

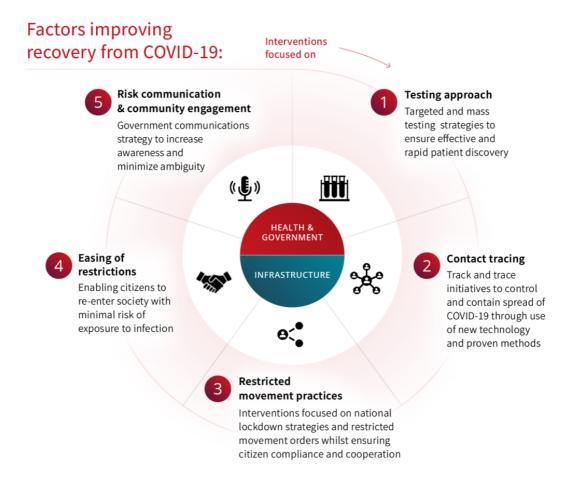
Learning Together: Global Lessons in Tackling COVID-19

Global Pathfinder Report: Self-Assessment Rubric

The Self-Assessment Rubric

This self-assessment tool accompanies PEMANDU Associates and Delivery Associates' <u>recent paper</u> "Learning together: global lessons in tackling COVID-19". The paper identifies common practices in twenty countries that ranked highest on the <u>GCI health recovery index</u> (as of July 2020)

Leaders can use this tool to reflect on their response to the changing pandemic and use examples from the five key areas of intervention to frame thinking on how to progress.



Whilst the country responses that ranked highest on the index tend to deploy interventions from all five areas, this tool can help leaders identify the most urgent to prioritise.

Effective leadership and **public compliance** serve as cross-cutting enablers. Carry out the self-assessment through the lens of your own context in these two key areas so your actions reflect the reality of the recovery ahead.

How to use this tool:

- Review pages 3-6 to understand the characteristics of example responses associated with countries with high (green) and low (red) GCI index rankings in the five health-recovery areas
- Reflect: which intervention areas are you set up well, and which areas of challenge will you look to address through the lessons of other countries documented in the Global Pathfinder Report? Use the rubric (page 7) to outline your rationale and rating
- Based on this reflection, what three actions will you prioritise to strengthen your recovery strategy going forward? (page 8)

public taking the

crisis; what is their

overall response?

Self-Assessment Descriptors (part 1)

Enabling factors	Guiding questions	Red (based on examples from countries with lower GCI index ranking)	Green (based on examples from countries with higher GCI index ranking)
Leadership	 Have you got a clear line of accountability? Does everyone know what role to play? Is everyone operating with clear transparency to build trust? Have you got the right resources in place to deliver your response? Are you keeping pace with the learning curve on COVID-19 and acting with pace? 	 Distracted by other priorities, slowing response efforts Indecision leading to delays Response measures and policies are unrealistic, and are not resourced to deliver Does not model the best practices based on the science Unclear lines of responsibility 	prioritised in crisis response Decisions are taken with urgency Necessary resources and budget are allocated to enable response Leads by example
Public compliance	 Is every opportunity taken to enable the public to respond seriously and effectively? What is the public uptake of and compliance with measures? How seriously is the public taking the public taking the 	 Directives are unclear and change without legal backing Directives are not enforced through fair mechanisms Low rates of public compliance even when mandated 	 Measures are backed up with clear and transparent legislation Systems are in place to positively enforce legislation High rates of public compliance across all measures & directives Systems are in place

Public do not take

COVID-19 seriously

and act

irresponsibly

to enable self-

[Demonstrated by

<u>examples</u> of Thailand, Vietnam and Denmark]

public

compliance from the

Self-Assessment Descriptors (part 2)

Interventions Guiding questions

Red (based on examples from countries with lower GCI index ranking)

Green (based on examples from countries with higher GCI index ranking)

Testing

- Have you ramped up testing capacity? What level of testing will you need in the next 6 months?
- Which communities does your test campaign target, and at what scale?
- Is your test campaign supported by strong capacity to self-isolate?
- Which stakeholders are you engaging to maximise your test capacity?
- What technology and other innovations are you leveraging?

