APPENDIX 3: Challenges

Challenges

All but one source (1) identified challenges to the design and implementation of CBS. We grouped challenges into four categories: 1) case detection and reporting, 2) CBS worker support, 3) integration, and 4) community. In addition to the 19 included sources, we include below one of the sources (2) that was excluded at the full-text screening stage for not identifying any success factors.

Case detection and reporting

Challenges to case detection and reporting included: problems with case definitions/signals/event triggers (e.g. lack of clarity about case definitions/signals/event triggers (3-7), excessive sensitivity (8-10), insufficient sensitivity (2), overly complex case definitions/signals/event triggers (3), use of different case definitions for the same disease (11)); difficulty contacting community members (12-16); community distrust of the health system and/or a preference to self-manage illness (2, 4, 10, 14, 17); a reluctance of community members to present to a referral facility for confirmatory testing (11); a preference for communicating primarily with traditional healers (6, 14); and difficulties with technological solutions (e.g. cost, logistics, poor network coverage) (6, 7, 9, 11, 13, 18).

CBS worker support

Challenges relating to CBS workers related primarily to: a lack of motivation (most often owing to insufficient compensation and a lack of incentives (7, 11, 13, 14, 17)), a lack of sufficient training (2, 4-7, 13, 14, 17, 18) and supervision (3, 7, 13, 14, 17-19), resource shortages (3, 5, 13, 17, 20), and the addition of new responsibilities on already stretched staff (13, 20).

Integration

Effective integration with national, regional, or district surveillance systems was often identified as a challenge (9, 11, 14, 16, 19, 20), as was reducing the overlap with parallel systems (e.g. those operated by partner organisations) (2, 4), and coordinating with complementary systems (e.g. laboratory services or case management/contact tracing teams) (3, 6, 10, 11, 13, 17-19).

Community

Challenges included engaging, motivating, and retaining community informants (this was described as being largely due to the cost associated with reporting) (17), a lack of alignment between diseases under surveillance and those of importance to the community (7), and apprehension amongst CBS workers to report a case out of fear of negative consequences (2).
REFERENCES


