Coordination of public health surveillance between points of entry and the national public health surveillance system

Implementation toolbox

Instructions document
Coordination of public health surveillance between PoE and the NPHSS


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Acronyms

IHR: International Health Regulations (2005)
NFP: National IHR Focal Point
NPHSS: National Public Health Surveillance System
PoE: Point of Entry
SOP: Standard Operating Procedures
SWOT: Strengths, Weaknesses, Opportunities, Threats
WHO: World Health Organization
Glossary

“Airport”: any airport where international flights arrive or depart.

“Cargo”: goods carried on a conveyance or in a container.

“Designated point of entry”: airports, ports and certain ground crossings designated by States Parties to develop the capacities set forth in Annex 1 of the International Health Regulations (2005). These capacities include: access to appropriate medical services (with diagnostic facilities); services for the transport of ill persons; trained personnel to inspect ships, aircraft and other conveyances; maintenance of a safe environment; a programme and trained personnel for the control of vectors and reservoirs; a public health emergency contingency plan; capacities for responding to events that may constitute a public health emergency of international concern.

“Event”: a manifestation of disease or an occurrence that creates a potential for disease.

“Ground crossing”: a point of land entry in a IHR State Party, including one utilized by road vehicles and trains.

“International Health Regulations (2005)” (IHR): international legal instrument entered into force on 15 June 2007 that is binding in 196 countries across the globe (IHR State Parties), including all WHO Member States. The regulations aim to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

“National Public Health Surveillance System” (NPHSS): a nationwide coordination that enables all public health response levels (i.e. local, intermediate and national) to collect and share public health information to detect, monitor, control and prevent the occurrence and spread of public health events.

“Public health surveillance”: the systematic on-going collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary.

“Point of entry” (PoE): a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit.

“Port”: a seaport or a port on an inland body of water where ships on an international voyage arrive or depart.

“Standard Operating Procedures”: written documents that detail a series of steps to achieve a desired result in a uniform manner.

“WHO IHR Contact Point”: the unit within WHO, which shall be accessible at all times for communications with the National IHR Focal Point.
Introduction

Annex 1 of the International Health Regulations (2005) (hereafter referred to as the IHR) requires State Parties to meet specific minimum core capacity requirements for public health surveillance and response. Public health surveillance has been defined as the systematic ongoing collection, collation and analysis of data for public health purposes, and the timely dissemination of public health information for assessment and public health response as necessary. A public health surveillance system serves two main objectives:

— To measure disease burden, including monitoring mortality/morbidity trends, in order to effectively guide control programmes and the allocation of resources.

— To early detect public health risks and events of all origins, in order to ensure that they are rapidly investigated and controlled. The organized mechanism to reach this objective is referred to as early warning alert and response.

In the context of this document, the national public health surveillance system (NPHSS) is defined as the nationwide coordination that enables all public health response levels (i.e. local, intermediate and national) to collect and share public health information for detecting, monitoring, controlling and preventing the occurrence and spread of public health events.

The efficient collection of pertinent information is critical for early detection and response, as is the reporting of information to the competent authorities. Pertinent information is generated at points of entry (PoE), including ports, airports and ground crossings, and should be reported timely to the NPHSS and beyond, as appropriate. For their part, PoE should promptly receive all pertinent information generated elsewhere that may contribute to their public health surveillance objectives such as preventing and/or managing the importation and exportation of health hazards or health risks arising at the PoE.

The World Health Organization (WHO) has developed a guide to support countries in strengthening public health surveillance coordination between points of entry (PoE) and the National Public Health Surveillance System (NPHSS) (http://apps.who.int/iris/bitstream/handle/10665/274366/WHO-WHE-CPI-LSS-2018.41-eng.pdf)

Implementation toolbox

To support countries in the process of strengthening their public health surveillance coordination between PoE and the NPHSS, WHO has developed an implementation toolbox to complement the above-mentioned guide. This toolbox comprises:

— The current instruction document that details the process and tools for assessing existing practices and for developing a tailored plan of action to strengthen public health surveillance coordination between PoE and NPHSS.

