

A Randomised Field Trial Evaluating Surveillance System Methodologies for Enhanced Adoption in Ethiopia's Public Health Infrastructure

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ABSTRACT

Background: Public health surveillance systems in low-resource settings often face low adoption rates, undermining their effectiveness. In Ethiopia, despite investments in infrastructure, the optimal methodological approach for deploying such systems to maximise uptake by health workers remains unclear.

Purpose and objectives: This study aimed to determine which of two surveillance system deployment methodologies—centralised cascade training versus decentralised peer-supported implementation—leads to higher rates of adoption within the country's public health infrastructure.

Keywords: *Public health surveillance, Randomised controlled trial, Sub-Saharan Africa, Implementation research, Health systems strengthening, Adoption rates, Ethiopia*

Article Highlights

- Decentralised peer-support doubled the odds of surveillance system adoption compared to centralised training.
- The trial provides robust evidence from a cluster-randomised design across 40 rural districts in Ethiopia.
- Findings directly inform scalable strategies for strengthening public health infrastructure.
- Structured peer-support mechanisms are recommended for national surveillance roll-outs.

Trial Insight

The adjusted odds ratio for adoption was 2.15 (95% CI: 1.74 to 2.66) for the decentralised peer-support intervention, demonstrating a substantial and significant effect.

This field trial offers practical evidence for optimising surveillance system deployment in low-resource contexts.

ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

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