



# INSTRUCTIONS FOR PRESENTERS

- During the Plan phase, the integrated PVS steering group should clearly outline these changes so that each necessary step on the path to integration is understood by decision-makers within all of the integrating surveillance systems. This can be done through a series of Plan phase consultations with key decision-makers.
- This slide deck provides a template presentation for the Plan phase consultations. The contents of this presentation should be edited to fit the relevant context for your integrated PVS planning process.
- Any text written in **[red]** is intended to be replaced by the relevant country and NTD specific information.

**Delete this slide before presenting this material.**

**INTEGRATED POST-  
VALIDATION/VERIFICATION  
SURVEILLANCE PLANNING FOR  
[TARGET NTD] IN [COUNTRY]**

Preparation for the Plan Phase Workshop

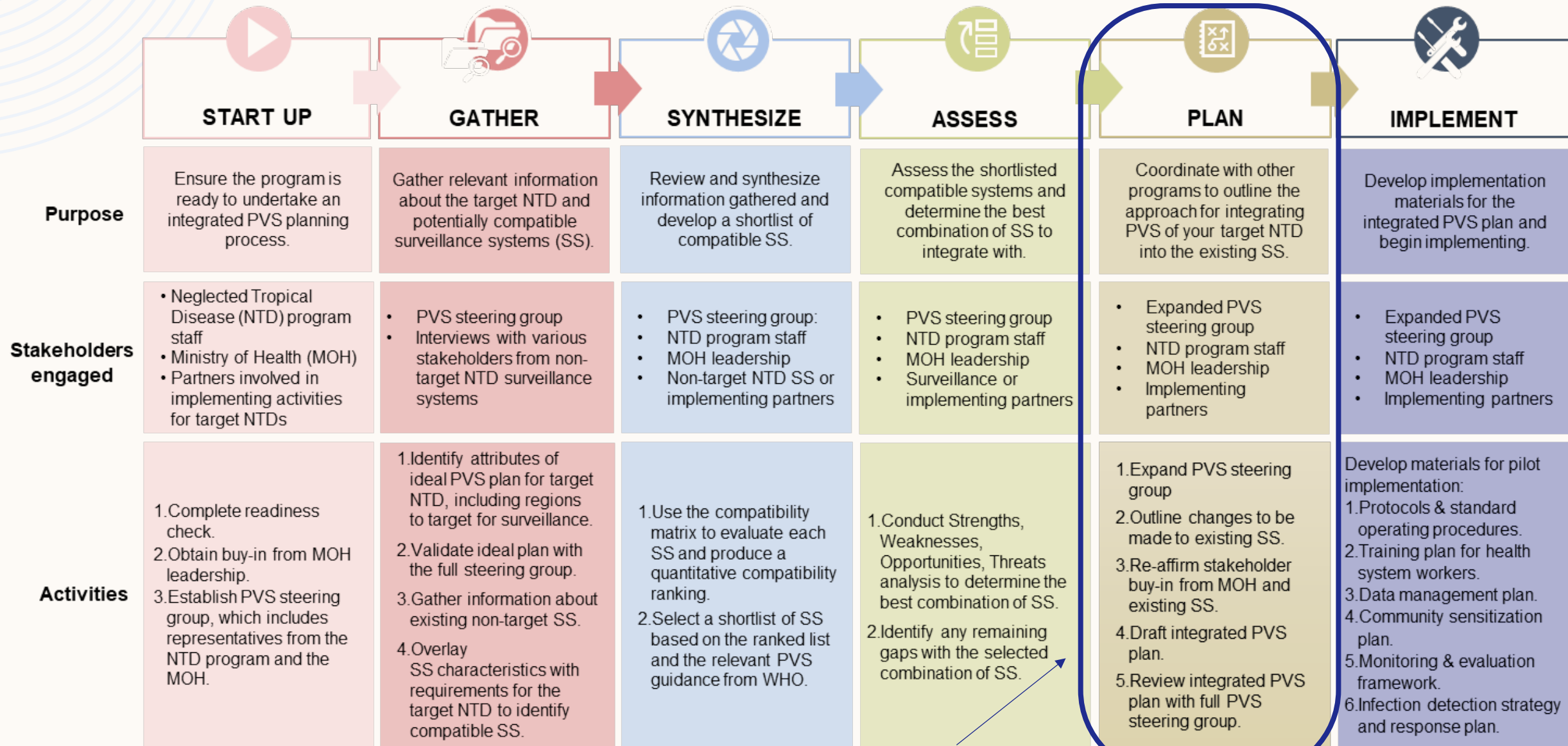
[Date]

**Name and organization of  
presenter(s)**

# AGENDA

1. Recap of progress to date
2. Overview of the Plan phase
3. Outline necessary changes to the existing surveillance system(s) for integration

# INTEGRATED PVS PLANNING PROCESS



We are here!

