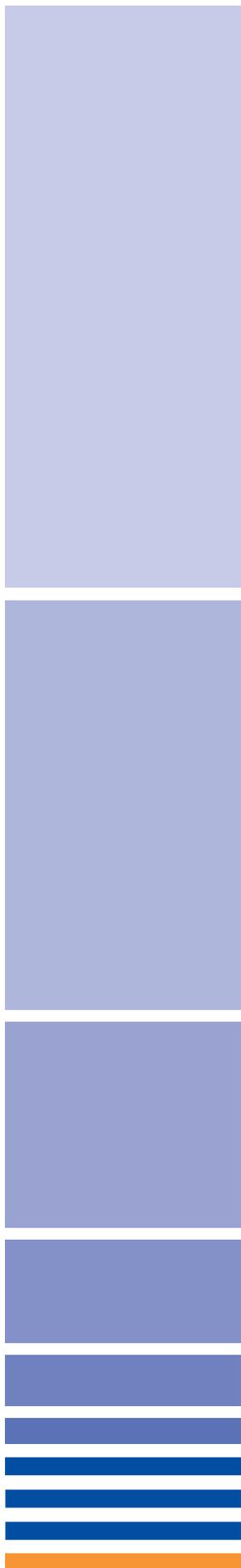


# Communicable disease surveillance and response systems

A guide to planning



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# Acknowledgements

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## Introduction

Surveillance of infectious disease is recognized as the cornerstone of public health decision-making and practice. Surveillance data are crucial for monitoring the health status of the population, detecting diseases and triggering action to prevent further illness, and to contain public health problems. The need to strengthen disease surveillance and response systems is recognized globally. The revised International Health Regulations (IHR), adopted by the World Health Assembly in May 2005, give further impetus to this issue.<sup>1</sup> Building surveillance and response systems require investment of financial, material and human resources.

Limited resources for health mean that choices need to be made and priorities set, including for surveillance and response activities. Priority setting need not be driven by scarcity of resources alone, but also by the perceived effectiveness and impact of the planned intervention. Thus surveillance and response activities require planning to ensure efficient use of scarce resources.

Planning is anticipatory decision-making organized to guide implementation. It includes the ability to identify opportunities, analyse problems, establish priorities and needs, and allocate resources. It involves identification and articulation of activities on the basis of needs and priorities in order that resources are utilized efficiently to implement essential activities. Needs and priorities are best identified through a transparent assessment of existing systems and available capacities.

Planning is key to:

- ensuring that action is directed to the areas of most concern
- facilitating the rational use of available resources
- targeting resource mobilization activities
- facilitating the monitoring of progress towards planned targets, and
- aiding evaluation of outcomes and impact of interventions.

Planning should be a dynamic process. A surveillance plan of action (POA) should provide the framework for the ministry of health to implement activities crucial for the early detection, verification, notification, response and containment of public health emergencies, thereby ensuring national and global health security.

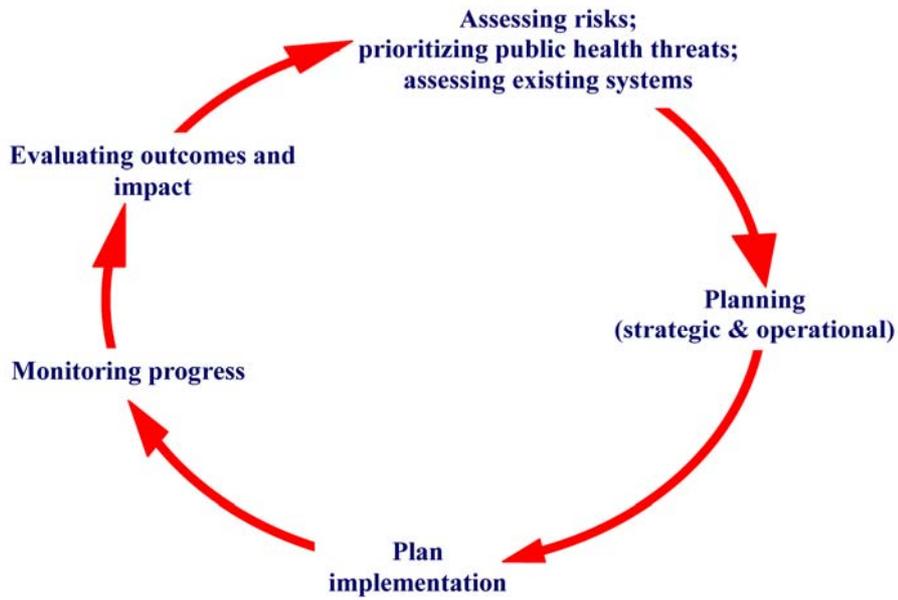
Figure 1 depicts a structured approach to strengthening surveillance and response systems. Developing a POA which outlines the strategic direction and its operational implementation is a key step in this approach.

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<sup>1</sup> IHR (2005) specifically request Member States to develop and implement plans of action following an initial assessment of the existing national structures and the resources to implement the minimal core capacities for surveillance and response.

Figure 1

**Cyclical structured approach to implementing and strengthening surveillance and response systems**



# 1 The aim of this planning guide

This planning guide has been developed by the World Health Organization (WHO) to assist Member States to develop and/or refine comprehensive and cohesive plans for implementing and strengthening surveillance and response systems. It includes:

- an explanation of planning
- definitions of the concepts of "strategic" and "operational" planning, and their inter-relationship
- some key considerations in the planning process
- illustration of how strategies can be translated into operational plans, and
- a "step-by-step" guide to developing surveillance and response plans.