— Nineteen supporting tools that can be tailored to each country’s specific needs and used in the process.

The proposed process and supporting tools are presented in Figure 1.
Figure 1. Proposed process and tools available in the implementation toolbox
Phase 1. Prepare the assessment and develop a plan of action

Step 1.1. Appoint the assessment and implementation team

Action 1. Defining the objectives of the process

The Ministry of Health or other competent authority will define the objectives of the process, appoint a dedicated team to conduct the process (see step 1.1 action 2), and develop specific terms of reference for the team. The current approach brings together everyone in the country with a responsibility for the public health surveillance of events related to PoE. The objectives of the process will include:

— assessing the existing public health surveillance of events related to PoE, including coordination between PoE and the NPHSS;

— determining which activities could be implemented to improve public health surveillance of events related to PoE.

Additional objectives and sub-objectives can be further developed to reflect the assessment needs of each country. The outputs of the process will include:

— a report on the existing public health surveillance of events related to PoE;

— a tailored plan of action to improve public health surveillance of events related to PoE, including coordination between PoE and NPHSS.

During the assessment, the team will have to visit ministries, institutions, and several points of entry in various geographical areas of the country. The Ministry of Health will brief the team on the objectives and the approaches to be used. All team members should be familiar with the terms of reference. The team’s tasks should be clearly stated and include:

— planning the assessment and preparing the material for assessment,

— carrying out the assessment,

— writing the assessment report,

— preparing the plan of action and engaging all stakeholders.

Action 2. Appointing team members

The national team members will be drawn from various disciplines and ministries such as:

— representatives from the National IHR Focal Point (NFP);

— representatives from the different levels of the NPHSS (this may include staff from the central, intermediate and local levels depending on the structural and governance arrangements in the country);

— officers with responsibilities for public health functions at PoE (including airports, ports and ground crossings, as applicable);

— representatives from ministries in charge of border control (e.g. customs, immigration, security) and other ministries related to PoE (e.g. agriculture, finance);

— representatives of the civil aviation authority and maritime authority as applicable;

— the national coordinator for points of entry if applicable.

A team leader will be appointed to assume overall responsibility for the process.
It is important to ensure high-level representation from the Ministry of Health for political commitment and support in mobilizing resources. Staff members from points of entry and the local levels of the NPHSS will provide the background information for decision support and contribute to the development of feasible and realistic activities in the plan of action. The participation of other actors will help streamline the allocation and coordination of tasks and minimize the duplication of activities.

Involving foreign members in the team is useful for identifying issues that may be considered sensitive and yet need to be pointed out. The foreign team members may include: WHO experts; academic experts; representatives of foreign NFPs, NPHSS, or PoE, particularly from neighbouring countries.

The size of the team should be limited and appropriate to the governance and structural arrangements in the country (ideally fewer than 15).

**Action 3. Scheduling and preparing a first meeting**

A two- or three-day meeting of all team members will be scheduled to:

- conduct a situation analysis to provide background information (step 1.2),
- define the scope of the process (step 1.3),
- define the methods for collecting information (step 1.4),
- plan the assessment and development of the plan of action (step 1.5),
- train the team members in the process, including on how to collect the information.

**Step 1.2. Conduct a situation analysis**

The aim of the situation analysis is to provide background information on PoE and public health surveillance in the country. A meeting with the team members will be set up to perform the situation analysis. **Tool 1. Template for the situation analysis** can be used to collect the information during the situation analysis meeting. To save time, it may be useful to ask an expert familiar with the system, to draft the answers. This first draft will then form the basis for discussion during the meeting. The outputs of the situation analysis will be:

- a list of specific points of entry in the country, such as ports, airports, and ground crossings, including those that have been designated to develop the capacities set forth in Annex 1 of the International Health Regulations (2005), as well as those with:
  - the largest number of travellers;
  - the largest amount of arriving cargo, or cargo with a particular public health risk (chemical, radiological or biological);
  - a specific health context (e.g. proximity to population centres, climatic conditions, presence of habitat suitable for the establishment of exotic organisms of public health significance);
- a list of actors involved in public health surveillance activities at the country level and at the PoE;
- charts showing how PoE-related public health surveillance information flows between the different actors.
The results of the situation analysis will be used in the next steps to define the scope of the assessment, the people to be interviewed, and the sites to be visited.

