

# **Update on Integrated Disease Surveillance and Response (IDSR) implementation in Somalia**



# Background

- Somalia has been using EWARN as the country's only disease surveillance system since 2008. Before 2008, Somalia did not have a functional routine disease surveillance system
- EWARN standards for **E**arly **W**arning **A**lert and **R**esponse **N**etwork
- EWARN is normally deployed as a **temporary** system to support early detection and response to epidemic prone diseases in emergency contexts where the routine surveillance system is either weak or non-existent
- After the emergency, country's normally exit from EWARN move back to their routine surveillance systems.



# Background

- In 2016, Somalia conducted a joint external evaluation (JEE) of its capacities to prevent, detect and respond to outbreaks and other public health emergencies. The evaluation identified multiple gaps in Somalia's surveillance system
- IDSR implementation was identified as one of the recommendations to address the gaps in Somalia's disease surveillance system
- Major progress towards IDSR implementation in Somalia however started in 2020 when COVID-19 further exposed the gaps in the country's surveillance system
- Since 2020 to date, a lot of progress towards IDSR implementation has been made in Somalia

# Introduction

- IDSR stands for **I**ntegrated **D**isease **S**urveillance and **R**esponse
- IDSR aims at developing a single integrated and a coordinated surveillance system.
- Single means that if we had multiple surveillance systems, we have to merge them (gradually)
- Integration means one system for all priority diseases, the same reporting tool, the same IT platform, the same surveillance team, same supervision team, integrated trainings, the same resources (HR, IT, finances)
- Coordination means that there is good linkage between surveillance activities from community level up to federal level, all stakeholders are aligning their support to jointly agreed priorities and there is good communication between stakeholders

# Guidelines for IDSR implementation in Somalia



World Health  
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**REGIONAL STRATEGY FOR INTEGRATED DISEASE SURVEILLANCE AND  
RESPONSE: 2020–2030**

**Report of the Secretariat**

## EXECUTIVE SUMMARY

1. In 1998, Member States adopted the “**Integrated Disease Surveillance in Africa: A Regional Strategy (1999–2003)**”. The strategy was later renamed Integrated Disease Surveillance and Response (IDSR). The IDSR strategy is a comprehensive, evidence-based approach for strengthening national public health surveillance and response systems at all levels.



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## A regional strategy for integrated disease surveillance – overcoming data fragmentation in the Eastern Mediterranean Region

### Executive summary

1. The COVID-19 pandemic has forcefully underlined the need for effective public health surveillance. Public health surveillance – a core component of health information systems and public health intelligence – detects potential public health



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# Guidelines for IDSR in Somalia

- [Attachments in the PP on IDSR update\FINAL National Technical Guidelines for IDSR in Somalia May 2023.pdf](#)
- The guidelines include;
  1. A new list of priority conditions/diseases for reporting by every health facility and their frequency of reporting (immediate or weekly)
  2. SCDs for detection of the priority conditions at community/HF level
  3. Procedure and a standard tool for conducting immediate reporting
  4. Procedure and a standard tool for conducting weekly reporting
  5. Procedure and tool for alert verification, outbreak investigation, outbreak preparedness, outbreak response, risk communication, supportive supervision, surveillance monitoring, surveillance evaluation

# List of priority conditions for Somalia

- [Priority conditions for integrated disease surveillance and response and their frequency of reporting in Somalia.docx](#)
- A total of 22 conditions for immediate reporting. These are reported as soon as they are detected using an immediate reporting form (which is case based). All these conditions will also be reported again during weekly reporting
- A total of 26 conditions for weekly reporting. These are reported every Sunday before midday using a weekly aggregate reporting form

# Standard case definitions for priority conditions

- [Community and Facility Case Definitions for IDSR translated into the local language.docx](#)
- Every health facility or community participating in IDSR should be able to correctly identify the conditions for immediate and weekly reporting
- The community case definitions and facility case definitions for these conditions have been developed and translated into the local language
- Every health facility and every CHW should have these case definitions and should use them consistently to identify cases of priority conditions
- The HWs and CHWs need to be trained and supervised on how to use these SCDs



# Tool and procedure for immediate reporting

- [Immediate Case-Based Reporting FORM.docx](#)
- Whenever a condition for immediate reporting is detected at any health facility, the health facility in-charge or the person responsible for IDSR reporting will complete the immediate case based reporting form and submit it ONLINE
- The immediate case based reporting form is also accessible ONLINE for health facilities that have been trained and registered onto the DHIS2 tracker application
- When the report is submitted ONLINE, the alert will be received by the district public health officer who is responsible for conducting the next steps
- The HWs and DPHOs need to be trained and supervised to conduct these functions well

# Tool and procedure for weekly reporting

- [Weekly Reporting FORM.pdf](#)
- Every Sunday before midday, the health facility in-charge or the person responsible for IDSR reporting will complete the weekly reporting form and submit it ONLINE
- The form is accessible ONLINE for health facilities that have been trained and registered onto the DHIS2 tracker application
- When the report is submitted ONLINE, the data will automatically be sent to the central database at FMOH. The data will be merged with data from other reporting health facilities to produce analytics that are available on the DHIS2 dashboard
- The dashboard is already functional and everyone interested in this data can be given viewer rights by FMOH

# Use of IT to support IDSR implementation

- An application called the DHIS2 tracker application has been developed with support from HISP Tanzania. The application is Android enabled
- As part of the IDSR roll-out trainings, after a health facility has been trained to conduct immediate and weekly aggregate reporting, the application is also loaded onto the phone/tablet used by the health facility to report.
- This enables direct reporting without the necessity to fill manual forms and then send them to the district to be entered
- The immediate and weekly reporting forms we have been talking about are available in soft copy form through this application. When the form is completed and sent, the data gets integrated into the DHIS2 database at FMOH

# Access to IDSR data on the DHIS2 dashboard

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- <https://hmis.moh.gov.so/dhis-web-commons/security/login.action>

# Roll-out of IDSR in Somalia

What we have managed to do so far;

1. A national IDSR ToT was conducted
2. IDSR cascade trainings were completed in BRA. A total of 67 health facilities were trained. All these 67 facilities are now able to conduct immediate and weekly reporting using the DHIS2 tracker application

What are the next steps

1. IDSR roll-out in Jubaland in June 2023. During the trainings, teams to roll-out IDSR in 2 other states (SW and one other state) will also be trained
2. IDSR roll-out in SW and one other state in July 2023
3. IDSR roll-out in Puntland, Somaliland after July 2023

# Challenges

1. Majority of HFs are not government owned. They can decide to participate in reporting or not
2. The human resource structure for surveillance across all levels is not fully constituted
3. The financial and technical capacity to sustain IDSR implementation is low
4. The quality of submitted data
5. Data/dashboard access issues
6. Limited resources to verify and investigate reported alerts
7. Decommissioning of EWARN/the pressure to speed-up the roll-out of IDSR/limited resources to support cascade trainings
8. The design capabilities of DHIS2 do not support all the required analysis of IDSR data