

INTEGRATED DISEASE SURVEILLANCE AND RESPONSE

In Tanzania, the Ministry of Health uses the term Integrated Disease Surveillance and Response— IDSR—to describe its programme of surveillance for a group of priority diseases.

According to the Ministry of Health, the objectives of the IDSR Programme are:

- Improve the availability and use of information for decision-making
- Improve the flow of surveillance information between and within levels of the health system and other stakeholders outside the health system
- Emphasize community participation in detection and response to public health problems.



This District Official Package includes a booklet of fact sheets which describe each of the diseases included in Tanzania's "Integrated Disease Surveillance and Response Programme."

The MOH has selected 13 diseases as priorities for IDSR on a nationwide basis.

- Some cause outbreaks, and spread quickly from person to person
- Some are major causes of sickness and death, even if they don't cause outbreaks
- Some are the target of global eradication or elimination efforts

Diseases are all unique—different from each other. Some, like cholera, spread quickly and cause outbreaks or epidemics. Others, like the childhood illnesses of pneumonia, malaria and diarrhoeal disease, are endemic—they are very common but are still major causes of sickness and death.

HIV/AIDS and TB are recognized as diseases for which surveillance is important, although currently are not part of IDSR.

The 13 priority diseases for IDSR are, in alphabetical order:

- Acute Flaccid Paralysis (AFP)
- Bacillary dysentery
- Cholera
- Diarrhoeal disease in children under 5 years
- Malaria
- Measles
- Meningitis
- Neonatal tetanus
- Plague
- Pneumonia in children under 5 years
- Rabies/Animal bites
- Typhoid fever
- Yellow fever

How can you use disease surveillance to help control diseases?

As someone working for the benefit of the government and community in general, there are steps that you can take to help in preventing infectious diseases, finding out when and where they occur, and keeping them from spreading. Because diseases are different, varied approaches are needed to prevent them and control their spread when they do occur. Disease surveillance provides the information needed to decide which actions to take.

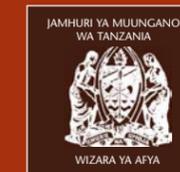
This District Official Package contains a few pieces of information you will find extremely useful to help you participate in disease surveillance and response.

- **DISEASE FACT SHEETS**, which provide a standard way of recognizing the various disease — essential information on causes, prevention and control
- A personalized **SURVEILLANCE AND RESPONSE TIP SHEET**, organized by department or position, outlines a



few key actions you can take to participate in disease surveillance and response.

- Mechanisms for **EFFECTIVE COMMUNICATION IN DISEASE SURVEILLANCE**
- **PREVENTION TIPS** for organizing meetings and important prevention ideas to simplify your work



INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR)



PHRplus

change

This brochure has been prepared by the Ministry of Health through the Integrated Disease Surveillance and Response Project implemented by the National Institute for Medical Research in collaboration with the Academy for Educational Development's CHANGE PROJECT, with financial assistance from USAID. The US Centers for Disease Control and Prevention and PHRPlus Project have also participated in the IDSR Project.

For District Officials

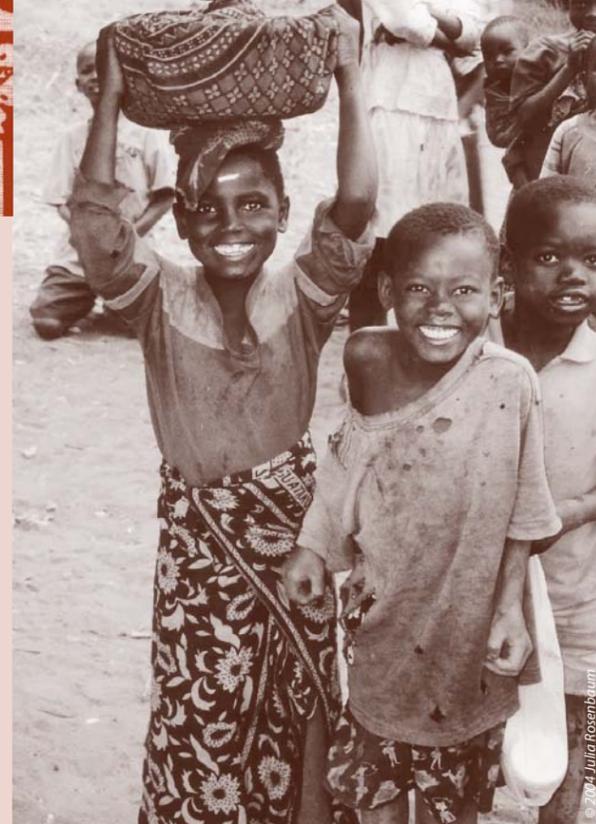
Since independence, improving the health of all Tanzanians has been a main concern of the Tanzanian government. At that time, the government declared war against three priority problems — ignorance, poverty and disease.