**Step 1.3. Define the scope of the process**

With reference to the document entitled “Coordination of public health surveillance between points of entry and the national public health surveillance system - Advising principles”, we propose to assess the acquisition levels of 10 groups of features assembled in two main categories: core functions and requisites. These comprise:

--- Core functions:

- **Event detection and registration**: existing capacities for identifying and registering public health events.

- **Routine and emergency reporting**: existing capacities to report public health surveillance data.

- **Data analysis and interpretation**: existing routine analysis of data and interpretation for public health actions, including the ability to link events to travels retrospectively.

- **Feedback**: existing provision of information by the various levels to an initial source in response to information sent or actions taken by the source.

--- Requisites:

- **Administrative requirements, regulations, legislation**: existing national administrative requirements, regulations and legislation for public health surveillance of events related to PoE.

- **Standards and guidelines**: standards, norms, and guidelines available for the core functions.

- **Training**: training and sensitization of actors.

- **Communication means**: tools and modalities for communication at each level of the public health surveillance system and between actors.

- **Resources**: resources needed for the core functions.

- **Coordination**: existing coordination mechanisms between levels and actors.

*Tool 2. List of features to be assessed* can be used by the team to review each feature and decide whether it is applicable to the country concerned (for example, in a country without any ports, the features related to ships and ports are not relevant).

**Step 1.4. Define the methods for collecting information**

The assessment team will agree on the methods to be used for collecting the information. Depending on the resources available and the time constraints, the assessment will include a combination of the following methods to collect information: interviews of key informants, on-site observations, review of existing documents.

To facilitate the collection of information, several questionnaires and checklists are available and presented below but they are only to be used if pertinent.
Action 1. Identifying the sites to be visited and the key informants to be interviewed

Direct observation is useful. It provides evidence for the features to be assessed. For example, the existence of case definitions, or evidence of data analysis (by displayed charts, graphs, tables or maps) can be observed directly. Using the outputs of the situation analysis, the team members should decide which sites will be visited during the assessment. Sites to be visited may include:

— several PoE chosen from the list of specific PoE produced during the situation analysis (step 1.2);
— several sites chosen from the list of actors involved in public health surveillance activities at the country level and at the PoE, such as:
  o a NPHSS unit at the central level;
  o NPHSS units at levels directly in charge of public health events at PoE;
  o the national IHR focal point.

Key informants are a group of people, who, by the nature of their job, have knowledge about public health surveillance coordination between PoE and the NPHSS. Depending on the features in question, key informants may include the head of the epidemiological surveillance unit, the competent authority or public health officer at a PoE, and the district director of health services. A list of actors involved in public health surveillance at the PoE and country level is produced during the situation analysis. Using this list, the team members should decide which key informants should be interviewed. At least one key informant should be interviewed during each site visit.

Action 2. Reviewing the questionnaires and checklists to be used

Tools are provided for collecting the information needed for each feature of interest. They are specific to the various sites to be visited and the staff to be interviewed:

— Tool 3. Point of entry questionnaire and checklist
— Tool 4. Conveyance operator questionnaire
— Tool 5. National public health surveillance system questionnaire and checklist
— Tool 6. National IHR focal point questionnaire and checklist
— Tool 7. Other actor questionnaire

Each tool contains a mix of questions to be asked to the key informant and the information to be collected by direct observation during the visit. Pre-defined answers are available to facilitate the collection of information (step 2.1) and the ensuing ratings (step 2.2). In addition to the pre-defined answers, additional relevant qualitative information may be collected. This qualitative information will be useful in reviewing the rating of the features during the data analysis process (step 2.2), and in performing the SWOT analysis (step 2.3). Figure 2 shows an excerpt from the tool to collect information during the visit to a PoE and the interview of a PoE public health officer.
The team should review the questionnaires and checklists to be used and revise them as needed in light of the agreed scope of the process (see step 1.3) as well as the governance and structural arrangements in effect in the country.

