Ministry of Health of Honduras
Expanded Program on Immunization

Implementation of a Nominal Immunization Registry (SINOVA) in Honduras:
The Decision-making Process

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Content

- Background of the EPI information system

- Objective of developing SINOVA

- Steps for decision-making

- Challenges

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Background of the EPI Information System (1)

1979 - Creation of the EPI and establishment of a local manual registry information system
- Data flow by level established (consolidated and monthly reports)

1988 The vaccination information registry is computerized, only capturing data on the number of people vaccinated (Departmental and Central)

Background of the EPI Information System (2)

2009   - A project is initiated to design and implement a Nominal Immunization Registry (SINOVA)

 - Honduras visits Uruguay to see their Nominal Immunization Registry, with PAHO's support.

2011   A project to implement SINOVA in phases is formulated.

Objective of Developing SINOVA

Provide a complete computerized database of all births and of each child vaccinated nationwide, according to their place of birth and residence. This makes it possible to know the distribution of the vaccinated population by geographic area and to monitor the compliance of the national vaccination schedule for timely decision-making.

Steps for Decision-making

Performance analysis of the existing vaccination system

⬇

Identification of the main limitations

⬇

Diagnosis of human resources and equipment at the central, departmental, and municipal level

Steps for Decision-making

Availability of technical and financial resources

⬇

Experience of other countries (Participation in visits and regional workshops)

⬇

Decision-making

Steps for Decision-making

Formulation of a project to implement SINOVA in phases

Financial resource mobilization

Challenges (1)

- Lack of guidelines for the design and implementation of a nominal vaccination system or guidelines that explain the process

- Limited skilled human resources at the municipal and local level

Challenges(2)

- Insufficient computer equipment at the regional, municipal and local level

- Limited country financial resources

Lessons Learned (1)

- The nominal immunization registry should be an integral part of the national health information system

- Once the decision is made, and prior to start the registry design, developing countries should have strategic and operational plans with clear budgets

Lessons learned (2)

- The plans to develop and implement a nominal immunization registry should have political support in order to succeed

Thanks

Templo Maya, Plaza ceremonial,
Copán, Honduras