It is anticipated that planners at all levels of the health system will find this guide useful as a general framework for developing a vision, strategies and routine operational plans for strengthening surveillance and response systems.

## 2 Types of planning

This document describes two planning processes: strategic and operational planning.

Strategic and operational planning are both necessary for an effective and efficient surveillance and response system.

### 2.1 Strategic planning

A strategic plan is a high-level, integrated and cohesive plan that defines the vision, sets the strategic directions, and outlines the fundamental objectives to be achieved over a period of 5–10 years.

Strategic planning is a top-down, vision-driven process that is used to shape the future of an organization or department. It is the process by which an organization's leadership or technical staff charts a course of action based on the organization's guiding principles, values, and mandate, to achieve future goals.

Strategic planning for surveillance and response systems therefore entails defining the vision, goal, mission statement (refer to Annex 1 for definitions), and outlining broad strategies required to achieve the vision. It provides the road-map for developing operational plans and the framework for ongoing monitoring and periodic evaluation.

**The strategic plan** should contain:

- vision
- goal
- mission statement
- strategies for achieving the vision
- a specified timeframe (e.g. 5 years, 10 years)
- structures for implementation
- a summary of key result areas (KRAs) to be achieved through implementing the plan (see Annex 2).

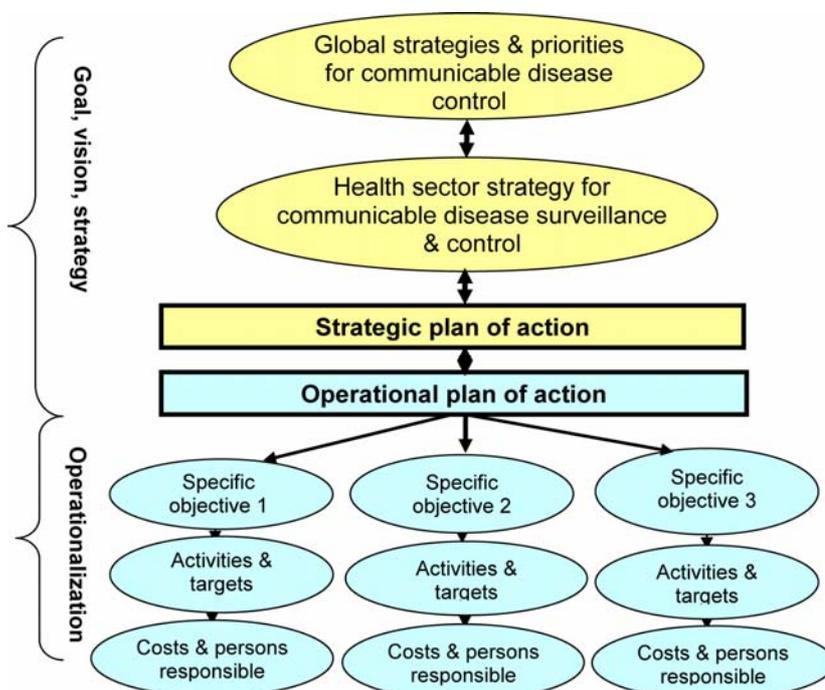
As part of a government's strategic planning cycle, the responsible units within the ministry of health are expected to review and update their strategies in line with the vision and goals for the surveillance and response systems. Ideally strategic planning should be conducted every 5–10 years, preferably not more than two months after an assessment of the existing surveillance and response system. Findings from the assessment should provide the basis for a strategic plan that is consistent with the overall health sector strategy as well as with the international health policies and strategies (e.g. IHR 2005).

## 2.2 Operational planning

Operational planning refers to the process of translating the goals and strategies into specific and measurable objectives (Figure 2), defining activities to achieve the objectives, setting realistic targets over reasonable timeframes, quantifying the costs of implementing the planned activities and allocating/distributing responsibilities. Operational planning should cover a relatively shorter period of time, usually one year.

Figure 2

### From strategy to action



Operational planning should define:

- the specific objectives
- the activities to be implemented in order to achieve these objectives
- measurable and realistic targets
- timeframe for implementation
- the financial requirements and source of finance
- persons responsible for implementation of activities
- milestones for measuring outputs and outcomes.

Operational planning should be done on a yearly basis. Often, development takes place before the beginning of a new fiscal year and towards the end of the current year. This helps to reconcile the planning cycle between fiscal years and funding allocations and