![Table: Event detection and registration](image)

**Figure 2. Excerpt from Tool 3: Point of entry questionnaire and checklist**

**Action 3. Gathering existing documents of interest and reviewing the template for collecting information**

Much information of existing public health surveillance related to PoE is already present in national documents. Documents that may be reviewed include:

— reports related to public health surveillance;

— administrative requirements, regulations, legislation, cooperation agreements;

— standard operating procedures (SOPs), guidelines, organizational charts, forms, and training material;

— reports of previous assessments performed in the country.
Existing documents should be gathered before the assessment, while additional documents may be gathered during the on-site visits.

**Tool 8. Template for reviewing existing data and documents** can be used to collect information from all the existing documents retrieved. The team should review the template and revise it as needed in light of the agreed scope of the process (see step 1.3).

If, in the previous years, the country has performed an assessment using one of the four below tools, **Tool 9. Cross referencing with the results of previous assessments** is available to facilitate the integration of the previous results:

- Assessment tool for core capacity requirements at designated airports, ports and ground crossings. World Health Organization; 2009.

**Step 1.5. Plan the assessment and the development of a plan of action**

**Action 1. Defining the schedule for the assessment and development of a plan of action**

The assessment schedule will be planned according to the number of site visits and interviews to be performed, and the expected number of documents to be reviewed. The assessment agenda will include:

- an appropriate time frame for collecting the information (step 2.1);
- a meeting of the team members to analyse the information collected during the assessment (step 2.2);
- a meeting with the team members and other actors’ representatives to perform a Strengths, Weaknesses, Opportunities and Threats analysis (SWOT) of the public health surveillance of events related to PoE (step 2.3);
- an appropriate time frame in which to draft and finalize the report of the assessment (step 2.4);
- a meeting with the team members to identify and plan activities to be implemented and SOPs to be developed to strengthen public health surveillance of events related to PoE (step 3.1);
- an appropriate time frame to draft a plan of action for strengthening public health surveillance coordination between PoE and NPHSS (step 3.2);
- a final meeting with all stakeholders to finalize the plan of action and obtain commitment for its implementation (steps 4.1 and 4.2).
The Ministry of Health will endorse the timeline of the assessment and development of the plan of action and avoid dates that would preclude full involvement of key national staff. All officials concerned will be informed in advance of the objectives of the process and what is expected of them.

**Action 2. Preparing the logistics and the required budget**

Once the schedule is defined, all the logistics for the assessment and preparation of the plan of action will be organized by the team. This will include:

- printing capacities for the questionnaires and checklists;
- meeting rooms with appropriate equipment;
- transportation for the site visits and interviews;
- official information from relevant authorities to the responsible officers of the sites that have been selected for the field visits;
- secure storage of assessment documents (completed forms);
- accommodation and catering.

Once the schedule and logistics have been planned, the team will draw up a detailed estimate of all the costs required to complete the process and identify the funding accordingly.

**Phase 2. Perform the assessment**

**Step 2.1. Collect information on the features to be assessed**

As defined during the preparatory phase, the team will collect information on the various features of existing public health surveillance of PoE-related events by interviewing key informants, visiting sites, and reviewing existing documents.
Step 2.2. Analyse the information collected during the assessment

Action 1. Collating and analysing the collected information

Once all the information has been collected through interviews with key informants, observations made during on-site visits, and reviews of documents, all the information on each feature must be collated and analysed by the team members. A framework is provided for collating and analysing the information. Based on this framework, team members will rate each feature as "not identified", "partially identified", or "identified".