# SUMMARY OF IDEAL PVS PLAN FOR [TARGET NTD]

During the Gather Phase, we identified surveillance characteristics that would be ideal for PVS of [target NTD]. Surveillance systems were then evaluated based on how well they aligned with the ideal characteristics outlined here.

Surveillance Characteristic	Information to Date
ADM1/ADM2 Unit	
Parasite Type	
Sample Type	
Diagnostic Commodity Needed	Instructions: complete this table with the key characteristics of the ideal system that were decided on during the kickoff meeting.
Treatment Commodity Needed	
Target Age Group	
Target Population	
Time of sampling	
Frequency	
Vector Genus	
Vector Species	
Vector Collection Method	



# **KEY TAKEAWAYS FROM THE SYNTHESIZE AND ASSESS WORKSHOP**

# SYNTHESIZE & ASSESS PHASE WORKSHOP

**Date:** [insert date(s) of the workshop]

**Time:** [insert start and end times]

**Location:** [insert location]

**Participants:** [insert number of participants and which organizations or departments they represented]

**Purpose:**

- Review and synthesize information gathered and develop a shortlist of compatible SS
- Assess the shortlisted compatible systems and determine the best combination of SS to integrate with.

[insert photo from workshop]



# SWOT ANALYSES

- Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses were conducted to determine the most appropriate combination of surveillance systems to integrate with based on compatibility, feasibility, and comparative cost.
- These analyses were completed for each candidate surveillance system.

	Positive	Negative
Internal Factors	<b>Strengths</b> <i>Ex. Total overlap with target geography</i>	<b>Weaknesses</b> <i>Ex. Target age group not covered by combination of SS</i>
External Factors	<b>Opportunities</b> <i>Ex. Existing relationship with program you want to integrate with</i>	<b>Threats</b> <i>Ex. Surveillance system(s) does not have sustainable funding</i>



# SWOT ANALYSIS FOR [SHORTLISTED SURVEILLANCE SYSTEM]

Instructions: complete this table with the key points from the SWOT analysis for each shortlisted surveillance systems conducted during the Synthesize and Assess Workshop. See example on the next slide.

Positive		Negative	
Internal Factors	Strengths	Weaknesses	
	Opportunities	Threats	
External Factors			

# EXAMPLE: INTEGRATED DISEASE SURVEILLANCE AND RESPONSE

	Positive	Negative
Internal Factors	<b>Strengths</b> <ul style="list-style-type: none"> <li>• Already in existence</li> <li>• Available trainer DSNOs and facility focal persons</li> <li>• Response at all levels</li> <li>• Robust to accommodate more diseases</li> </ul>	<b>Weaknesses</b> <ul style="list-style-type: none"> <li>• <u>Lack of community surveillance component</u></li> <li>• Emphasis on epidemic-prone diseases</li> <li>• Focus on human surveillance</li> <li>• <u>Passive surveillance system primarily</u></li> </ul>
External Factors	<b>Opportunities</b> <ul style="list-style-type: none"> <li>• Support from implementing partners</li> <li>• Ongoing projects to leverage</li> </ul>	<b>Threats</b> <ul style="list-style-type: none"> <li>• Donor dependence</li> <li>• Sustainable funding is questionable</li> </ul>

This slide is an example of how to fill out the table. Before presenting, this slide should be deleted and replaced with the shortlisted surveillance systems for your country and your NTD.

# CHOICE OF SURVEILLANCE SYSTEMS

Following the SWOT analysis review, the following surveillance systems were agreed upon as the basis for constructing an integrated surveillance system for [target NTD] going forward:

[Insert list of selected systems](#)

The major points to clarify going forward are:

- 1. Insert any questions that still need to be clarified with key stakeholders**

# **DISCUSSION**





# **INTEGRATED PVS PLANNING: THE PLAN PHASE**



# NEXT STEP: PLAN PHASE

Now that one or more existing or planned surveillance systems have been selected for integration with **[target NTD]**, we need to consult with stakeholders who implement or oversee the selected system(s).

The purpose of the Plan phase is to develop **an integrated PVS plan** that will allow for successful integration of the target NTD into the selected surveillance system(s). This plan should include guidance on critical integration details:

- Who will do what?
- At what time points they will do it?
- What methods will be used to facilitate integration of the selected surveillance systems?

