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Evaluation of the COVID-19 Surveillance System in Honduras:

Post COVID-19 pandemic investment assessment

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Supported by:

RTI INTERNATIONAL

U.S. Centers for Disease Control & Prevention (CDC)

Context

The objectives of the study are to:

- Describe the current structure and functioning of the SV-COVID-19
- Determine the level of knowledge of health actors in COVID-19 surveillance at all levels of operation,
- Determine the performance by evaluating the attributes of simplicity, data quality, acceptability, and temporality.

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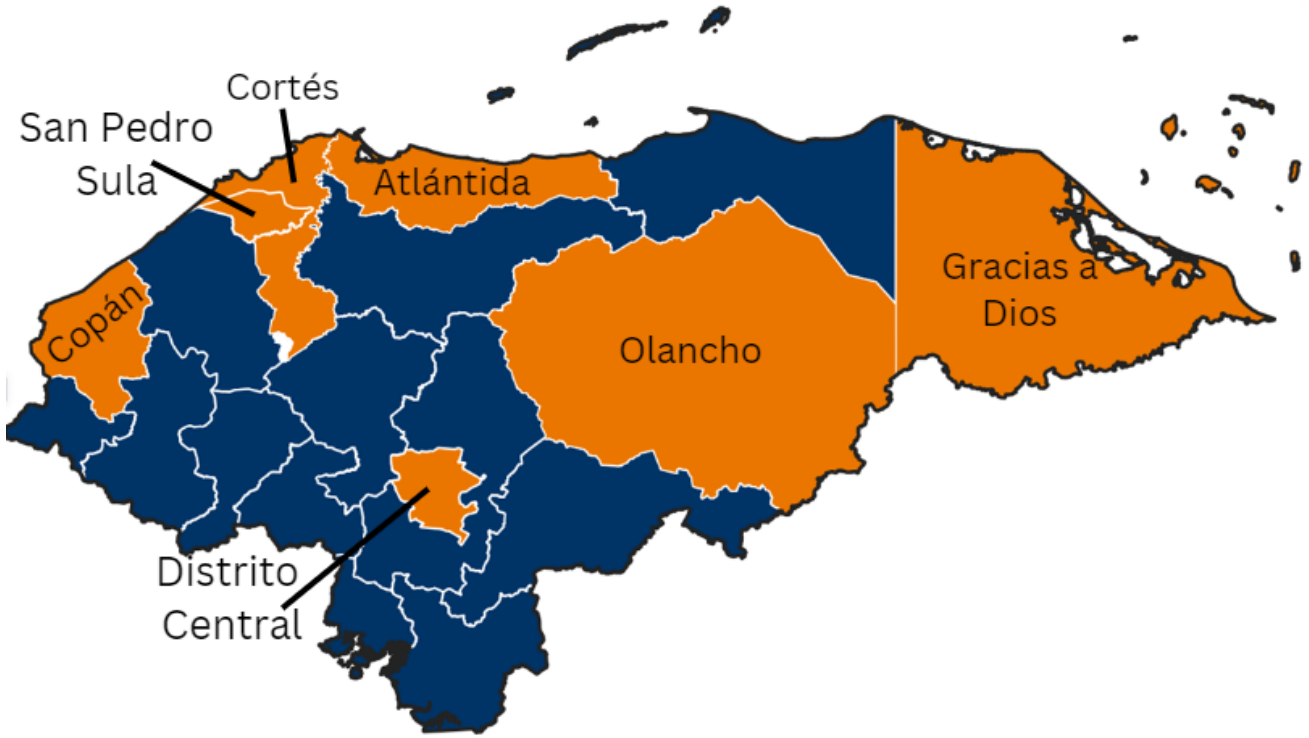
Methodology

- An evaluation team comprised of MoH staff, CDC Central America Regional and RTI staff performed an evaluation of the COVID-19 surveillance system in Honduras
- The Guidelines for Evaluating Surveillance Systems published by CDC (2001) was used to guide the development of data collection instruments to assess the following attributes:
  - Simplicity
  - Acceptability
  - Temporality
  - Data quality
- 122 health workers were interviewed in seven health regions between August and September 2022



