

## 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](#)).

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