Improving Data Use in Honduras through Systematic Data Review in Situation Rooms to Accelerate the COVID-19 Response

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Question 1: How have systems thinking approaches and tools been incorporated in activities to improve health equity? Were these approaches useful in achieving health equity goals? If so, what are the pathways by which these approaches helped to address the root causes of inequity?

Activity Impact

The COVID-19 situation rooms have improved health equity by:

- Gathering a broader range of stakeholders, including staff from different MOH areas that typically do not work together—such as vaccination, epidemiology, logistics, laboratories, communication, and hospital and primary care offices.
- Serving as a coordination mechanism for successfully managing data, making decisions, implementing actions, and consulting data to assess outcomes and adjust strategies. Use of situation rooms started as a regional strategy that then, with the creation of a national situation room, became part of a national, integrated approach.
- Promoting data use to inform strategies such as the integration of COVID-19 services at selected health facilities, the use of tracking tools for antigen tests and immunization, improved vaccination coverage, and capacity-building strategies.
- Increasing accountability among responsible stakeholders through the use of user-friendly Excel-based tools.

Facilitators

- The MOH had a long-standing commitment to the concept of situation rooms to promote regular review of data, so physical rooms had been designated to hold data review meetings.
- Political will existed and the need to implement strategies and tools for evidence-based decision making was recognized.
- The appointment of focal points for each situation room has allowed better coordination.

Challenges

- Despite the availability of physical rooms for participants to meet, minimal training was invested for public health leaders to organize and lead situation rooms.
- The activities related to implementing situation rooms started at the same time as the transition to a new government took place (elections were held on November 2021). This meant that MOH staff were removed within the first six months of implementation, turnover has continued as new authorities have taken office.
- Strikes and political turmoil have affected the ability to implement situation rooms during some periods.
- Keeping a training process that accommodates changes in health staff has posed challenges, as has the burden of other activities.
- Health information system reporting and data availability do not respond to user needs.

Lessons Learned

- Building from existing capacity is key not only for surveillance data on other diseases but to improve accountability and communication between regional and central levels.
- This situation room intervention to improve COVID-19 and HIV data use has the potential to become an essential component of pandemic preparedness; it already has been used for other diseases.