

## Public Health Surveillance Strengthening in the Kingdom of Swaziland

Joy Sylvester<sup>1</sup>, Siphwe Shongwe<sup>3</sup>, Vusie Lokotfwako<sup>\*2</sup>, Nhlanhla Nhlabatsi<sup>2</sup>, Xolisile Dlamini<sup>5</sup>, Tony A. Trong<sup>4</sup>, Ruben Sahabo<sup>3</sup>, Affan Shaikh<sup>1</sup>, Paige Ryland<sup>1</sup>, Scott J. McNabb<sup>1</sup> and Harriet Nuwagaba-Biribonwoha<sup>3</sup>

<sup>1</sup>Public Health Practice, LLC, Belmont, MA, USA; <sup>2</sup>Epidemiology and Disease Control Unit, Swaziland Ministry of Health, Mbabane, Swaziland; <sup>3</sup>ICAP at Columbia University, New York, NY, USA; <sup>4</sup>U.S. Centers for Disease Control and Prevention, Atlanta, GA, USA; <sup>5</sup>Swaziland Ministry of Health, Mbabane, Swaziland

### Objective

To enable coordination of Swaziland Ministry of Health units for public health surveillance (PHS).

### Introduction

In the Kingdom of Swaziland, a baseline assessment found that multiple functional units within the Ministry of Health (MoH) perform PHS activities. There is limited data sharing and coordination between units; roles and responsibilities are unclear. The Epidemiology and Disease Control Unit (EDCU) is mandated to coordinate efforts and strengthen PHS through implementing Integrated Disease Surveillance and Response (IDSR) to fulfill requirements of International Health Regulations (2005) (IHR[2005]), and the Global Health Security Agenda (GHSa).

### Methods

A baseline assessment that included key informant interviews of unit representatives was conducted. Data flows were developed. Results were disseminated at a facilitated stakeholder workshop with unit representatives. A database was then built containing all distinct activities found within the IDSR Technical Guidelines (2010), IHR [2005], GHSa Action Packages, the baseline assessment, a previous CDC IDSR assessment, and suggestions from the stakeholder workshop. Activities were categorized by IDSR function (identify, report, analyze, investigate, prepare, respond, provide feedback, and evaluate) and designated as an ongoing “role” or a one-time implementation activity. A document containing all PHS roles was presented at a facilitated consensus workshop; unit representatives discussed and designated a lead unit/agency for each role. One-time implementation activities were assigned a lead actor, target completion date, and compiled into a 3-year IDSR Roadmap to guide implementation.

### Results

A Roles and Responsibilities Framework was developed that presents a consensus on lead units for all roles within an IDSR-based PHS system that fulfills requirements of IHR [2005] and GHSa. This document enables coordination by EDCU. The IDSR Roadmap provides time-bound activities with assigned actors to implement IDSR. EDCU is using these documents to guide coordination of multiple MOH units already performing PHS activities.

### Conclusions

Coordinating well-established programs that already collect epidemiological data increases efficiency and enables more complete epidemiologic analysis. Stakeholder engagement and clarity of roles is critical for EDCU to coordinate PHS. Consolidating activities for IDSR, IHR [2005], and GHSa in guiding documents enables a streamlined approach for public health surveillance strengthening. Future work aims to achieve data sharing through an electronic

platform and introduce data standards for interoperability among data sets.

### Keywords

IDSR; International Health Regulations; Global Health Security Agenda; Public Health Surveillance; Africa

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### \*Vusie Lokotfwako

E-mail: vusielokza@gmail.com

