring and reporting of the National Cancer Screening Programmes; upon implementation of workshops the trainees should be enabled to further disseminate the obtained knowledge</p> <p>4.6 Preparing training plan and training materials for training of trainers on medical expert topics on specialized type of cancer screening; training plan/materials will include at least one of the following topics:</p> <ul style="list-style-type: none"> ○ colonoscopy 	<p>Consultations, documentation Preparation of</p> <p>Workshops, Trainings</p> <p>Consultations, documentation Preparation of</p> <p>Workshops, Trainings</p> <p>Consultations, documentation Preparation of</p>		
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<ul style="list-style-type: none"> ○ mammography ○ PAPA smear test ○ FOBT – faecal occult blood testing ○ pathohistology <p>4.7 Conducting one training of trainers with the purpose to increase medical expert knowledge on determined type of cancer screening (in accordance with the training plan/materials) for 10 health professionals</p> <p>5.1 Conducting analysis of the monitoring and reporting of the National Cancer Screening Programmes (breast, cervical, colorectal) and preparing analysis report with recommendations for improvement</p> <p>5.2 Preparing guidelines for monitoring and reporting of the National Cancer Screening Programmes</p> <p>5.3 Conducting analysis on the current Screening Register and preparing analysis report with recommendations for improvement</p> <p>5.4 Preparing functional and technical specifications for upgrading of the Screening Register</p> <p>5.5 Upgrading Screening Register</p>	<p>Workshops, Trainings</p> <p>Analysis, Consultations, Preparation of documentation</p> <p>Consultations, Preparation of documentation</p> <p>Analysis, Consultations, Preparation of documentation</p> <p>Consultations, Preparation of documentation,</p> <p>Consultations, Upgrade of Register</p>		
			<p>Preconditions: n/a</p>

Annex 2. Detailed implementation chart

Improvement of quality of the National cancer screening programmes implementation (CRO SCREENING)	2015											2016											2017	
	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F
Month																								
Twining	T	T	T	T	C	C	C	C	C	A/I	I	I	I	I	I	I	I	I	I	I	I	R	R	R

T – Call for proposals and evaluation

C – Contracting

A/I – Arrival of the RTA/ Start of the implementation of activities

I – Implementation of activities

R – Report

Annex 3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period)

