

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?



**HEALTH SYSTEMS  
STRENGTHENING  
ACCELERATOR**

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

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## Context

In 2022, the Data.FI project in Honduras began implementing a data use strategy to inform COVID-19 interventions, based on use of situation rooms. At the beginning of 2023, the approach was expanded to include HIV.

The situation room approach was based on Data.FI's experience in Nigeria implementing HIV epidemic control rooms as part of a data use strategy to improve health outcomes. Honduras also benefited from the almost simultaneous implementation of COVID-19 situation rooms by the Ministry of Health (MOH) in collaboration with Data.FI in Guatemala.

The Data.FI data use strategy offers a sequenced path where we work alongside host governments at every step. The strategy also uses quality improvement methods and management techniques to sharpen the implementation and accountability aspects of the intervention. The Government of Honduras requested that Data.FI pilot situation rooms in the two main metropolitan regions—Central District and San Pedro Sula—and expanded to Cortés and created a national situation room.

## Activity Description

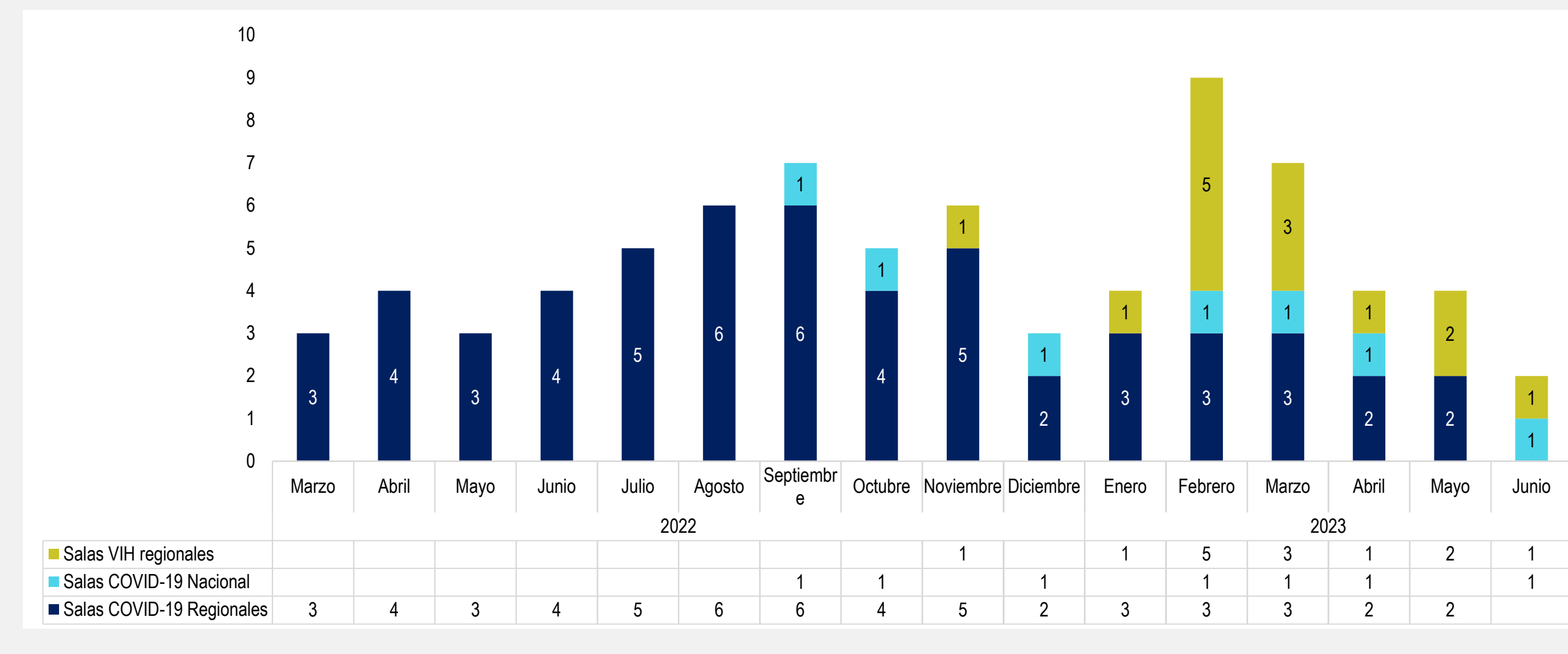
In Honduras, the process to implement the situation room approach for data use included the following:

- Identifying priority indicators using a logic framework and then rapidly moving to elaborate a data use strategy to guide the situation room set-up process.
- Capacity development in data analysis and interpretation began in February 2022.
- To jump-start data use, the team developed prototype visualizations (in Microsoft Excel), which served as the foundation for online dashboards under development with the government Informatics Unit.
- During early situation room meetings, stakeholders agreed on COVID-19 testing targets and locally appropriate vaccination goals to assess their progress.
- In June 2022, to transition leadership to Ministry of Health (MOH) counterparts, Data.FI trained situation room facilitators. The training focused on compelling analyses, action planning for accountability, quality improvement methods, and meeting facilitation skills.

