

INVESTING IN DISEASE SURVEILLANCE: **FOUR** **PRACTICAL APPROACHES**



1. EMBEDDING SURVEILLANCE WITHIN ROUTINE HEALTH SYSTEM FUNCTIONS

Countries that embed surveillance within their health system benefit from its support of endemic disease management, health program guidance, and resource allocation and are better positioned to sustain investment because decision-makers can see surveillance's day-to-day impact. Shifting surveillance from a preparedness activity to core health system infrastructure makes it more useful, visible, and likely to attract sustained financing while improving population health.

Integrating surveillance into routine health service delivery makes its role in managing endemic diseases more visible, which in turn supports its inclusion in plans and budgets and strengthens the case for sustained funding. Thailand illustrates this approach. Its surveillance capacity is underpinned by the Communicable Disease Act of 2015, which provides a legal basis for disease control¹. Surveillance is further embedded in Thailand's 20-year National Strategy (2018–2037), which prioritizes health security across political cycles and creates the imperative for sustained investment².

WHAT IS DISEASE SURVEILLANCE?

Disease surveillance systems integrate laboratory networks, data platforms, trained personnel, and community-based reporting to track illness patterns and inform public health action. Effective surveillance enables earlier detection, faster response, and better health outcomes.

2. BUILDING SURVEILLANCE THROUGH INCREMENTAL INVESTMENTS

Strengthening surveillance systems does not require large-scale reform. A gradual approach that strengthens existing systems, expands proven capacities, and delivers visible improvements over time can demonstrate value, build confidence, and establish the demand for more expansive and integrated systems as resources become available^{3,4,5}.

Many countries have built their surveillance programs on existing initiatives — such as polio eradication efforts — adapting infrastructure and workforce capacity to address multiple threats^{6,7}. Building incrementally on earlier gains can help maintain political and financial support. Regional approaches can amplify these efficiencies. For instance, the Caribbean states moved progressively from fragmented national surveillance functions to a coordinated regional model through the Caribbean Public Health Agency (CARPHA). The platform enabled member states to share laboratory assets, pool demand for surveillance supplies, and jointly develop new tools, progressively developing an integrated and sustainable surveillance system.

3. IMPROVING TRANSPARENCY IN SURVEILLANCE FINANCING

When decision-makers understand the total cost of surveillance, where funding comes from, and the value it delivers, it is easier to plan for future investments and ensure accountability. While the value of surveillance is well known in the abstract, governments must understand the exact financial cost of that value so that investments can be protected and adjusted as financial circumstances change.

Governments cannot sustain investments they cannot see, and surveillance activities are frequently financed in multiple ways, making spending extremely difficult to track and quantify⁸. When surveillance expenditures are unclear, it becomes more difficult to plan for recurring costs, assess funding gaps, and demonstrate the value of existing investments. Surveillance objectives should be reflected in government budgets and planning to ensure clarity in all investments. These benefits are demonstrated by Uganda's experience in establishing the Uganda National Institute of Public Health (UNIPH). A 2019 Ugandan Presidential directive granted UNIPH legal status, qualifying it for a dedicated budget line within the national Mid-Term Expenditure Framework⁹. This measure ensures a minimum level of financial stability from the government and enables the institute to mobilize resources independently.

4. LEVERAGING POLICY WINDOWS CREATED BY PUBLIC HEALTH EVENTS

Public health emergencies often create brief windows of heightened political attention that elevate willingness to pursue surveillance investments and associated reforms. Countries must utilize these fleeting windows to establish lasting institutions, strengthen legal and governance frameworks, and secure sustainable financing to ensure long-term gains.

Investment in surveillance too often follows a “cycle of panic and neglect”: outbreaks trigger funding and political commitment, but attention and resources decline once the crisis passes¹⁰. Countries that break this pattern use policy windows to institutionalize reforms within laws, budgets, organizations, and routine government processes so that they will endure beyond the emergency itself¹¹. Outbreaks expose weaknesses and create political momentum, and lasting impacts can arise when these windows are captured to enact institutional, financing, and governance reforms.

>> SPENDING SMARTER ON DISEASE SURVEILLANCE

Global experience shows that strengthening disease surveillance is not only about increasing resources, but about using them more effectively. There is no one-size-fits-all approach to improving surveillance financing, but the pathways outlined in this brief help shift surveillance from episodic and fragmented spending to a stable, system-wide function that supports both routine health system performance and emergency response.

- 1 Adulyadej, Bhumibol (2015). Communicable Diseases Act, B.E. 2558 (2015), 10 August.
- 2 Kingdom of Thailand (2017). National Strategy 2018–2037.
- 3 World Health Organization (n.d.) Polio transition in a snapshot: India.
- 4 Lee, Andrew, and others (2022). Integrated disease surveillance project summary report.
- 5 World Health Organization (2019). Uganda's disease surveillance system proves to be effective in detecting and follow up Ebola contacts suspected cases, 31 January.
- 6 World Health Organization (n.d.) Polio transition in a snapshot: India.
- 7 eHealth Africa (2025). Compendium of the management of the polio emergency operations in Nigeria.
- 8 Hossain, Azfar, and others (2018). Expenditures on vaccine-preventable disease surveillance: Analysis and evaluation of comprehensive multi-year plans (cMYPs) for immunization. *Vaccine*, vol. 36, No. 45, pp. 6850–6857.
- 9 Ario, Alex Riolexus, and others (2022). Uganda national institute of public health: Establishment and experiences, 2013–2021. *Global Health: Science and Practice*, vol. 30, No. 1.
- 10 The Lancet Regional Health - Western Pacific (2025). Breaking the cycle of panic and neglect: Better preparedness for the next pandemic. *The Lancet Regional Health Western Pacific*, vol. 58.
- 11 Kuchenmüller, Tanja, and others (2022). Domains and processes for institutionalizing evidence-informed health policy-making: A critical interpretive synthesis. *Health Research Policy and Systems*, vol. 20, No. 27.



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