*Note: Full plan phase considerations can be found in the PLAN section of the toolkit narrative.*



# PLAN PHASE APPROACH

1. Expand the integrated PVS steering group to include key stakeholders who implement the selected surveillance system(s).
2. Conduct Plan phase consultations to outline proposed changes to selected surveillance system(s) and validate those changes with key stakeholders.
3. Hold the Plan phase workshop to operationalize the agreed upon changes.
4. Draft the integrated PVS plan for the target NTD.
5. Gain high-level approval for the integrated PVS plan.

# STEP 2. OUTLINE PROPOSED CHANGES

Any plan for successful integration of two or more diseases in a single surveillance system will entail changes or additions to the system as it has previously operated. This objective aims to clearly outline these changes so that each necessary step on the path to integration is understood by decision-makers within all of the integrating surveillance systems.

- **What?** i.e., what changes may need to be made to the type of samples or data collected in the existing surveillance system to make it useful for the target NTD?
- **Where?** i.e., what changes may be needed to extend the existing surveillance system's coverage to make it compatible with the target NTD?
- **Who?** i.e., what changes may need to be made to the existing surveillance system's target population to make it compatible with the target NTD?
- **How many?** i.e., what changes may need to be made to the existing surveillance system to collect however many data points will be required to generate a representative sample for the target NTD?
- **When?** i.e., what changes may need to be made to when surveillance activities will occur and with what frequency?
- **What then?** i.e., what changes may be needed for the existing surveillance system to establish a direct link to action when a recrudescence signal is detected for the target NTD?



# STEP 2. PROPOSED CHANGES – [SELECTED SURVEILLANCE SYSTEM\*]

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Type of Change	List of Proposed Changes	Barriers to Proposed Changes	Cost Impact of Proposed Changes
<b>What?</b> i.e., what changes may need to be made to <u>the type of samples or data collected</u> in the existing surveillance system to make it useful for the target NTD?			
<b>Where?</b> i.e., what changes may be needed to <u>extend the existing surveillance system's coverage</u> to make it compatible with the target NTD?			
<b>Who?</b> i.e., what changes may need to be made to the existing surveillance system's <u>target population</u> to make it compatible with the target NTD?			
<b>How many?</b> i.e., what changes may need to be made to the existing surveillance system to collect <u>however many data points will be required to generate a representative sample</u> for the target NTD?			
<b>When?</b> i.e., what changes may need to be made to <u>when surveillance activities will occur</u> and with <u>what frequency</u> ?			
<b>What then?</b> i.e., what changes may be needed for the existing surveillance system to <u>establish a direct link to action when a recrudescence signal is detected</u> for the target NTD?			

\*Create a version of this slide for each selected surveillance system.

# **DISCUSSION**





# **ADDITIONAL CONTEXT**

# STEP 2. PROPOSED CHANGES – WHAT?

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## ***What?***

As a first step, the NTD programme should determine what changes may need to be made to the type of samples or data collected in the existing surveillance system in order to incorporate PVS of the target NTD. If new data needs to be collected at the various data collection points for the existing system, it is important to consider the logistics and costs for incorporating new sample collection.

**Barriers:** What are the likely barriers to adding additional types of samples or data collection to the existing surveillance system(s)?

Barriers might include sample collection, storage, transportation, or analysis.

**Likely Costs:** Are the costs associated with making these changes likely to be significantly higher, lower, or similar to the costs of existing surveillance system activities in their current geographies?

Consider the cost of data collection trainings, commodities, and equipment needed to conduct new data collection methods; transportation costs for safely transporting those new samples to the appropriate laboratory facilities; laboratory training, commodity, and equipment costs to process those samples; and costs for adjusting existing data collection forms or databases to incorporate new data.

## STEP 2. PROPOSED CHANGES – WHERE?

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### **Where?**

The NTD programme must also determine if any additions to the geographic areas included in the existing surveillance systems need to be considered to ensure full programme coverage of target geographies. If existing systems need to be extended into new geographies, this would likely be very expensive, and characterizing the costs associated with such a move would be an important step to determining feasibility. These costs would likely derive primarily from ensuring that commodity distribution networks and programme staff are adequately prepared to support surveillance activities in all targeted geographies. It will also be important to determine whether different areas of a country or within a subnational implementation unit require unique integration approaches.

**Barriers:** What are the likely barriers to extending existing surveillance systems to new geographies?

These may include logistical barriers such as the establishment of commodity networks, personnel barriers including the hiring of new programme staff, or security barriers for extending into areas of conflict.

**Likely Costs:** Are the costs associated with making these changes likely to be significantly higher, lower, or similar to the costs of existing surveillance system activities in their current geographies?