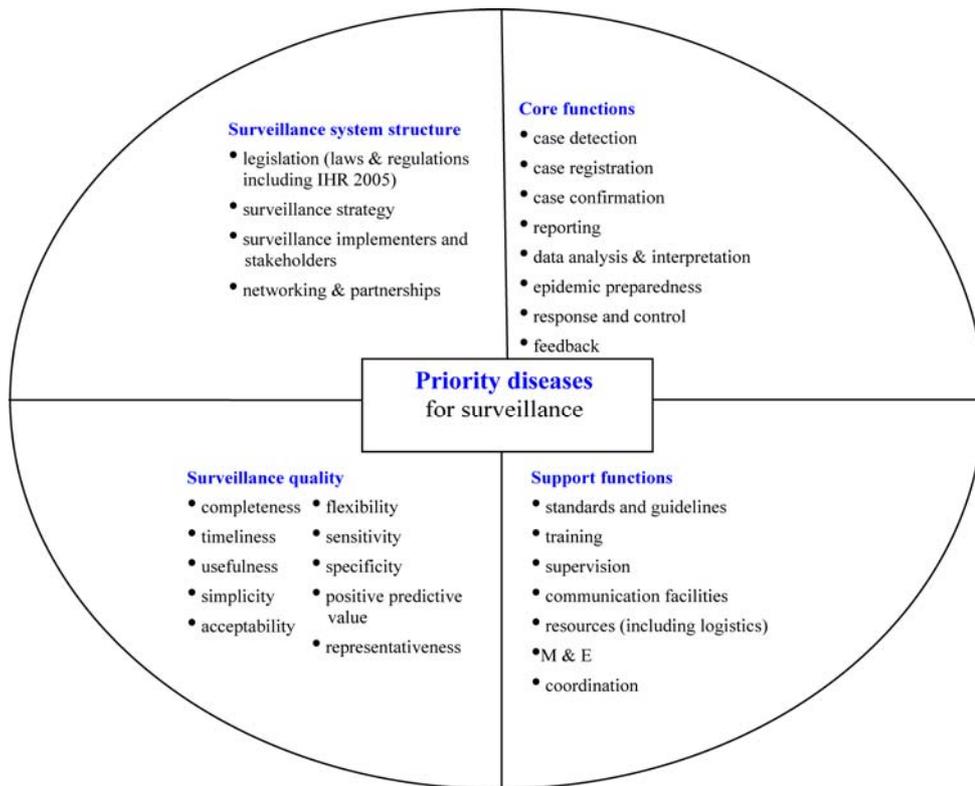
should provide enough time for efficient allocation and smooth disbursement of resources.

Figure 3 outlines the components and elements of a communicable disease surveillance and response system that can be used to guide the development of the strategic and operational plans.

Annex 3 provides a summary of possible activities, by surveillance components and elements, for consideration for inclusion in the operational plan. These activities were derived on the basis of gaps identified during assessments conducted in various countries and from follow-up of strategic planning processes. The activities proposed in the third column of the table in Annex 3 should be adapted according to national surveillance strategies, the sophistication of the systems and feasibility for implementation. The final content of individual country plans will however depend on the gaps identified, national priorities, strategies for implementation and the resources available. The planning committee should be able to prioritize, identify activities and set realistic targets according to existing capacities and resources.

Figure 3

**Components of surveillance and response systems**



### 3 Who should participate in strategic planning?

The planning process should be led by the ministry of health unit with the mandate for implementing the surveillance and response system. The ministry of health can request technical support from WHO and other partners for developing the plans. Active participation of surveillance staff from all programmes in the ministry of health, and stakeholders at all levels of surveillance, ensures coordinated planning that takes care of the identified needs. This helps to align the planned activities with existing resources and potential resources to be mobilized.

External partners may play a role in providing strategic guidance, facilitating the process to ensure that it is technically sound, transparent, realistic, and based on identified needs. Where appropriate, external partners may also support the ministry of health with the financial and logistic support for strategic planning activities.

Strategic planning is a critical task that should be made transparent and requires all stakeholders to meet face-to-face for collaborative decision-making and planning. It should be coordinated by the communicable disease surveillance unit in the ministry of health. This unit should also finalize, disseminate and oversee implementation of the plan. All the key players involved in surveillance and response activities should be included in the planning process such as:

- High level decision-makers for strategic guidance, advocacy and support of the final plans (resource allocation).
- The national focal point for IHR (2005), to ensure that the strategic plan addresses the needs for implementing the national obligations, as stipulated in the Regulations.
- Programme managers from disease-specific programmes (e.g. from the Expanded Programme for Immunization, Malaria, HIV/AIDs, zoonoses, etc).
- Representatives from public health laboratories to ensure the inclusion of the needs from the laboratory perspective.
- Representatives from medical universities and public health training institutions to ensure national surveillance systems are integrated into the curriculum, and to support implementation.
- Representatives from the intermediate and peripheral levels of the surveillance chain.
- Representatives from the private health sector.
- The food safety and water quality monitoring team.
- Nongovernmental partners and stakeholders involved in implementing communicable disease surveillance and response systems.
- Potential donors to help mobilization of resources to support planned activities.
- Other sectors of government (veterinarian, agriculture, etc).

It is important to ensure high-level representation from the ministry of health for political commitment and support to mobilize resources. Staff from the lower levels of the surveillance system provide the background information for decision support, and contribute to the development of feasible and realistic plans which they will be responsible for implementing. Participation of other stakeholders helps streamline allocation and coordination of tasks, and minimize duplication of activities. Involving potential donors at this stage is one way to start advocacy to facilitate mobilization of resources.

## 4 The planning process

Strategic planning should ideally start with the assessment of existing surveillance and response systems. This assessment should be completed in the context of the local, national, regional and international goals and should help to identify needs and priorities. The assessment report, which will form the basis of the strategic plan, should be finalized at least two months before formal planning commences, and be shared with all stakeholders. This allows ample time for key decision-makers and planners to internalize the findings, consider the implications for their respective roles and responsibilities, and identify options to bridge the gaps. Alternatively, if assessments are not performed regularly, strategic planning should take place every 5 years, and should always be accompanied by a series of operational plans.

The strategic planning process can be categorized into three broad phases:

- pre-planning
- planning
- post-planning

The activities outlined below under each of the phases are based on experiences with countries and may be modified and adapted as deemed necessary.