The Arusha declaration in 1967 emphasized the need to address these problems, and as such self-reliance became the guiding principle in the country. Curative and preventative services were advocated — combined with health promotion activities organized in active collaboration with community — and thus Primary Health Care (PHC) became a national policy long before international declarations such as the Alma Ata Conference in 1978.

In the 1980s, it became clear that the principles of the Primary Health Care strategy could only be implemented by greater decentralization of the health sector, breaking it down into districts. The districts were seen to be the crucial ‘kingpins’ in the political and administrative system. These decentralization reforms aim at achieving an accessible and affordable health care system, offering quality care at all levels. With decentralization, all districts are in charge of their district health system, and given financial and manpower authority. Therefore, collaboration of all district officials is essential to achieve the desired goal of Primary Health Care.

A vital component of primary health care includes a surveillance and response system that tracks diseases of public health importance, and providing needed follow-up. This cannot be successful without full collaboration of the district government and community.

“When many spiders weave a web together, they can even capture a lion.”



Disease surveillance is the process of being systematically watchful for health problems within the community, with the intent of taking timely prevention or control measures.

We look out for particular diseases, and take follow-up actions to protect the public’s health.

The CHMT has additional detailed materials on disease surveillance. The DMO, DHO and other members of the CHMT can help answer any questions that the district officials may have after reading through this package.

Why is disease surveillance important?

The objective of getting a reliable picture of where and when diseases occur and taking action to prevent their spread is what is called a “public health response.” These materials spell out the types of actions you can take to bring about effective public health response to diseases.

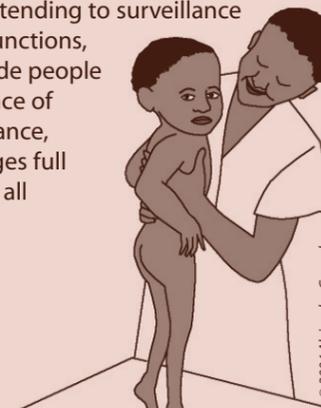
You are district officials and heads of departments, NOT public health technical personnel. But YOU have a VITAL PART to play in disease surveillance, and especially in responding to and controlling diseases!

Another material in this District Official Packet provides detailed guidance for each official and department on the specific actions you can take to support disease surveillance and response.

Overall, your role is to plan and budget for mobilizing personnel and funds for on-going surveillance and response activities — and to be prepared to mobilize extra funds and personnel in emergency situations.

You can support focused health education activities and communicate key messages to influence key audiences — the press, community, religious leaders, teachers and others.

And lastly, by attending to surveillance and response functions, you can persuade people of the importance of disease surveillance, which encourages full participation of all sectors.



Why involve district officials and department heads in disease surveillance?

Our ancestors have many wise sayings that tell us how important it is to collaborate, especially when faced with difficulties.

**“Small drops steadily fill a measure.
Haba na haba hujaza kibaba...”**

There are many people who can help in the detection of diseases and keep track of positive events and good health habits that public health officials have decided to monitor. All can work with the district health team to improve the health status of the community.



Why participate in disease surveillance?

- It is required by Tanzanian health policies.
- A functioning surveillance and response system detects potential problems EARLY so that an appropriate response can be organized. Through surveillance, district officials in collaboration with the health workers can take appropriate follow-up or response when outbreaks occur — and control their spread by providing drugs or other supplies, providing additional health workers, setting up treatment camps, and taking necessary preventative actions.
- Both detection and response require an agile interaction between local government and the communities they serve. Communities, including village leaders, traditional healers and community members, must recognize diseases and refer people who are ill/sick to the health facilities for treatment and for counting.
- By finding and taking steps to prevent and limit the spread of these diseases, it shows how the government looks out for the welfare of its citizens.
- By knowing where and when disease is occurring THIS year, you can take appropriate steps to prevent and reduce the number of cases and outbreaks that might occur NEXT year.

Usually, with improvements in disease surveillance, more cases of diseases are found. This may make it seem like there is more disease, when it often may be just that the ability of the health system to find sick people is better than before. The important thing to remember is that by finding out WHO is affected by diseases, and WHEN and WHERE, both the government and the community are better able to take steps to control them.



Involving the Community in Disease Surveillance

Multi-sectoral approaches include the community, as well. To improve disease surveillance and response, the community must also be actively engaged, and district officials and department heads can play a vital role in motivating and supporting community participation in disease surveillance.

A surveillance system cannot simply wait for cases of disease to appear at health facilities. Community leaders, traditional healers, shopkeepers, religious leaders and individuals — among others — must be motivated to participate in surveillance by encouraging the families of the sick to bring individuals to the health

facilities, so they can be treated and the disease case can be recorded.

Like wise, community members are also encouraged to tell their village leaders or health facility when they see an increase of cases for a certain disease so that the health system can respond.

With a more timely and complete picture of disease patterns in the community, health authorities can investigate and respond. Community involvement can also improve active civic involvement and self-reliance rather than making community the mere recipients of the health service.