For example, Feature 2.3. is “All information collected at PoE level on the occurrence of public health events is reported to the NPHSS”. Using this framework to collate and analyse the information, Feature 2.3. will be rated using the following criteria:

<table>
<thead>
<tr>
<th>Feature not identified</th>
<th>Feature partially identified</th>
<th>Feature identified</th>
</tr>
</thead>
</table>
| None of the criteria from the "partially identified" column was present. | • At least one interviewed PoE staff member replied "Yes" to the question "Does your unit report public health surveillance information to the NPHSS?" OR • All at least one interviewed NPHSS staff member replied "Yes" to the question "Does your unit receive any public health surveillance information from PoE?" OR • At one NPHSS unit visited, you saw a register or an electronic database with surveillance data on public health events aboard conveyances or at the PoE. | • All the PoE staff members interviewed replied:
  o "yes" to the question "Does your unit report public health surveillance information to the NPHSS?”,
  o "ad hoc reporting” AND (“daily” OR “weekly” OR “monthly”) to the question “What is the frequency of reporting the information?” AND • All NPHSS staff members interviewed replied "Yes" to the question "Does your unit receive any public health surveillance information from PoE?" AND • At all visited NPHSS units, you have seen a register or an electronic database with surveillance data on public health events aboard conveyances or at the PoE. |

Tool 10. Framework for analysing the collected data is to be used for the data analysis. The generic process to rate a feature with the framework (Tool 10) is presented in Figure 3.

Figure 3. Generic process for rating each feature based on the information collected in the various forms
The practical use of Tool 10 to rate all the features is presented in Annex 1. Once all the features have been rated using Tool 10, Tool 11. Template for synthesizing the analysis of the information collected is available to summarise the results of the analysis.

**Action 2. Reaching a consensus on the ratings of all the features**

Using the completed template (Tool 11), each feature’s rating will then be discussed in a meeting with all the assessment team members and representatives of the other actors. For each feature, the criteria that led to the rating together with additional qualitative information will be presented, and the rating will be discussed. This rating may be changed during the discussion based on additional information provided. Consensus on the rating of all assessed features should be reached during this meeting.

**Step 2.3. Perform a SWOT analysis**

The team members will meet representatives of the other actors to identify the existing strengths, weaknesses, opportunities and threats for each group of features. This will be carried out through a SWOT analysis.

Below is an example of a SWOT analysis for the “Event detection and registration” group:

— **Strengths**: staff are in charge of the detection and registration of events at all PoE, health documents are provided by the conveyance operators.

— **Weaknesses**: the data collection processes vary according to the type of PoE, there is no standardized data collection method.

— **Opportunities**: a unit dedicated to collecting and analysing health information is available at the Ministry of Health.

— **Threats**: there is a lack of qualified staff at most PoE, whereas there is an overall increase in passenger flow at the country level.

Along with reaching a consensus on the rating of all the features (step 2.2 action 2), it is advised to perform the SWOT analysis per group of features (i.e. after consensus has been reached for the rating of a group of features, the team can perform the SWOT analysis for that specific group).

**Tool 12. Template for performing a SWOT analysis** demonstrates how to collect and present the results of the SWOT analysis.

**Step 2.4. Write the report of the assessment**

The team will draft the assessment report. Different team members may draft different sections of the report. The team leader will be in charge of merging the various sections, preparing the executive summary, and providing a final draft. To support the drafting of the report, a proposed outline is presented in Tool 13. Outline of the assessment report.

Before it is finalized, the last draft of the report will be disseminated for review to all the team members present at the meetings.
Step 2.5. Disseminate the assessment’s results and recommendations

Once the assessment report has been finalized, it can be disseminated to inform actors about the existing capacities for public health surveillance of events related to PoE, and the recommendations for strengthening those capacities. This will allow the assessment team to keep the actors engaged in the process.

Phase 3. Develop the plan of action

Step 3.1. Identify and plan the activities to be implemented

To strengthen public health surveillance coordination between PoE and the NPHSS, specific activities must be performed. For instance, these may include the development and dissemination of specific tools for collecting information, the purchase of communications means, the identification of public health surveillance contact points for each actor and level, and the development of SOPs for performing routine activities.

The assessment results provide support for the team members and other actors in identifying the priority features for which activities should be implemented in the short or medium term in order to achieve a functional public health surveillance of events related to PoE.