### 4.1 Pre-planning phase

This is the preparatory phase spear-headed by the ministry of health whose role it is to:

- Identify resources for strategic planning

Strategic planning activities require resources, some of which are listed in Annex 4. The budget and resources required should be mobilized before the planning meeting.

- Prepare the strategic planning workshop schedule

The responsible unit in the ministry of health, in consultation with WHO and all stakeholders should prepare an agenda and meeting schedule. Annex 4 contains a draft agenda that can be adapted accordingly.

- Identify a venue for the workshop

The workshop should be organized in a comfortable, quiet environment, away from the offices to ensure maximum concentration, with minimal interruptions and interference. The venue must have appropriate facilities e.g. space for working groups, audiovisual aids, etc.

- Identify workshop participants

To ensure stakeholder ownership of the plan, the organizing committee should invite participants and state their possible roles and responsibilities, and provide them with the workshop objectives and background materials. The invitation should be sent to all participants at least two weeks before the workshop. There should be active follow-up of the invited participants to obtain their commitment.

The chairperson(s), facilitators (internal and external), and the secretariat that will develop the draft plans, organize and record the discussions and later finalize the plan should be identified at this stage. The secretariat may include representation from the

surveillance unit (epidemiologist), public health laboratory and persons from disease-specific programmes.

## 4.2 The planning phase

The planning process should take 3–4 days. An agenda and a clear structure help to make the workshop productive. Some useful tips include:

- Appointing a chairperson who is impartial and has the capacity to steer and balance discussions.
- Appointing a time-keeper to make sure the activities and the discussions are limited to the allotted time.
- Informing members of the secretariat of their responsibilities, and ensuring they record all major issues and conclusions of the discussions.
- Organizing meetings of organizers, facilitators and members of the secretariat at the end of each day to review the day's activity and plan for the following day.
- Ensuring the opening remarks emphasize the importance of the planning meeting and the need for dedication of all participants.
- Clarifying for participants the objectives of the planning meeting, the method of work and the expected outputs.

The meeting should be structured into presentations, group work and plenary presentation as follows:

### **Step 1: Review the results and recommendations from the assessment**

The findings from the assessment of the surveillance and response system should be reviewed to formulate a synthesis of strengths, weaknesses, opportunities and threats (SWOT) (see Annex 2a). Opportunities (e.g. IHR 2005, presence of donors), and the possible threats (e.g. presence of emerging diseases), should be stated explicitly. The outcome will be an analysis of the current situation which will enable all participants to be familiar with the existing problems, the opportunities to be exploited in strengthening the system, and the potential threats that need to be avoided.

### **Step 2: Develop vision, mission statement, goals and strategy**

Based on the SWOT analysis, and considering the national and international context, the vision, mission statement, goals and the strategy for achieving this vision should be defined.

Examples of vision, goal and strategic approaches:

- Vision: to have a healthier population by minimizing and responding to emerging and re-emerging infectious diseases through prevention, preparedness, prompt detection and response. (This could also form part of the mission statement, which should also specify how this will be achieved and by whom).
- Goal: to enhance the national capacity to define, detect and respond to communicable diseases and other public health emergencies.

- Strategies:
  - establishing appropriate structures to implement communicable disease surveillance and response activities;
  - developing/improving early warning systems and integrating surveillance data from all possible sources (community, health-care settings, animal health, food, water and environmental sampling, etc);
  - strengthening laboratories to support implementation of early warning and response systems;
  - enhancing human capacities to detect and respond to public health emergencies;
  - improving overall preparedness for surveillance and response.

**Step 3: Perform a needs analysis, identify expected key result areas and define objectives**

Based on the SWOT analysis, perform an analysis of needs. From the need analysis, identify the major expected key result areas (EKRA) to be achieved through the strategic plan implementation. The EKRA are the "must achieve" in order to realize the overall goal and vision of the surveillance and response system. Each of the EKRA could be translated into one or more general objectives. Each of the EKRA should be defined by sets of activities that are quantifiable and linked to an estimated budget, with yearly targets (annex 2b).

The following criteria can be used to aid the prioritization of EKRA and therefore of activities:

- potential benefit of the intervention in the improvement of the surveillance and response system or in the control of communicable diseases;
- relative cost of alternative options or cost-effectiveness of interventions;
- urgency of the intervention to rectify a situation/problem;
- availability of human resources;
- national or international requirement;
- feasibility of implementing activities and achieving the desired EKRA, output and outcome.

**Step 4: Establish targets, milestones and realistic timelines**

Realistic targets should be established and milestones identified for tracking progress towards achieving the EKRA in the immediate and more distant future. Based on existing circumstances, challenges and available resources (human, financial, material), specify yearly targets for each of the EKRA and ensure that realistic timelines are established over the 5-year period. Milestones and appropriate indicators to show accomplishments, should also be identified (Annex 4.5).

**Step 5: Define roles and responsibilities**

The roles and responsibilities of the ministry of health and the implementing partners should be defined and those at each level of the surveillance and response system should also be indicated. The EKRA should also be reviewed to ensure that persons or units responsible for implementation have been specified.

### **Step 6: Prepare a draft strategic plan**

The outcome of steps 1–5 should be incorporated into a draft strategic plan. This can be achieved through working groups consolidating the different sections of the plan (see outline in Annex 5). The consolidated draft strategic plan should be discussed in plenary and the necessary steps for its finalization agreed upon.