### TOTAL NUMBER OF SITUATION ROOM MEETINGS HELD TO DATE

National COVID-19 situation room meetings:	6	Regional COVID-19 situation room meetings:	54
Situation room meetings in the Metropolitan Region Central District:	29	Situation room meetings in San Pedro Sula:	23
Situation room meetings in Cortés:	2	Regional HIV situation room meetings:	14
		Metropolitan Region Central District:	5
		San Pedro Sula:	8
		Cortés:	1

Figure 1. Situation room meetings



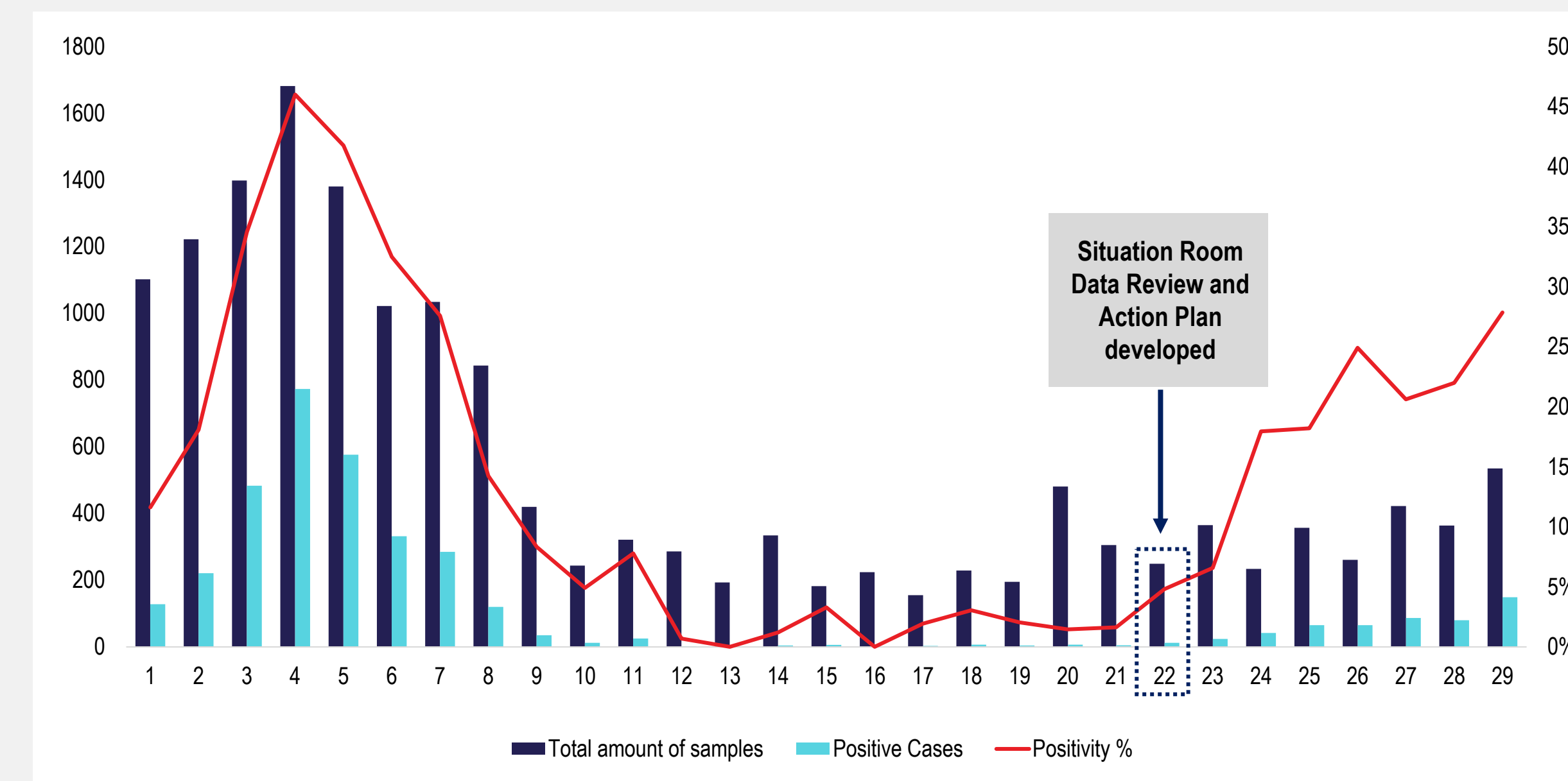
Data for Implementation (Data.FI) is a cooperative agreement funded by the U.S. Agency for International Development under Agreement No. 7200AA19CA0004, beginning April 15, 2019. It is implemented by Palladium, in partnership with JSI Research & Training Institute (JSI), Johns Hopkins University (JHU) Department of Epidemiology, Right to Care (RTC), Cooper/Smith, DT Global, Jembi Health Systems and Pendulum, and supported by expert local resource partners.

