

INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR)

Objective

Both communicable and non-communicable diseases remain among the leading causes of death, illness, and disability in African communities. When surveillance information is available and is supported by laboratory confirmation, these diseases, conditions, and events can be detected and investigated in a timely manner, and support an effective public health response. In 1998, the World Health Organization Africa Regional Office instituted Integrated Disease Surveillance and Response (IDSR), a strategy for strengthening the availability and use of surveillance and laboratory data for detecting, reporting, investigating, confirming, and responding to well-known and largely preventable priority diseases as well as other public health events. Through technical assistance and development of guidelines and tools, the Centers for Disease Control and Prevention's (CDC) IDSR Team works closely with the World Health Organization and African Ministries of Health towards:

- Improving public health surveillance and response systems for prevention and control of priority diseases at all levels of national health systems;
- Strengthening laboratory networks for laboratory confirmable diseases in support of IDSR;
- Responding to health threats in a timely manner by using surveillance and laboratory data for decision-making and public health actions; and
- Providing a platform for implementation of International Health Regulation (IHR) (2005) Annex 1 core capacities for surveillance and response.

In conjunction with IHR (2005), IDSR targets the strengthening of systems to effectively and efficiently detect and respond to 40 priority diseases and conditions that afflict African communities.

Program Description

CDC has been a partner with WHO-AFRO in the development of the IDSR strategy since 1998. This collaboration has been supported by USAID's Africa Bureau. This collaboration has resulted in the development and dissemination of the IDSR technical guidelines and training materials to 45 of the 46 countries in the African region. Additional activity areas include development of IDSR-related indicators for monitoring and evaluating progress with implementation of IDSR, and guidance for strengthening laboratory networks in support of public health surveillance. IDSR and Field Epidemiology and Laboratory Training Programs (FELTPs) programs are uniquely linked in that FELTP graduates become leaders in national public health surveillance systems that employ IDSR strategies.

Public Health Accomplishments

CDC's collaboration with WHO-AFRO on IDSR has influenced or contributed to other programs as follows:

- Member States in WHO-AFRO are implementing International Health Regulations (IHR (2005)) Annex 1 core capacities through the IDSR framework.
- WHO-AFRO directed that countries build on IDSR infrastructure for pandemic influenza activities.
- WHO global materials and strategies for monitoring and evaluation of surveillance systems build on experiences with IDSR in Africa.
- Countries are demanding coordination from vertical programs to meet their national IDSR/IHR goals.
- IDSR materials are also used outside of Africa in areas of crisis (e.g., Haiti).



Implementation

Implementation of IDSR in a country begins with an assessment of the country's national surveillance system guided by a jointly developed WHO-CDC protocol. National capacities for surveillance, laboratory confirmation, and epidemic preparedness and response are assessed at all levels of the country's health system. The country's Ministry of Health uses these assessment results to develop a plan of action that integrates existing and expected resources and activities to achieve the benefits of a comprehensive public health surveillance and response system.

The activities of the plan of action involve changes at the central, provincial, district, and health facility levels of the health system. Often, the first activity is the adaptation of WHO/CDC generic IDSR Technical Guidelines and other tools.

In IDSR, surveillance activities and resources are coordinated and streamlined with the goal of using health data for public health action. Key strategy areas include:

- Surveillance system strengthening,
- Laboratory strengthening,
- Training and capacity development,
- Monitoring and evaluation, and
- Advocacy.

Future Goals

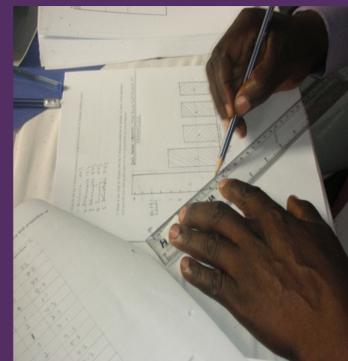
- Conduct in-depth evaluations of IDSR implementation in all African countries with a minimum of 5 to 6 countries per year. The results can lead to innovations in accelerating progress.
- Contribute to development of national strategic plans for strengthening surveillance, prevention, and control of IHR and IDSR priority diseases in districts at high risk for epidemic-prone diseases.
- Strengthen the adoption and use of IDSR-developed surveillance and laboratory indicators in all African countries.
- Revise and field test IDSR training materials for dissemination to all African countries.
- Demonstrate alignment of existing electronic capacities with newer technologies and tools in at least 5 countries.
- Increase advocacy for IDSR through publications in peer-reviewed journals.

Partnerships

- WHO Regional Office for Africa
- USAID Africa Bureau
- AFENET
- AMREF

Where we work:

- IDSR works with all countries in the WHO/AFRO region.



CDC works regionally with WHO-AFRO as a technical partner to develop strategies, approaches, and materials for designing, implementing, monitoring, and evaluating comprehensive disease surveillance systems in African countries. These products are then disseminated to the 46 countries in the African region.

For further information:

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