## 4.3 Post-planning phase

### 4.3.1 Consolidation of the draft strategic plan

The secretariat should synthesize the outcome of the workshop and incorporate it into the draft strategic plan within 2–4 weeks.

The draft plan should be reviewed to ensure that:

- vision, goals and mission statement are in line with international and national strategies and framework, and are realistic and appropriately phrased;
- EKRAs are in line with the vision, goal, and strategy for the surveillance and response system;
- EKRAs are realistic and achievable;
- EKRAs have realistic and achievable targets;
- activities proposed are consistent with the EKRAs;
- estimated budget is realistic and can be mobilized reasonably easily;
- EKRAs have realistic timeframes for achievement;
- roles and responsibilities of key players and partners in the delivery of EKRAs are clearly specified;
- milestones and indicators for measuring achievements are appropriately articulated and specified.

The secretariat should also write the introduction and any other background information that would be appropriate for the strategic plan. This draft strategic plan should then be shared with all participants and other stakeholders for their final comments and inputs. The finalized plan should then be endorsed by relevant authorities in the ministry of health and other partners as the framework for strengthening surveillance and response systems across all levels of the health system over the next 5-year period.

### 4.3.2 Advocate, market and disseminate the plan

The policy-makers and other stakeholders need to be convinced about the relevance and potential effectiveness of the plan to encourage them to support implementation. The plan should therefore be "marketed" and disseminated widely.

## 5 Operational planning

Once the strategic plan is defined, the annual operational plans can be extracted from it without having to involve all the participants of the strategic planning workshop. Assuming the strategic plan was developed to cover a 5-year period, it should provide the broad framework for yearly implementation of activities to achieve the targets established by EKRA. Operational planning should be done annually just before the beginning of the fiscal year.

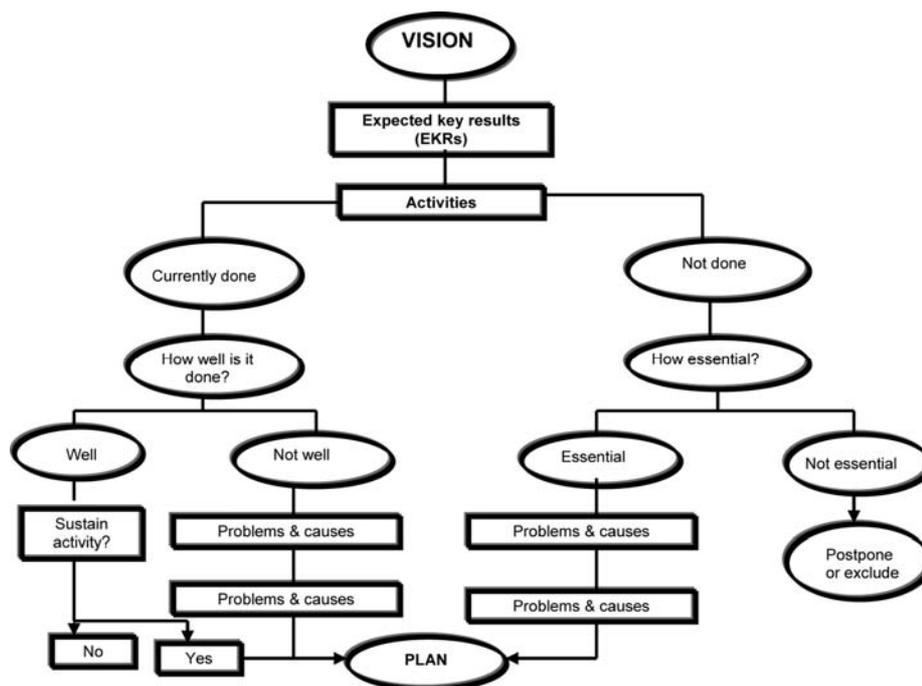
Each responsible office, unit or surveillance level should develop their operational plans based on and reflecting the targets, outputs, and outcomes outlined in the strategic plan by reviewing the plan and extracting all EKRA to be achieved in the first year of implementation. The activities necessary to achieve the targeted EKRA over the year should be listed. Annex 6 provides a template to organize activities by EKRA for yearly implementation.

In preparing the annual plans for the successive years, activities that were not implemented in the previous year, for one reason or the other, should be included in the next annual plan if they are still deemed necessary (Figure 4). Depending on the scope of the EKRA, the activities and the existing capacity, it may be necessary to readjust the annual plans.

Milestones and key performance indicators (KPIs) should also be identified to aid monitoring implementation of the annual plans and the evaluation of the outcomes and impact. These KPIs should be used to track milestones and achievements during plan implementation. Possible risks that may interfere with implementation should also be highlighted and solutions to counter them should be identified.

Figure 4

Planning flowchart



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## Annex 1

### Planning definitions<sup>2</sup>

*Action plan* Also called an annual plan, operational plan, or management plan. Usually focuses on specific activities to be implemented over relatively short time-frames such as a 1-year period. It lays out the specificities of implementing aspects of the strategic objectives and goals in that particular fiscal year.

*Annual plan:* Also called an action plan, operational plan, or management plan (see above).

*Assumptions:* External factors (events or conditions) that are necessary for the achievement of the planned outputs, but which are largely outside the control of the implementers of the surveillance systems.

*Environment:* Refers to external factors that affect implementation of planned activities; may be natural, political, technical, organizational, policy-related, economic, etc.

*Establishing procedures:* Determining and prescribing how important and recurrent activities shall be conducted.

