



Integrated Disease Surveillance Network

New Delhi

5th June 2001



Background

- ◆ Request by the GOI to World Bank
- ◆ First meeting at Hyderabad in May 2000
- ◆ Three state level meetings to identify state needs and priorities.
- ◆ Workshop at Delhi to understand / clarify the role of central agencies and partners.
- ◆ GOI will write PIP to submit to WB for funding



Objectives

- ◆ Facilitate the development of integrated disease surveillance system for India.
 - Early detection of epidemics
 - Monitoring Disease Control Programs
 - Planning &
 - Allocation of resources



Road Map

- ◆ Integration of existing surveillance activities
- ◆ Involvement of Non Governmental Agencies
- ◆ Improving community participation
- ◆ Inter-sectoral coordination
- ◆ Technology up-gradation
 - Communication
 - Laboratories
- ◆ Special Issues
 - Urban Surveillance
 - Incorporating Non communicable Disease



Process Adopted

- ◆ Three state level workshops completed
 - Tamilnadu
 - Maharashtra
 - Uttar Pradesh
- ◆ Role of central agencies to be defined
- ◆ Role of partner agencies to be identified



Current Surveillance Activities

◆ Disease Control Programs

- NPSP
- HIV/AIDS
- TB
- Malaria
- Leprosy

◆ National Program for Surveillance of Communicable Diseases

◆ Other routine Surveillance Activities



State Based Surveillance System

- ◆ Country with wide geo-cultural variation and its effect on surveillance needs
- ◆ Need for local action based on surveillance data – Shorten the action loop
- ◆ Health – A state subject
- ◆ Decentralization essential for efficiency



Integration

- ◆ Vertical disease control programs .
 - Decide on What and How resources can be shared?
- ◆ Social mobilization
 - How to involve public in the surveillance programs
- ◆ Inter-sectoral coordination
 - Health and non-health sector coordination
- ◆ Non governmental agencies
 - > 70% of subjects are seeking help from Private sector
 - Special Urban needs
- ◆ NCDs with Communicable diseases
 - Increasing burden of disease due to NCDs



Response mechanisms

- ◆ Prevention and control of Epidemics
- ◆ Timeliness
 - Local (PHC/District Level)
 - State Level
 - National Level
- ◆ Feed Back
 - Vertical
 - Horizontal



Non Communicable Diseases

◆ Special needs of NCD surveillance

- Risk factors rather than disease conditions
- Cross sectional surveys at some regular intervals on defined population groups
- Frequency of surveillance once in 3-5 years.



Special Urban Issues

- ◆ Special needs of urban societies
 - Poor infrastructure
- ◆ Alternate systems of surveillance
 - Need for piloting different designs in different states



Management Issues

- ◆ Need for management structures necessary for efficient administration
 - District, State and Center
 - Managerial / Administrative
 - Technical
- ◆ Core issues common across the country
- ◆ Modular method of implementation
 - Basic – Relates to core issues
 - Advanced – once core is established



Role of centre

- ◆ Define responsibilities based on strengths and capacities
 - Policy and Guidelines
 - Quality Assurance
 - Networking
 - Epidemic investigations
 - Training & Human Resource development
 - Technology up-gradation
 - Laboratory
 - Communication & computing
 - Monitoring and Evaluation



Role of State

- ◆ Data collection
- ◆ Internal Quality Control
- ◆ Analysis and Reporting
- ◆ Response



Laboratory

- ◆ Role of laboratory network
- ◆ Laboratory strengthening as a part of disease surveillance activities.
 - Peripheral labs
 - District labs
 - State labs
 - Reference labs



Other Issues

- ◆ International Obligations
- ◆ Role of partner agencies to be defined clearly
 - NICD
 - ICMR
 - INDIACLEN
 - CDC
 - WHO
 - Others
- ◆ Developing a National PIP