Geographic changes are likely to be the most expensive type of change that could be made when extending existing surveillance systems. For this reason, this toolkit does not recommend major changes in geographic extent for existing surveillance systems unless the Ministry of Health deems them to be necessary for extended NTD surveillance provision.

# STEP 2. PROPOSED CHANGES – WHO?

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## **Who?**

The population included in a surveillance system is a critically important factor in the system's ability detect an early signal of resurgence of an NTD. Thus, determining the target populations for the combined PVS system will be a key component of a fully outlined roadmap to implementation. Who gets targeted for surveillance will have an impact on what types of methods are used to conduct programme outreach, and any changes to the target population for an existing surveillance system should be reflected in the training and sensitization materials distributed among health system workers to ensure that target populations are reached effectively. In practice, this may require the development of new manuals or SOPs for conducting community surveys in novel demographic settings during the Implement phase.

**Barriers:** What are the likely barriers to extending existing surveillance systems to new target populations?

These could potentially include barriers around the acceptability of surveillance activities in new populations, security barriers for reaching populations that experience armed conflict, or accessibility barriers for targeting hard-to-reach populations.

**Likely Costs:** Are the costs associated with making these changes likely to be significantly higher, lower, or similar to the costs of existing surveillance system activities in their current target populations?

Higher costs could potentially be incurred in overcoming barriers to accessibility for targeting hard-to-reach populations. For example, reaching these populations may require increased fuel and vehicle maintenance costs depending on the quality of roads near their locations.

# STEP 2. PROPOSED CHANGES – HOW MANY?

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## *How many?*

In addition to possible target population adjustments, a logistical step that may require advance planning would be increases to the sample sizes collected by existing surveillance systems. For example, if a Demographic and Health Survey would normally collect 100 data points in a district but target NTD surveillance requires 1000 data points from the same survey apparatus, these additional data collections need to be taken into account by a plan of action that indicates how the additional data will be collected, what resources will be needed to ensure the additional collections can occur, and what the timeline will be for making the necessary changes to existing data collection strategies.

**Barriers:** What are the likely barriers to changing the number of data points collected by existing surveillance systems?

Barriers may include finding the additional human resource capacity needed to collect and process large numbers of samples for expanded surveillance activities or financial barriers due to increased material costs.

**Likely Costs:** Are the costs associated with making these changes likely to be significantly higher, lower, or similar to the costs of current data collection practices in the existing surveillance systems?

While costs may be increased in order to collect more data points, economies of scale could potentially be leveraged to keep costs manageable while providing subsidiary benefits to other disease surveillance activities in the same area.

# STEP 2. PROPOSED CHANGES – WHEN?

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## **When?**

After accounting for *where* new data may need to be collected, from *whom* they will be sourced, and *how many* new data points may be needed, the NTD programme should account for the timing requirements of the new data collection. A consolidated schedule should be created with clearly defined cadences for each surveillance activity included in the integrated surveillance scheme. These cadences should ensure a frequency of data collection that conforms closely to the epidemiological needs of the target NTD under ideal scenarios while remaining cognizant of the realities of existing health system budgetary constraints. For example, if the ideal NTD surveillance system would be best served by integrating with an annual population survey, but the only one available in the proper implementation unit occurs every 4 years, it may be worth exploring whether a scaled-down biennial survey (once every two years) could be implemented as a middle ground approach while still benefiting from the existing survey apparatus.

**Barriers:** What are the likely barriers to modifying when or how often data points are collected by the existing surveillance systems?

These could include logistical barriers relating to overlap in timing with other scheduled population surveys or seasonality issues depending upon the integrating surveillance systems in question.

**Likely Costs:** Are the costs associated with making these changes likely to be significantly higher, lower, or similar to the costs of existing data collection cadences?

If all NTD data collection occurs during scheduled collection time points for the existing surveillance system, then this might not specifically incur additional costs.



# STEP 2. PROPOSED CHANGES – WHAT THEN?

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## *What then?*

Once all the planned changes to the existing surveillance systems are implemented, it will be crucial to ensure that the integrated PVS system contains a direct link to action. This will need to be outlined by a response plan that provides a mechanism for confirming any signal detected by the surveillance system, as well as defining how treatments, preventative services, or other response activities will be distributed in the event of a confirmed instance of target NTD recrudescence.

- Will active response teams be deployed to confirm signals?
- Will existing community health workers have additional treatment commodities delivered to them?
- Will focal MDA activities be feasible or appropriate as a response to confirmed cases?

A general outline of the planned response activities and any additional resources needed for these activities should be estimated in the Plan phase, as well as any need for enhanced protocols for surveillance in areas that have been identified as potential recrudescence hotspots. Guidance on full implementation details and protocol development will be included in the Implement phase.