**COUNTRY COVID-19 INTRA-ACTION REVIEW (IAR)**

**Concept Note Template**

***This Intra-Action Review (IAR) concept note*** *is a document that clearly defines the project as agreed by all stakeholders. The purpose of the concept note is to outline the key elements of the IAR for its preparation and conduct. In the concept note, the scope, objectives and date of this review should be clearly defined. The concept note should also provide an overview of the key participants, methodologies, proposed budget, and sets out the roles and responsibilities of the review team. The concept note is used as the key reference document during all phases of the project, from the planning, material development to evaluation.*

Title: Concept note for Country COVID-19 Intra-Action Review (IAR)

[**COUNTRY**]

Review’s date: [**DD/MM/YYYY**]

1. **Introduction**

**Background information on Event**

Provide a brief background on the timeline of the COVID-19 pandemic in your country, as well as the extent of the health impact and possible learning opportunities.

## Objectives

Provide the overall scope and objectives.

**Overall Objective**

*Suggested content (to be adapted to the country context):*

*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 demonstrated success and by preventing recurrent errors;*

*- to document and apply lessons learned from the response efforts to date to enable health systems strengthening;*

*- to provide a basis to validate and update the Country COVID-19 strategic preparedness and response plan and other strategic plans accordingly.*

## Scope: Function(s) Reviewed

For the COVID-19 response pillars, it is up to each government’s judgement to decide on whether to review a single pillar or to conduct a cross-cutting review of different pillars. For example, countries may consider the following pillars that have been highlighted in the WHO COVID-19 Strategy Update, 14 April 2020[[1]](#footnote-1) – 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 innovation 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 above list of pillars is just tentative and can be revised or adapted according to the needs and priorities of the country.

Other possible topics or cross-cutting issues can also be considered during the IAR beyond the pillars mentioned above, depending on various topics in different contexts. Countries can also consider reviewing 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.

The scope should also identify the period of the response covered by the IAR. You may consider starting from the moment COVID-19 preparedness activities were initiated in your country until the present. Given countries can conduct multiple IARs as the COVID-19 pandemic becomes increasingly protracted, the period of the review may also be the intervening period since the last IAR.

## Methodology

Suggested content:

**Example of the methodological description:**

The IAR will involve an interactive, structured methodology using user-friendly materials and interactive facilitation techniques. The IAR is not an evaluation of the performance of the country, its institutions, nor the individuals involved in the COVID-19 response. On the contrary, it is an opportunity for responders to reflect on the work done and identify areas of improvement to further strengthen the response.

Participants will contribute to the review of their pre-identified pillar(s), but there will also be opportunities to share and undertake cross-learning with other pillars throughout the process. The IAR will take place over 0.5–2 days and will be structured as follow:

**Introduction**: Overview of response to first establish a baseline for the review. This overview may include a presentation on the current country COVID-19 strategy and response plan; desk review of COVID-19 relevant documents, such as policies, response plans, guidelines, and activity reports. This is also the moment to understand the capacities that existed prior to the COVID-19 response, the new capacities developed for and during the COVID-19 response, and the actual response timeline to date.

**What went well? What went less well? Why?** Based on the overview of the ongoing response, the discussion will start to identify and analyse what worked, what did not work so well and why. Participants will collectively analyse actions undertaken during the COVID-19 response to date, to identify the best practices and challenges encountered, their impact on the response and why they occurred (the enabling/limiting factors). The focus is not on identifying who is responsible for what happened but more on what happened and why.

**What can we do to improve the response?** Participants will identify and develop activities to address the causes of the challenges identified in the current COVID-19 response as well as activities to institutionalize best practices. Participants will play an important role, and not only recommend activities, but also decide on a timeline for implementation, assign responsibilities to relevant focal points, identify eventual support needed, and determine indicators for monitoring progress. Participants will have to ensure activities are harmonized, realistic and achievable.

**Way forward:** An implementation plan for these activities will be developed. Among the activities, participants will identify what can be addressed immediately to improve the ongoing response; and what can be done in the mid or long-term to improve the response to the next waves of the COVID-19 outbreak. Participants should strongly consider the establishment of a follow-up team and develop a process to document progress in implementing the key activities identified. They will also agree on the best way to engage the senior leadership team throughout the process to support the implementation of the recommendations.

## Intra-Action Review (IAR) Participants

Based on the scope of the review (i.e. the functions/pillars reviewed), list the participants and their organizations. To make the country COVID-19 IAR more efficient by balancing the requirements of diversity and expertise without jeopardizing the response itself, the ideal number of participants should be between 10 and 20.

|  |  |  |
| --- | --- | --- |
| ***Name*** | ***Function*** | ***Organization*** |
|  |  |  |
|  |  |  |
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If relevant to your country COVID-19 IAR, please also list technical experts from WHO and partners that may participate for technical support, or to provide an objective perspective during the review.

## COVID-19 Intra-Action Review (IAR) Team

A country coordinating team responsible for preparing and running the review should be established. The **IAR Lead coordinator** is responsible for the overall planning, conduct and follow-up of the IAR.

The IAR lead coordinator will be assisted by a team, each with assigned tasks and responsibilities in the preparation, design and implementation of the IAR. The essential roles are:

* IAR lead coordinator (project management)
* Lead facilitator and assistant facilitators (to cover technical issues)
* Note-taker and report writer

Depending on the scope of the IAR, one person can be appointed to fill several roles, or several persons can fill a specific role. Most importantly, please ensure that at least one member of the facilitation team has technical expertise for each pillar under review.

The table below sets out the composition of the IAR team.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Role*** | ***Name*** | ***Organization*** | ***Main responsibility*** |
| IAR lead coordinator |  |  | IAR oversight |
| Lead facilitators /assistant facilitators |  |  | Lead the facilitation in the sessions |
| Note-taker  and report writer |  |  | Capture discussions in the sessions |
| Additional Supporting staff |  |  | Admin & IT support |
|  |  | Finance |

## Finances

Confirm the budget for the IAR and how it will be supported. The budget may vary depending on whether the IAR is conducted online or face-to-face.

## Country COVID-19 Intra-Action Review (IAR) Outputs

The final IAR report will be prepared by the note-taker with the support of the facilitator(s). The report will be shared with IAR participants for their review to ensure information are accurately captured, then shared with senior management at the Ministry of Health or other relevant institutions for final review and clearance.

In addition, countries may wish to capture the best practices that worked in the national or subnational context during their response to the COVID-19 outbreak by highlighting one or multiple success stories that illustrate specific aspects of the selected pillars that they identified as strengths during the response (using the success story template provided in the Country COVID-19 IAR Package).

Countries are encouraged to share their IAR findings through their final report or part of their IAR findings through their success stories with other countries, WHO and partners to enable peer-to-peer learning of best practices or new capacities implemented in the country.

1. <https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_19> [↑](#footnote-ref-1)