## 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—including vaccination, epidemiology, logistics, laboratories, communication, and hospital and primary care offices.
- Serving as a coordination mechanism for successfully analyzing data, making decisions, implementing actions, and consulting data to assess outcomes and adjust strategies. Use of situation rooms started as a regional strategy that later, 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.

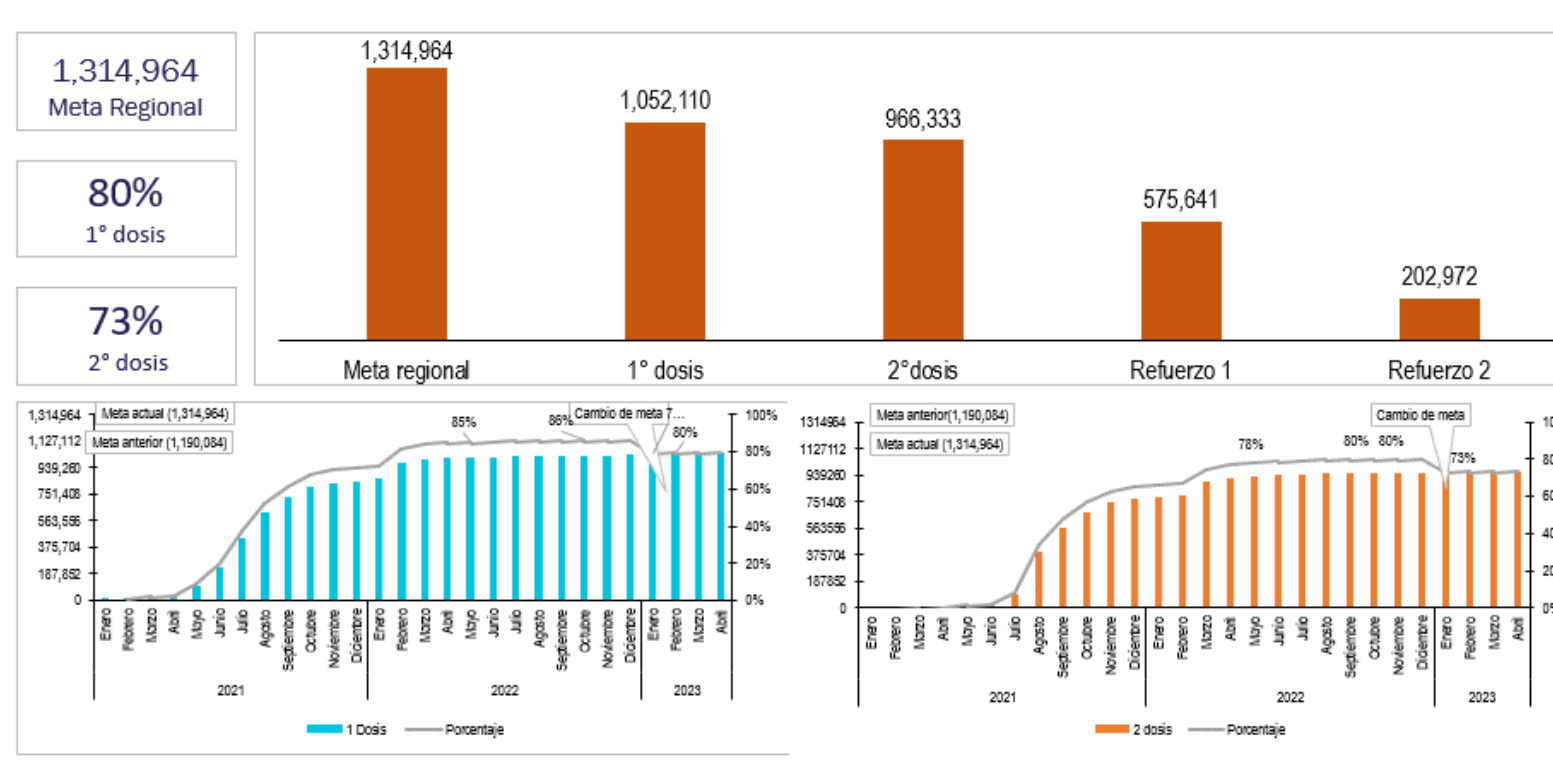
Figure 2. Example of data visualizations produced and analyzed in the San Pedro Sula COVID-19 situation room (Positivity rate per epidemiological week during 2022, San Pedro Sula, Honduras)