To support the identification of which activities should be implemented:

— **Tool 14. List of activities that may be implemented and SOPs developed to strengthen public health surveillance coordination between PoE and the NPHSS** provides a list of activities that may be implemented for each assessed feature, including the SOPs that may be developed.

— **Tool 15. Description of activities that may be implemented to strengthen public health surveillance coordination between PoE and the NPHSS** provides a rationale as well as a proposed method for the implementation of each activity.

For example, if during the assessment a consensus was reached that the feature 2.3 “All information collected at the PoE level on the occurrence of public health events is reported to the NPHSS” was “Not identified” or “Partially identified”, Tool 14 can be useful for looking at specific activities that may be implemented to strengthen feature 2.3 (including SOPs to be developed) with Tool 15 for the description of those activities (see excerpts in Figures 4 and 5).

Care needs to be taken in identifying activities to be performed in the short and medium term. Activities should be proportionate to the needs, but also appropriate to the country, its governance and structural arrangements, and consistent with national priorities.

<table>
<thead>
<tr>
<th>Initial evaluation's indicators</th>
<th>Activities (detailed description in tool 15)</th>
<th>SOPs that can be developed (detailed description in tool 19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3 All information collected at the PoE level on the occurrence of public health events is reported to the NPHSS.</td>
<td>ACTREP1 List the type of health events to be reported from the PoE to the NPHSS, and for each type of health event, specify the type, frequency, and format of information to be reported.</td>
<td>SOPREP2 Report public health surveillance information to the NPHSS.</td>
</tr>
</tbody>
</table>

Figure 4. Excerpt from Tool 14.
Tool 16. Template for identifying and planning the activities to be implemented and the SOPs to be developed serves to plan activities to implement in the short or medium term, by group of features.

For each selected activity, the following information should be provided:

— A description of the activity to be implemented.

— The activity’s priority (high, middle, low). The following criteria can be used to assist with prioritization:
  
  o the urgency of the activity for rectifying a situation/problem,
  
  o the availability of human resource,
  
  o national or international requirements,
  
  o the potential impact of the activity for strengthening public health surveillance of events related to PoE,
  
  o the feasibility of implementing that activity.

— The name and contact details of the person expected to be responsible for its implementation and for monitoring its achievement.

— The expected human resources and logistics required for implementing this activity.
— The expected costs that implementing this activity will entail.
— A realistic timeline for implementing the activity.
— Indicator for monitoring the implementation of the activity:
  o quantifiable output to be expected once the implementation is achieved (e.g. three SOPs developed, 240 staff trained in 10 districts),
  o periodicity with which the indicator is to be monitored (e.g. monthly, semi-annually).

Step 3.2. Draft the plan of action

Depending on the resources available, only “high” or “high and middle” priority activities can be implemented at short and medium term. A plan of action will be drafted by the team. The plan of action will detail the activities to be implemented in the short and medium term to strengthen the public health surveillance of events related to PoE (including coordination between PoE and NPHSS). It will also mention the people in charge of monitoring the plan’s implementation and present a timeline for following it up. To support the drafting of the plan of action, a proposed outline is presented in Tool 17. Outline of the plan of action.

Phase 4. Obtain stakeholders commitment and implement the agreed plan of action

Step 4.1. Engage the stakeholders

To ensure the plan of action is really transformed into actions it is necessary to:
— obtain political commitment for the process;
— ensure that the Ministry of Health and/or other actors will commit resources to the process;
— systematically follow-up on all commitments and ensure a coordinated implementation process.

A specific meeting will be set up for this purpose and will include:
— the team members and actors’ representatives who prepared the draft plan of action;
— other high-level representatives who could ensure commitment and funding for the process;
— other donors and partners who could ensure sufficient funding for the process.

The meeting will present:
— an overview of what constitutes public health surveillance of events related to PoE (including coordination between PoE and the NPHSS), and why it is needed;
— the current capacities for public health surveillance of events related to PoE based on the assessment results, and the suggested improvements;
— the draft plan of action.