*Expected key result area (EKRA):* A goal, objective, or outcome that must be achieved in order to contribute to the strategic priorities.

*Goals:* The long term accomplishments to be achieved through implementation of activities.

*Key performance indicators (KPIs):* Variables and measures indicating the accomplishment of EKRA's. Usually expressed as measures of quantity, quality, timeliness, etc.

*Milestones:* Planned events/outputs which indicate when certain planned deliverables are achieved.

*Planning strategy:* Developing concepts, ideas, and plans for achieving objectives successfully, and for meeting and overcoming challenges. Strategic planning is part of the total planning process that includes management and operational planning.

*Resources:* Resources include the people, materials, technologies, finances, etc., required to implement the strategies and processes. The costs of these resources are often depicted in form of a budget.

*Strategies:* Methods or processes required to achieve the goals. Also defined as course of action to achieve targets.

*Strategic plan for surveillance:* The broad directions and strategies for strengthening surveillance and response systems over a relatively long time-frame, such as a 5–10-

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<sup>2</sup> Definitions compiled and adapted using information from the VMP/CAMP "Club Planning" module, Free Management Library ([www.managementhelp.org](http://www.managementhelp.org)), and Bruce D & Cox AIA. Elements of strategic planning, methods, metrics, and concepts for building dynamic strategic planning processes. 2005 [http://www.aia.org/nwsltr\\_fm.cfm?pagename=fm\\_a\\_planning](http://www.aia.org/nwsltr_fm.cfm?pagename=fm_a_planning).

year period. It usually includes developing a strategic direction based on a strategic analysis of the existing situation.

*Target:* A specific and measurable aim relating to an objective.

*Tasks:* Various duties and jobs assigned to different people required to implement the plan. If the scope of the plan is very small, tasks and activities are often essentially the same.

*Vision Statement:* A compelling description of how the organization, ministry, department, division, or unit should operate at some point in the future and how the target beneficiaries (general population) will benefit from the interventions and services; this may form part of the mission statement.

*Workplan:* Activity plan developed for each major function e.g. training plan, monitoring and evaluation plan, plan for supervisions, laboratory strengthening plan, etc.

## Annex 2a

### Worksheet for summarizing SWOT by surveillance components and elements

Component	Elements	Strengths	Weaknesses	Opportunities	Threats	Recommendations

## Annex 2b

Worksheet for summarizing EKRA, objectives, recommended activities, and budget for inclusion in the plan

Component: \_\_\_\_\_

Element: \_\_\_\_\_

<b>Expected key result areas (EKRA)</b>	<b>Objective(s)</b>	<b>Recommended activities (considering opportunities and threats)</b>	<b>Budget estimate</b>

## Annex 3

### Activities by surveillance components and elements for possible inclusion in the surveillance and response plan (strategic and operational)

No.	Surveillance components/themes	Elements	Possible activities
1	<b>Public health Priorities</b>	Prioritization exercise	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Review and update objectives for surveillance systems</li> <li><input checked="" type="checkbox"/> Perform prioritization exercise</li> <li><input checked="" type="checkbox"/> Update the disease list for early warning and for routine reporting</li> <li><input checked="" type="checkbox"/> Update existing guidelines to incorporate the outcome of the prioritization exercise</li> </ul>
2	<b>Surveillance structure</b>	Legislations (laws & regulations) and policy framework	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Revise and update existing laws &amp; regulations</li> <li><input checked="" type="checkbox"/> Print and distribute the updated laws &amp; regulations</li> </ul>
		Implementation of IHR 2005	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Incorporate the IHR 2005 into national laws and regulations</li> <li><input checked="" type="checkbox"/> Establish IHR Focal Point and authorities for implementation of health measures as stipulated in IHR 2005</li> <li><input checked="" type="checkbox"/> Inform and sensitize public health authorities and stakeholders on the requirements of IHR 2005</li> <li><input checked="" type="checkbox"/> Assess existing capacities to detect, assess, notify and report events in accordance with IHR 2005</li> <li><input checked="" type="checkbox"/> Develop a plan based on assessment findings to strengthen the existing capacities</li> <li><input checked="" type="checkbox"/> Introduce the use of the decision instrument for assessing and notifying public health events of international importance</li> <li><input checked="" type="checkbox"/> Identify and develop indicators for monitoring implementation of the national obligations of IHR 2005</li> </ul>
		Surveillance strategy	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Establish/review early warning system for communicable diseases</li> <li><input checked="" type="checkbox"/> Establish/review the rumour verification system</li> <li><input checked="" type="checkbox"/> Review and adapt the surveillance strategy to the surveillance objectives</li> </ul>
		Organization of surveillance system	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Re-define and clarify roles and responsibilities</li> <li><input checked="" type="checkbox"/> Establish collaborative mechanisms with partners and stakeholders</li> </ul>