- Insufficient testing to detect chain of community infection
 - Insufficient isolation protocols to effectively support the testing campaign
 - Reliance on undercapacity systems to deploy testing Unequal access to testing disproportionately impacting lowerincome groups
 - Challenges in accessing free or affordable tests

- Large-scale community testing combined with highrisk targeted testing [See New Zealand, Malaysia and Tunisia examples]
- Testing supported by clear and enforced isolation protocols [see Iceland, Singapore and Denmark examples]
- Public-private partnerships to optimise test capacity [see Iceland and Singapore examples]
- Temporary
 innovations deployed
 [see example of
 mobile facilities in
 Denmark and self assessment tools in
 Nigeria and New
 York]

Contact tracing

- How fast can you test and trace contacts?
- What systems do you have in place to support ongoing public ability to selfisolate if tested positive?
- Reliance on a single approach (e.g. manual systems only in large populations)
 Contact tracina
- Contact tracing strategy introduced late and only focused on short-term outcomes
- Combined manual and digital approach
- Long-term strategy in place for sustained and targeted contact tracing

Interventions Guiding questions

Red (based on examples from countries with lower GCI index ranking)

Green (based on examples from countries with higher GCI index ranking)

Contact tracing (Contd.)

- What, if any, challenges will the public face in selfisolating over the next 12 months?
- Do you plan to continue a manual or digital approach, or a combination of the two?
- What measures are in place to encourage high adoption and sustained compliance over the medium-term?

- Low user adoption of digital apps due to:
- unclear instruction
- insufficient guidelines on data protection
- Inadequate testing and isolation capacity maintained, undermining ongoing contact tracing efforts
- Transparent data privacy laws to encourage user adoption of digital apps. [see Australia and Singapore examples]
- Launched in parallel with adequate testing capacity [see South Korea and Hong Kong examples]
- Parallel strategies to enhance public capability to selfisolate (clear advice and/ or financial support)

Restricted movement practices

- How did the timing of your border closures impact your health recovery?
- Can you continue to balance domestic protection measures with border management?
- Does data continue to drive your decisionmaking?
- Can you access disaggregated data to identify high-risk areas?

- Late implementation of measures
- Border closures
 without parallel incountry
 prevention
 measures in place
 Roadman to relay
- Roadmap to relax restrictions is unclear and not sufficiently based on data
- Inflexible protocols restricting mobility of essential workers and goods

- Timely border closures to buy time for protective measures [see Uganda example]
- Lockdown stringency adjusted down in line with high capacity to test and isolate [see Taiwan and South Korea <u>examples</u>]
 - Lockdowns enforced and relaxed based on data, allowing: phased reopening
- pnased reopening
 targeted restrictions
 (high-risk contagion areas)

[see New Zealand and Australia <u>examples</u>]

Interventions

Guiding questions

Red (based on examples from countries with lower GCI index ranking) GCI index ranking)

Green (based on examples from countries with higher

Easing of restrictions

- Are decisions taken based on 'good enough' data to avoid delays?
- Are you able to adjust your strategy as case dynamics evolve?
- Can you identify the impact on case progression from specific sector reopening decisions?
- What impact has opening schools had on health recovery?

- Reopening decisions based on limited data
- Multi-sector reopening without evidence of sufficient reduction in R-number
- Insufficient contact tracing protocols to provide safe reopening
- Education sector reopening without safety protocols needed to protect health recovery rates

- Data-driven decisionmakina
- Use of 'good enough' data when real-time data is not available
- Roadmap continuously adjusted based on case progression data [see snap back mechanisms in German example]
- Phased reopening by sector [see Switzerland and Spain examples
- Phased education reopening combined with safety guidelines [see Denmark and China examples

Risk communication & community engagement

- Can the public access information easily and equally?
- Where is communication coordinated centrally, locally?
- What has impacted compliance rates to protocols and instructions?
- Unequal access to information, especially for those at high-risk
- Communication is unclear and not targeted to local context
- Uncoordinated strategy (not tied to • contact tracing or other approaches)
- Limited or late management of false rumours and misinformation
- Lack of community engagement leading to low rates of compliance

- Communication via channels with high public use [see Malaysia, Vietnam and Uganda <u>examples</u>]
- High frequency campaigns with clear & simple messaging [see New York example]
- Coordinated plan with clear authority assigned to government sources [see Australia example]
- Misinformation addressed early
 - Local communities engaged in communication process to secure ongoing compliance [see example of Finland's use of social influencers]

Self-Assessment Rubric

Which intervention areas are you set up well to respond?

Which areas of challenge will you look to address as you continue your recovery?

Area (intervention or enabling factor)	Rationale	Rating
Leadership		
Public compliance		
Testing		
Contact tracing		
Restricted movement practices		
Easing of restrictions		
Risk communication & community engagement		



Off track, needs urgent attention Problematic, some aspects off track and require attentions Mixed, most aspects on track, some require further attention On track

Action Rubric

What are your **three top thoughts** coming out of your self-assessment?

What actions will you prioritise in your ongoing response to and recovery from the pandemic?

Area (intervention or enabling factor)	Action to be taken	Status





Off track, needs urgent attention Problematic, some aspects off track and require attentions Mixed, most aspects on track, some require further attention On track