Abstract

Evaluation of the Leishmania Surveillance System, Yemen, 2021

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Abstract

Background: Control of preventive chemotherapy-targeted neglected tropical diseases (PC-NTDs) depends on strengthened health systems. Efficient health information systems provide a stimulus to reaching the sustainable development goal aimed at ending PC-NTD epidemics. However, there is limited assessment of surveillance system functions linked to PC-NTDs that are hinged on the optimal performance of surveillance system attributes.

Objective: The aim of this study was to assess the usefulness and performance of the National *Leishmania* Control Program (NLCP), and to estimate the strength and weakness points of the system.

Methods: We followed the updated six steps of Centers for Diseases Control and Prevention (CDC) guidelines for evaluating public health surveillance systems. Data were collected using in-depth interviews with relevant stakeholders at the central level and semistructured questionnaires at the peripheral level. We used questions (yes, no) to assess the usefulness and a 5-point Likert scale to measure the attributes. The final score was interpreted as poor (<60), average (60-80), and good (>80).

Results: The NLCP seemed to be useful (86%) and some of its objectives were met. The system has average performance in flexibility (78%), simplicity (64%), acceptability (80%), and data quality (65%). Poor performance was indicated for stability (33%) and timeliness (8%). The overall performance of the NLCP was deemed to be poor (55%). Continuation of the system was the strongest point, whereas the lack of governmental and agency funds was the weakest point.

Conclusions: The NLCP was found to be useful regarding the attributes assessed; simplicity, flexibility, acceptability, and data quality were deemed to be average, whereas stability and timeliness were considered to be poor. Governmental financial support to the program is highly recommended. In addition, creating a database for staff at the peripheral level and expanding the number of health facilities that serve as *Leishmania* units are required.

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