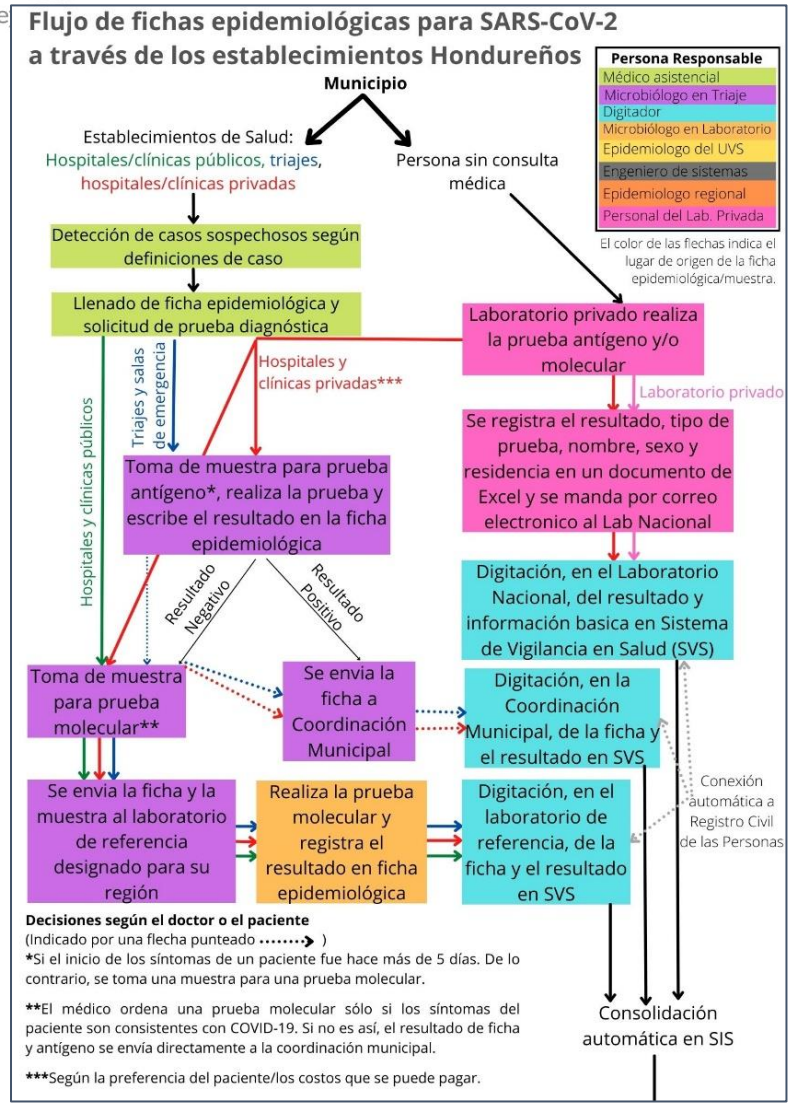
The health regions where interviews were conducted are highlighted in orange.

Results: Simplicity

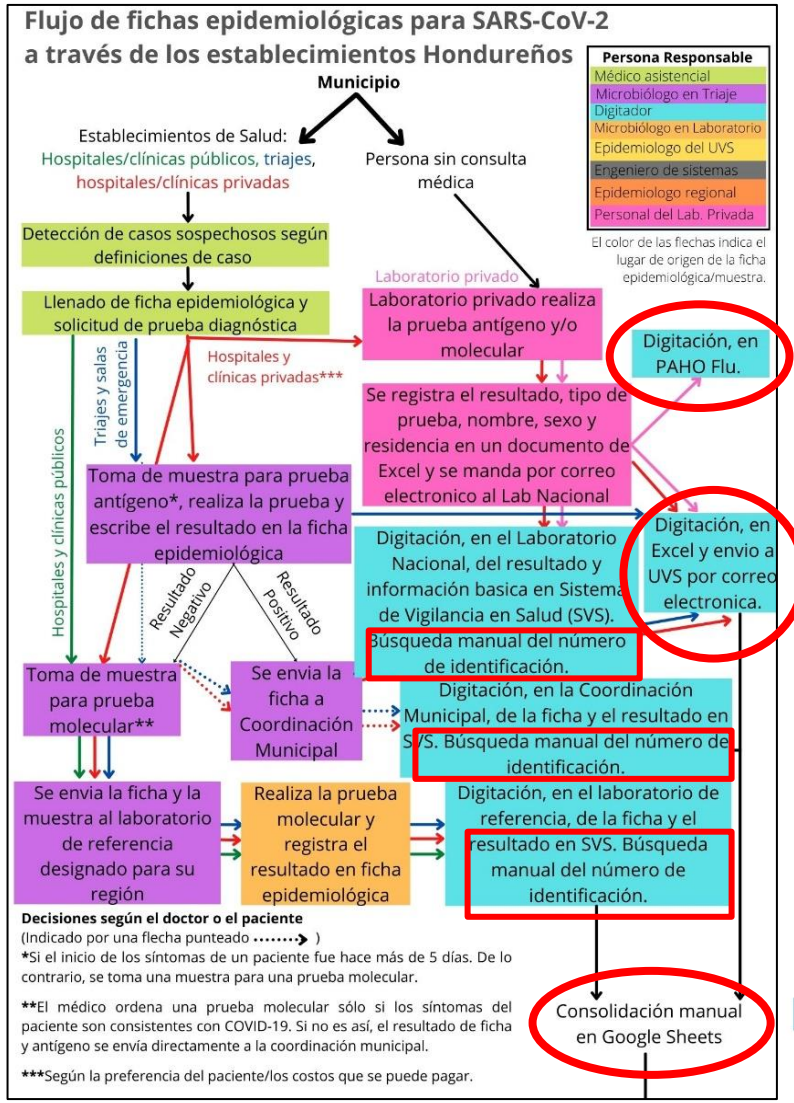
Data Flow (Part 1)

Indicates improper use of the system

Original Design



Reality



Overview of Findings, By Attribute

Attribute	Main Findings
Simplicity Evaluates the structure and ease of operation of SVS	• Substantial differences between the original design of the "Health Surveillance System" (SVS) and its actual use. • Data entry is a main limitation for use of SVS. • Data management continues to be done outside of SVS
Acceptability Evaluates the willingness to participate in surveillance	• Only 4 out of 10 users use the SVS as a sole data capture system • 62% of Municipal Coordinators, Epidemiologists and Microbiologists have been trained in SVS.
Timeliness Evaluate the delay with times according to guidelines	• According to 70% of the interviewees, data entry is delayed by three or more days. • 20% of the data handled manually was delivered via email or PAHO Flu, systems that are currently obsolete. Of these, 18% come from private laboratories, which have not been trained in use of SVS.
Data quality Evaluate the completeness and accuracy of the data	• 7 out of 10 users perform some data quality control. • More than half of the epidemiological records have all the fields complete.

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