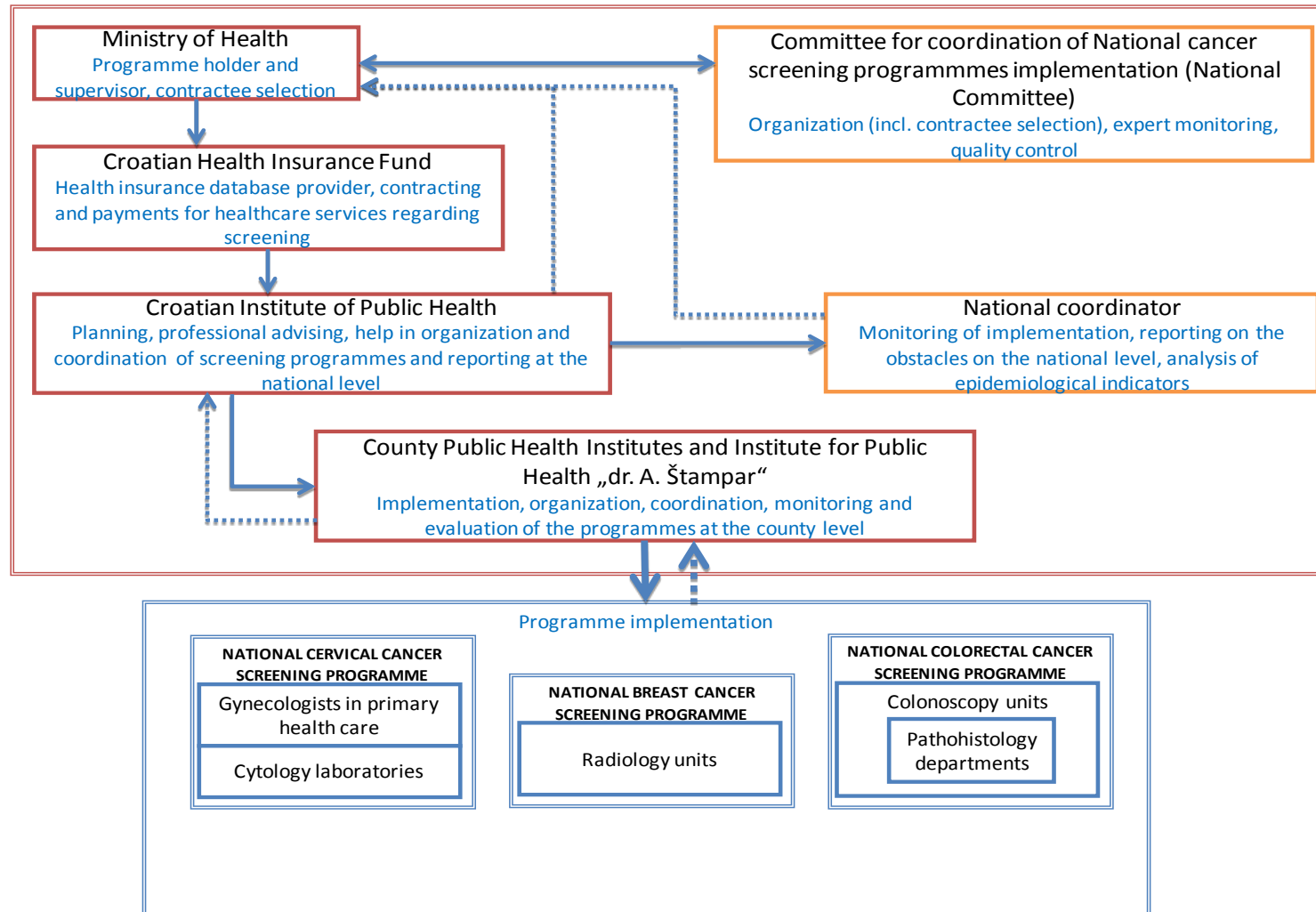
Improvement of quality of the National cancer screening programmes implementation (CRO SCREENING)	Cumulative contracting schedule by quarters in EUR (provisional)			
	2016			
	I	II	III	IV
Twinning	641.500,00			
TOTAL (EUR):	641.500,00			

Improvement of quality of the National cancer screening programmes implementation (CRO SCREENING)	Cumulative disbursement schedule by quarters in EUR (provisional)							
	2016				2017			
	I	II	III	IV	I	II	III	IV
Twinning	500.682,93				140.817,07			
TOTAL (EUR):	500.682,93				641.500,00			

Annex 4. List of relevant laws and regulations

1. Health Care Act (OG 150/08, 71/10, 139/10, 22/11, 84/11, 154/11, 12/12, 35/12, 70/12, 144/12, 82/13, 159/13, 22/14, 154/14)
2. Mandatory Health Insurance Act (OG 80/13, 137/13)
3. Plan and program of measures to ensure, improving, promoting and monitoring the quality of health care (OG 114/10)
4. Plan and the health care program of mandatory health insurance (OG 126/06 and 156/08)
5. Register Act (OG 53/91, OG SFRJ 22/78, 18/88)
6. National breast cancer screening programme, Decision by the Government of the Republic of Croatia, 2006
7. National colorectal cancer screening programme, Decision by the Government of the Republic of Croatia, 2007
8. National cervical cancer screening programme, Decision by the Government of the Republic of Croatia, 2010

Annex 5. Current organizational structure for implementation of the National cancer screening programmes:



Annex 6. Planned organizational structure for implementation of the National cancer screening programmes (with an operational Screening Register):