Situation rooms in Honduras have built human resource capacity and left in place technological infrastructure useful to monitor surveillance data on other diseases and to improve accountability and communication between regional and central levels. **This intervention has the potential to become an essential component of pandemic preparedness.**

### Cobertura de vacunación contra COVID-19

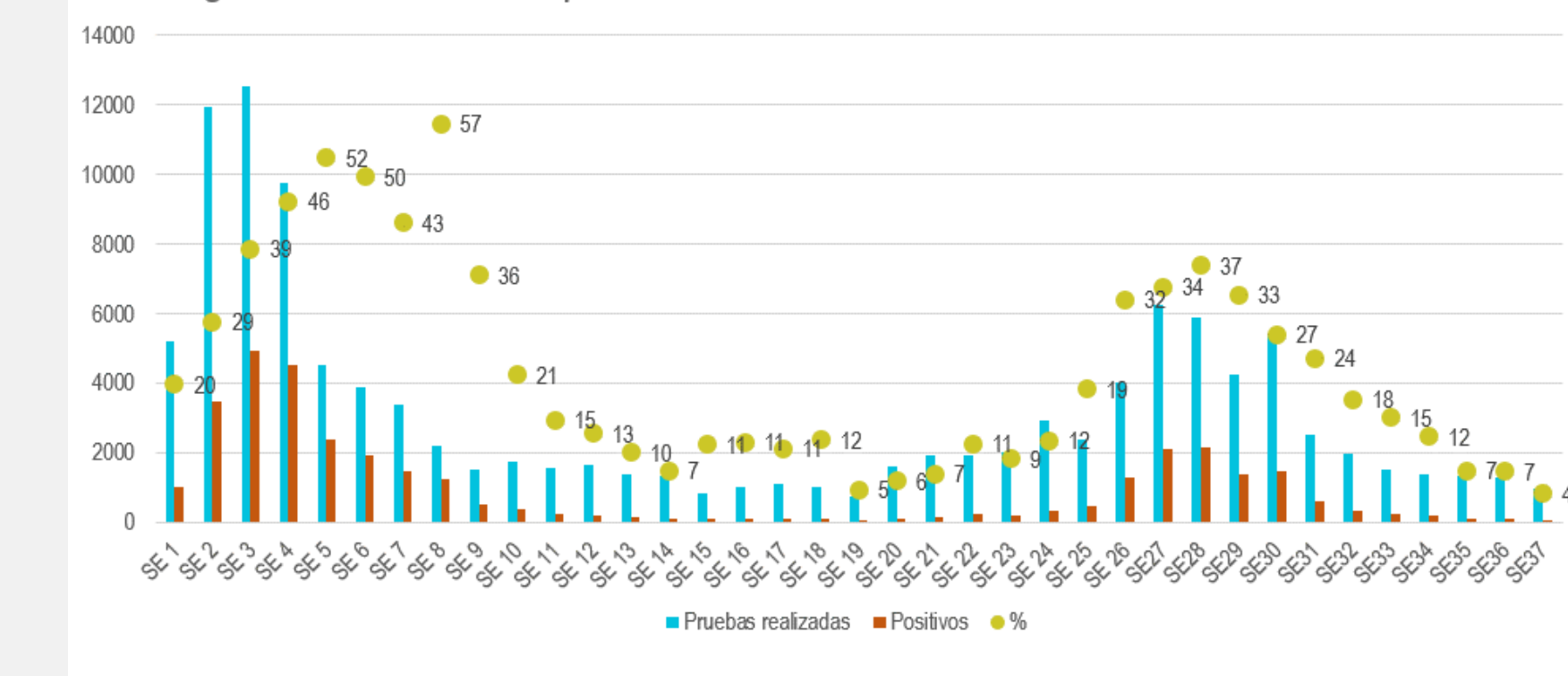
RSMDC acumulado todos los grupos de edad. 2021-2022 y 2023 (a abril)



## ACTIVITY IMPACT, CONTINUED

### Tasa de Positividad (PCR+Antígeno)

Región Sanitaria Metropolitana del Distrito Central, SE 1 a 37 2022



## 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.

