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GUIDANCE FOR CONDUCTING A COUNTRY COVID-19 INTRA-ACTION REVIEW (IAR)



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Introduction

Since the World Health Organization (WHO) declared the 2019 novel coronavirus outbreak a public health emergency of international concern on 30 January 2020, with the disease later designated as COVID-19, the pandemic has brought unprecedented social and economic disruptions globally, while case and death numbers have soared. This pandemic has resulted in increased demand from countries across the world for recommendations from public health experts to help develop a comprehensive COVID-19 risk management strategy that consists of measures addressing preparedness, prevention, mitigation, response and recovery. Community members have also demanded provision of more diagnostic testing, hospital beds for critical cases, development and validation of vaccines and treatments, protection of vulnerable populations, as well as more transparent communication with their government officials.

The rapid spread and impact of COVID-19 have propelled the public health core capacities described in the International Health Regulations (2005) (IHR 2005) into the international spotlight. These core capacities for emergency preparedness and response include, but are not limited to, coordination, surveillance, laboratory services, the provision of health services, risk communication and guidance for monitoring points of entry (7). As the acute, initial phase of the outbreak and the response to it around the world moves into a protracted phase, there is an opportunity for countries to reflect on and improve their national responses to the COVID-19 outbreak as needed. During this critical juncture, further testing and contact tracing are required to reduce human-to-human transmission, while capacities for case management need to be maintained as well as the safe delivery of non-COVID-19 essential health services.

With the expectation that the COVID-19 pandemic may continue into the months ahead, WHO, in collaboration with its regional offices and partners, has developed this guidance to support countries as they review their ongoing response efforts through processes of continual learning and improvement.

For the purpose of this guidance, an intra-action review (IAR) is defined as a country-led, facilitated discussion that allows national and subnational stakeholders of the COVID-19 response to (i) reflect on actions being undertaken to prepare for and respond to the COVID-19 outbreak at the country level in order to identify current best practices, gaps and lessons learned, and (ii) propose corrective actions to improve and strengthen the continued response to COVID-19. Additionally, IAR findings and recommendations may contribute to improving the management of concurrent emergencies and to long-term health security.

Countries may conduct multiple COVID-19 IARs at national and subnational levels, and they may also be undertaken in specific settings that have unique considerations. These may include cruise ships or humanitarian situations (e.g. camps with displaced populations or during repatriation operations) where the known risks are exceptionally high and the challenges are

particularly difficult. Key findings from IARs should be documented, and they should be shared to inform decision-making and allow for immediate improvement in the response and operational planning for COVID-19 at the national and subnational levels. Over the course of the pandemic, countries may need to conduct a structured review of ongoing response operations and activities to update their COVID-19 national or subnational response plans. Often, this may be done to respond to evolving epidemiological situations, emerging evidence, developing humanitarian crises, and new strategic directions and priorities. Changes in the requirements for or availability of resources will also affect and inform the revision of plans and may allow for renewed commitments and funding allocations from the government and additional contributions from partners and donors.

Under the IHR (2005) monitoring and evaluation framework (2), WHO usually recommends countries to conduct an after-action review (AAR) following the official declaration of the end of a significant public health event by the competent authority at the national level in the country. Given the unique context of the COVID-19 outbreak, AARs may not be conducted until the COVID-19 outbreak is controlled in the country. Thus, findings from multiple IARs conducted at national and subnational levels will provide critical information throughout the COVID-19 emergency response, as well as later informing the COVID-19 AAR in each country. While IARs will directly contribute to improving the ongoing COVID-19 response, both IARs and AARs equally aim to enhance preparedness for and response to future outbreaks, as well as to improve health systems moving forward. IARs are not considered or proposed to be alternatives to AARs. In addition, an IAR is a distinct process and should not be mistaken for a WHO joint operational review. The focus of an IAR is to review a country's preparedness and response capacities, whereas a joint operational review focuses on the performance of WHO and its partners.

Purpose of a country COVID-19 intra-action review

An IAR provides an opportunity to review the functional capacity of the public health and emergency response systems at the national and subnational levels and to identify practical areas that need immediate remediation or can be targeted for sustained improvement of the outbreak response.

The purpose of a country COVID-19 IAR is fourfold:

- to provide an opportunity to share experiences and collectively analyse the ongoing in-country response to COVID-19 by identifying challenges and best practices;

- to facilitate consensus building among and the compiling of lessons learned by various stakeholders during the response to improve the current response by sustaining best practices that have had demonstrated success and by preventing recurrent errors;
- to document and apply the lessons learned from the response efforts to date to enable health system strengthening;
- to provide a basis for updating and validating the country's COVID-19 strategic preparedness and response plan and other strategic plans accordingly.

Scope of a country COVID-19 intra-action review

Ideally, the first step of the IAR is to define its scope to facilitate planning and smooth implementation. The scope should be decided by the government institution or authority requesting the IAR, and it will define the period to be examined by the review, the response pillar(s) to be reviewed, the number and profiles of participants, the duration of the review process and the format, as well as help generate the trigger questions to be used. Fig 1 depicts these different elements to be considered when defining the scope of the IAR.



Fig. 1. The scope of a country COVID-19 intra-action review (IAR) determines how it will be conducted

Each government must decide which pillar or pillars of the COVID-19 response will be reviewed. For example, countries may consider the following pillars, which are highlighted in WHO's *COVID-19 strategy update, 14 April 2020 (3)*, to the strategic preparedness and response plan:

- country-level coordination, planning and monitoring;
- risk communication and community engagement;
- surveillance, case investigation and contact tracing;
- points of entry;
- the national laboratory system;
- infection prevention and control;
- case management and knowledge sharing about innovations and the latest research;
- operational support and logistics in the management of supply chains and the workforce;
- maintaining essential health services during the COVID-19 outbreak.

The pillars listed here are only examples, and they can be revised or adapted according to the needs and priorities of each country.

Other possible topics or cross-cutting issues can also be considered during the IAR, depending on the context. These topics may include, but are not limited to, gender, equity and human rights; safety and security; the protection of vulnerable populations, such as those in long-term care homes, mental health facilities and prisons; personal livelihoods and governmental payouts and stimulus packages; humanitarian settings; mass-gathering events; non-essential services; and the use of public transportation. In addition, countries may wish to review their nonpharmaceutical social and public health measures, including physical distancing measures, movement restrictions, business or school closures; what the new normal will be upon reopening; business continuity plans; and research and development. Furthermore, countries may use an IAR to review how they translated their national pandemic influenza contingency plan into a COVID-19 response plan.

A database of more than 300 generic trigger questions is available in the package accompanying this guidance to stimulate reflection on and discussions about each pillar. Countries are encouraged to adapt and expand the list of questions as needed for their specific

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