No.	Surveillance components/themes	Elements	Possible activities
		Intersectoral collaboration, networking and partnerships	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Implement activities to improve intersectoral collaboration, networking and partnerships</li> <li><input checked="" type="checkbox"/> Improve collaboration and information-sharing between sectors</li> <li><input checked="" type="checkbox"/> Improve outbreak information-sharing between border areas</li> </ul>
		Coordination & integration	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Establish a surveillance coordinating body to oversee implementation of planned activities</li> <li><input checked="" type="checkbox"/> Improve coordination mechanism with all programs and stakeholders</li> <li><input checked="" type="checkbox"/> Conduct regular coordination meetings</li> </ul>
	<b>Core functions</b>	Case detection	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Develop and update case definitions for priority diseases</li> <li><input checked="" type="checkbox"/> Develop and produce appropriate "alert" and "epidemic" threshold values</li> <li><input checked="" type="checkbox"/> Train staff on the use of case definitions and the threshold values</li> <li><input checked="" type="checkbox"/> Establish community-based disease surveillance systems and provide simplified community level case definitions</li> </ul>
Registration		<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Develop and update standardized registers</li> <li><input checked="" type="checkbox"/> Computerize registration of cases</li> </ul>	
Confirmation		<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Establish specimen referral procedures</li> <li><input checked="" type="checkbox"/> Purchase lab reagents, media and other logistics</li> <li><input checked="" type="checkbox"/> Train laboratory staff on new and innovative techniques</li> <li><input checked="" type="checkbox"/> Establish a budget line for referral of specimens from patients with suspected infectious conditions</li> <li><input checked="" type="checkbox"/> Establish routine external and internal quality assurance procedures</li> <li><input checked="" type="checkbox"/> Establish a budget line for laboratory component for epidemic response</li> <li><input checked="" type="checkbox"/> Introduce and maintain new and innovative diagnostic techniques (appropriate techniques to be specified)</li> <li><input checked="" type="checkbox"/> Establish biosafety procedures and measures</li> </ul>	
Reporting		<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Develop and update various reporting forms (weekly reporting, monthly reporting, case-based reporting, laboratory specimen referral and reporting forms, etc)</li> <li><input checked="" type="checkbox"/> Computerize reporting system</li> <li><input checked="" type="checkbox"/> Sensitize staff on timeliness and completeness of reporting</li> </ul>	
Feedback		<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Develop weekly newsletter on epidemic-prone diseases</li> <li><input checked="" type="checkbox"/> Produce quarterly surveillance bulletins</li> </ul>	

No.	Surveillance components/themes	Elements	Possible activities
		Data analysis and interpretation	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Introduce appropriate data management and analysis software (e.g. GIS, EPIINFO)</li> <li><input checked="" type="checkbox"/> Define the minimum requirements for routine data analysis</li> <li><input checked="" type="checkbox"/> Develop appropriate threshold values and disseminate to all staff</li> <li><input checked="" type="checkbox"/> Train staff on data analysis and interpretation</li> </ul>
		Epidemic preparedness	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Set up epidemic preparedness committee</li> <li><input checked="" type="checkbox"/> Set up rapid response teams</li> <li><input checked="" type="checkbox"/> Develop epidemic preparedness plans</li> <li><input checked="" type="checkbox"/> Train staff on outbreak investigation and response</li> <li><input checked="" type="checkbox"/> Establish a database of experts for outbreak management and control</li> <li><input checked="" type="checkbox"/> Identify and set up isolation facilities</li> <li><input checked="" type="checkbox"/> Purchase emergency preparedness stock, including personal protective equipment</li> <li><input checked="" type="checkbox"/> Update and establish biosafety procedures</li> <li><input checked="" type="checkbox"/> Strengthen surveillance, early warning and response systems</li> <li><input checked="" type="checkbox"/> Establish surge capacity</li> </ul>
		Response and Control	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> This should be disease specific (refer to the surveillance and control standards). The broad areas for consideration will include</li> <li><input checked="" type="checkbox"/> Case management</li> <li><input checked="" type="checkbox"/> Laboratory diagnostics</li> <li><input checked="" type="checkbox"/> Enhance surveillance</li> <li><input checked="" type="checkbox"/> Social mobilization, awareness creation and health education of the public</li> <li><input checked="" type="checkbox"/> Logistics and supplies for outbreak response and control</li> <li><input checked="" type="checkbox"/> Coordination of outbreak response</li> <li><input checked="" type="checkbox"/> Outbreak communication and information dissemination</li> </ul>
4	<b>Support functions</b>	Standards and guidelines	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Develop and update surveillance manuals and guidelines</li> <li><input checked="" type="checkbox"/> Develop and update guidelines for laboratory practice</li> <li><input checked="" type="checkbox"/> Develop and update guidelines for infection control</li> <li><input checked="" type="checkbox"/> Develop and update guidelines for outbreak response and case management procedures</li> <li><input checked="" type="checkbox"/> Develop and update guideline for social mobilization and health education</li> </ul>
		Training	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Perform training needs assessment, develop training plans, evaluate the training</li> <li><input checked="" type="checkbox"/> Plan for continuing medical education for laboratory, epidemiology and other surveillance staff (short/long training courses; local/international training, etc)</li> <li><input checked="" type="checkbox"/> Establish FETPs (as deemed necessary)</li> </ul>

