

Disease Surveillance

MCSP Tanzania Program Brief

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Tanzania has adopted Integrated Disease Surveillance and Response (IDSR) as a platform for improving and streamlining national disease surveillance. Tanzania's IDSR guidelines include surveillance and response protocols for 34 diseases and conditions of public health importance, outlining recording and reporting activities to be undertaken to achieve timely detection, investigation, and response to disease outbreaks and emergencies. Despite strengths and opportunities presented by the IDSR, challenges related to surveillance system coordination, harmonization, operationalization, monitoring, data gathering, and reporting exist. Key challenges included the need for a more streamlined surveillance system, a lack of coordination of surveillance efforts among agencies, and limited amounts of data due to few data collection resources. Together with the World Health Organization (WHO), MCSP supported multiple departments within the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) to strengthen the national surveillance systems, improve inter-departmental coordination, and develop plans for maintaining a strong surveillance system into the future. Over the life of the project, MCSP identified key takaways including the need for clear and simple guidance at all levels of surveillance, how electronic systems can be used to encourage greater coordination among entities, and the importance of community-based surveillance in routine immunization coverage assessments. Despite the efforts of MCSP and the MOHCDGEC, there are still several remaining issues to address with regards to system coordination and the improvement of data collection. (the *Streamlining and Strengthening the Disease Surveillance System in Tanzania* report can be found [here](#))

Program Approaches, Strategies, Interventions, and Challenges

1. Reviewed surveillance system with asset mapping, gap analysis, and proposal of strategies to streamline and strengthen disease surveillance:

With the imminent phasing out of programs such as the polio eradication that have supported vaccine-preventable disease (VPD) IDSR strengthening and maintenance in the past, resources are anticipated to become more limited and the government and partners will need to identify additional resources to sustain essential surveillance functions. Within this context, between February and August 2018, the MOHCDGEC and MCSP undertook a surveillance system review and asset mapping (identifying resources supporting surveillance) to generate information upon which future plans could be based. The review was followed by workshops in which participants discussed ways to streamline the surveillance system, implement surveillance tasks jointly to maximize available resources, and mobilize resources for the future.



Stakeholders meet to strategize streamlining the surveillance system and develop a roadmap for future action, August 2018, Dodoma. MCSP/Green Sadru

2. **Strengthened coordination of surveillance:**

Many agencies and departments have surveillance responsibilities in Tanzania. At national level, the MOHCDGEC Epidemiology Unit, and Disease Control Section, and Public Health Emergency Operations Center all oversee surveillance functions. At regional and council levels, the President's Office Regional Administration and Local Government and Regional and Council Medical Offices manage local-level surveillance operations. In December 2018, to streamline coordination and promote synergies between these actors, MCSP supported the MOHCDGEC to finalize the terms of reference for the IDSR Expert Working Group (EWG) to begin convening in February 2019. Monitored by the TWG, smaller surveillance subcommittees will be responsible for harmonizing and coordinating surveillance activities at regional and council levels.



3. **Improved data collection and use through roll out of eIDSR:** MCSP trained regional and district surveillance officers and health workers in five regions on use of the electronic IDSR (eIDSR) data collection system. eIDSR data is linked to the country's routine health information system (DHIS2), making real-time surveillance data available for timely action. Health workers from 97% of Tanzania Mainland health facilities have now been trained to use eIDSR, 20% of whom were trained with MCSP support.

4. **Strengthened community-based surveillance:** Despite its importance in disease detection, community-based surveillance is still weak in Tanzania. Active community surveillance is only provided during outbreak investigations or for special activities like polio surveillance. Resources are often focused on outbreak response rather than on preparedness. In collaboration with AMREF, WHO and PATH, MCSP supported the development of community-based surveillance guidelines and piloted their use in Ngara and Missenyi councils in Kagera region.

5. **Strengthened surveillance, detection, and reporting of VPDS in low-performing councils:** In collaboration with WHO, MCSP assisted the Immunization and Vaccine Development (IVD) program to conduct supportive supervision, mentoring, and active searches of acute flaccid paralysis (AFP) and measles rubella (MR) in 12 low-performing councils in five regions of the Lake Zone. With MCSP support, national, regional, and council-level response teams improved their skills in surveillance data analysis and response.

Key Results and Lessons Learned

- **The surveillance system review and asset mapping exercise prompted dialogue and development of strategies for streamlining and strengthening surveillance in Tanzania.** Stakeholders developed a roadmap for action which includes five key areas for support: 1) coordinating all surveillance activities; 2) making IDSR and DHIS2 interoperable and harmonized; 3) promoting synergies at national level so that active surveillance is expanded to other diseases and supports case-based surveillance; 4) building surveillance leadership and management capacity of Regional and Council Health Management Teams (RHMTs/CHMTs); and 5) coordinating and strengthening disease and event-surveillance at community level by having one trained focal person for all disease surveillance programs.
- **VPD surveillance in 12 MCSP-supported councils has improved.** By December 2018, the annualized AFP detection rate in the country was 3.5/100,000 children aged less than 15 years compared to a target of 2.0/100,000 and measles detection rate was 2.6/100,000 compared to a target of 2.0/100,000. Also, the proportion of councils with at least one blood specimen sent to laboratory for investigation reached 87%.

- With MCSP support, **15 RHMTs/CHMT members, 93 health workers, 311 community health workers, and 132 community leaders in Kagera region were oriented on community-based surveillance guidelines**, and are now better prepared to participate in community-level disease surveillance initiatives.
- **Tools were improved and made available to more managers and health providers on IDSR implementation**, including community-based surveillance (CBS) guidelines; training materials such as IDSR Participants' Manual, IDSR Facilitators' Guide, CBS Facilitators' Guide; reporting tools such as eIDSR reporting booklet and CBS reporting forms; and standard case definition posters for IDSR priority diseases.

Recommendations

- An enabling policy environment for streamlining surveillance activities is already in place in Tanzania. **There is no need to establish new MOHCDGEC structures or functional bodies; rather, the MOHCDGEC should consider modifying existing structures to improve the coordination and harmonization of national surveillance efforts.** The MOHCDGEC Epidemiology Unit and IVD should be supported by other stakeholders to coordinate and oversee implementation of proposed surveillance roadmaps and workplans.
- Technical and financial support to the government from a wide range of partners will be critical going forward, as traditional sources of surveillance funding decline. Partners supporting the MOHCDGEC will need to identify **new sources of support to maintain the surveillance infrastructure and fund national and sub-national-level surveillance activities.**
- **IVD should upgrade the IDSR system to capture all health facility data.** Technical problems in the IDSR have resulted in delayed reporting and transfer of data between the IDSR and DHIS2 systems. IDSR upgrades will speed reporting and help stakeholders to respond to case-based notifications in a timely manner.
- **The national IDSR EWG should work closely with soon-to-be-established surveillance subcommittees** so that activity implementation between national and sub-national levels is harmonized.
- The CBS guidelines are still being piloted; and **IVD and its partners should leverage experience from the pilot guidelines in Ngara and Missenyi to support the roll out of the guidelines in other councils.**

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