Working groups and plenaries will permit:
— the modification, removal, or addition of activities to be implemented;
– a consensus to be reached on:
  o the activities to be implemented,
  o the person in charge of their implementation,
  o their costs, funding and timeline,
  o the person in charge of monitoring the entire process,
  o a proposed date for a new meeting (e.g. one year later) to review the implementation of the planned activities.

Step 4.2. Finalize and implement the plan of action

Based on the meeting with stakeholders, the plan of action will be finalized by the team, endorsed by the relevant authorities, and disseminated to all actors in charge of implementing activities to strengthen public health surveillance of events related to PoE.

To support the implementation of activities, Tool 15. Description of activities that may be implemented to strengthen public health surveillance coordination between PoE and the NPHS provides a rationale and a proposed method for implementing each activity.

For the development of specific SOPs, Tool 18. Guidance for developing SOPs provides a generic guidance for developing and implementing SOPs, while Tool 19. List and templates of SOPs that may be developed and used to strengthen public health surveillance coordination between PoE and the NPHSS provides specific templates for each SOP to be developed (excerpt from Figure 6).
SOPREP2: Report public health surveillance information to the NPHSS

Purpose
Public health surveillance information collected at the PoE has to be reported to the NPHSS.
The procedure details how to report public health surveillance information from the PoE to the
NPHSS.

Scope
The SOP is to be used by the competent authority in charge of public health at the PoE.

Definitions and acronyms

Responsibilities
Define who is responsible for reporting the information to the NPHSS, and who is responsible at the
NPHSS to collect the information.

Equipment and supplies
Dedicated data management system if available.

Procedure
The steps should cover:
— which information to be reported (type, frequency, and format, see appendix);
— how to report the information (medium of communication, forms or data management system to
be used to report the information);
— how to collect and register the information at the NPHSS (refer to SOPDET6).

References

Appendix
List of health events to be reported (see ACTREP1).

Figure 6. Excerpt from Tool 19
Annex 1. Practical guidance for using Tool 10: Framework for analysing the collected data

**Step 1:** The team should use Tool 10 (Framework for analysing the collected data) to analyse all the data collected from interviews and visits, and to review existing documents.

**Step 2:** The various forms in the same category should be grouped together, e.g. all forms used at PoE (Tool 3), then all forms used for interviews, conveyance operator staff (Tool 4), etc.

In the example below, the assessment team visited three different PoE and interviewed the PoE public health officer in each. They also visited three NPHSS units (one at each level of the system) where they interviewed the head of each unit.
**Step 3:** All forms in the same category should be dealt with at the same time, e.g. all forms used at PoE (Tool 3), then all forms used for conveyance operators (Tool 4), etc. This will make it possible to complete the Tool 10 for each individual feature. For instance, for feature 2.3 in the example below, based on the responses collected at the three PoE, the criterion 10.a) should be checked in the “identified” and “partially identified” columns because all interviewees answered that their unit reports public health information to the NPHSS. If an answer is missing, as for PoE 3, it should not be taken into account. The criterion 10.b) was scrapped as not all PoE mentioned ad hoc reporting.
Step 4: The same process is repeated for each group of forms (after the forms used at PoE, the forms used with the conveyance operator, then the forms used at the NPHSS, ending with Tool 8 related to the review of existing documents). Following our example, all forms used at the NPHSS (Tool 5) need to be reviewed to complete the analysis; in the example below, criterion 4 has been checked in the "Identified" column since all interviewees declared receiving public health surveillance information from PoE, but criterion 2.a) was only checked in the “Partially identified” column since a register or electronic database with PoE information was not observed in one of the 3 NPHSS units.
**Step 5:** Once all criteria on the various forms have been reviewed, the feature can be rated. For feature 2.3 in the example below, all the criteria have not been identified. Hence the rating is “partially identified”.

<table>
<thead>
<tr>
<th>Feature 2.3. All information collected at the PoE level on the occurrence of public health events is reported to the NPHSS.</th>
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<tbody>
<tr>
<td>□ Not identified</td>
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<tr>
<td>[ ] Partially identified</td>
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