No.	Surveillance components/themes	Elements	Possible activities
		Supervision	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Develop supervisory framework and plan</li> <li><input checked="" type="checkbox"/> Develop checklist for supervision of communicable disease surveillance and response activities</li> <li><input checked="" type="checkbox"/> Implement regular supervision according to plan</li> </ul>
		Communication	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Provide appropriate and effective communication facilities</li> <li><input checked="" type="checkbox"/> Provide internet connectivity and web-based reporting systems</li> </ul>
		Resources (including logistics)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Provide computers, software, data and analytical packages</li> <li><input checked="" type="checkbox"/> Develop appropriate incentive mechanisms</li> <li><input checked="" type="checkbox"/> Ensure availability of appropriate human resources</li> <li><input checked="" type="checkbox"/> Mobilize additional resources for implementation of planned activities</li> </ul>
		Monitoring and evaluation (M & E) of surveillance systems & POAs	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Develop a M &amp; E plan</li> <li><input checked="" type="checkbox"/> Develop indicators for M &amp; E</li> <li><input checked="" type="checkbox"/> Develop tools and procedures for monitoring and evaluation</li> <li><input checked="" type="checkbox"/> Train staff on tools and procedures for M &amp; E</li> <li><input checked="" type="checkbox"/> Implement monitoring and evaluation according to plan</li> <li><input checked="" type="checkbox"/> Disseminate monitoring and evaluation results</li> <li><input checked="" type="checkbox"/> Follow up to ensure the recommendations from M &amp; E are implemented</li> </ul>
		Advocacy	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Develop appropriate advocacy documents</li> <li><input checked="" type="checkbox"/> Conduct advocacy for surveillance and response activities</li> <li><input checked="" type="checkbox"/> Mobilize additional resources for planned surveillance activities</li> </ul>
5	<b>Surveillance quality</b>	Timeliness	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Simplify and improve reporting mechanisms to ensure timeliness of reporting</li> <li><input checked="" type="checkbox"/> Introduce rapid diagnostics for timely confirmation of causative organisms</li> </ul>
		Completeness	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Train staff on the filling of registers, reporting forms and the various reports to ensure completeness of information and the different reports</li> </ul>
		Usefulness	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Regularly review the surveillance strategy and systems to ensure they are useful</li> </ul>
		Others (flexibility, acceptability, sensitivity, specificity, simplicity, etc)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> As deemed necessary to address problems identified</li> </ul>

## Annex 4

### Aids for organizing a strategic planning workshop

#### 4.1 Generic activities for inclusion in agenda and schedule<sup>1</sup>

- ❖ Introduction of participants (30 minutes)
- ❖ Opening remark (30 minutes)
- ❖ Objectives and the workshop and expected outcomes (30 minutes)
- ❖ Presentation and discussion of assessment findings (30 minutes presentation, 30 minutes discussion)
- ❖ Group work to develop vision, mission statement and goals
- ❖ Plenary discussion
- ❖ Group work to perform needs analysis and define expected key result areas (EKRA) (e.g. public health priorities, surveillance strategy, core functions, support functions, surveillance quality improvement)
- ❖ Plenary presentation and discussion
- ❖ Group work to define broad activities, targets, milestones, timelines and estimated costs by EKRA
- ❖ Plenary presentation and discussion
- ❖ Group work to define implementation strategy, roles and responsibilities
- ❖ Plenary presentation and discussion
- ❖ Group work to consolidate the draft strategic plan
- ❖ Plenary presentation and discussion
- ❖ Consolidation and discussion of the draft plans
- ❖ Plenary discussion on the way forward to finalize strategic plan.

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<sup>1</sup> In preparing the agenda, allocate time to the different activities according to the perceived workload.

## 4.2 Workshop goals and objectives

**Workshop goal:** to develop a strategic plan for strengthening communicable disease surveillance and response systems

**Objectives:**

1. Summarize the major problems affecting communicable disease surveillance and response systems to be addressed by the strategic plan.
2. Define the vision, mission statement, goals and strategy for implementation.
3. Perform needs analysis (define expected key result areas/general objectives).
4. Identify activities/interventions for each objective.
5. Define roles and responsibilities of the staff and stakeholders at each level of the surveillance and response system.
6. Estimate and identify resources for implementing the planned activities/interventions.

### 4.3 Checklist for workshop requirements, materials and supplies

No	Requirements/materials/supplies	Quantity	Source
1	Assessment report (photocopy enough copies for all participants)		
2	Reams of photocopying paper		
3	Flip charts		
4	Flip chart markers		
5	Pencils		
6	Pens		
7	Rubbers		
8	Pocket files		
9	Note books		
10	Calculators (1 per work group). Note that where computers are available, this may not be necessary		
11	Computers (Lap-tops)		
12	LCD Projector		
13	Printers		
14	Others (specify)		
15	Coffee breaks, lunches, refreshments, etc		
16			
17			
18			

#### 4.4 Registration and contact details of meeting participants: strategic planning workshop

Country: \_\_\_\_\_

Date: \_\_\_\_\_

No.	Name	Job title	Organization; programme; unit	Address	Telephone/fax	E-mail contact	Signature
1							
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## Annex 5

### Strategic plan outline

- 1 Title and timeframe (on cover page)
- 2 Introduction
  - burden of communicable diseases
  - health sector strategy and existing communicable disease surveillance and response systems.
- 3 The planning process
  - Participants
  - Objectives
  - methodology.
- 4 Summary of major problems (situation analysis)
- 5 Strategic direction (vision, goals, EKRA/objectives and targets)
- 6 Main actions
  - short-term actions (6–12-month period)
  - medium-term actions (2–3 years)
  - long-term actions (5–10 years).
- 7 Plan and responsibility matrix
- 8 Indicators for performance measures
- 9 Conclusion

## Annex 6 Template for developing yearly operational plans

EKRA / general objective 1:
Specific objectives
1
2
3
4

Year of implementation	Activities	Targets	KPIs/milestones	Estimated budget	Responsible person	Risks/assumptions
Year 1	1st quarter	1				
		2				
		3				
		4				
Year 2	2nd quarter					
Year 3	3rd quarter					
Year 4	4th quarter					
Year 5						