

Evaluation of the COVID-19 response in Spain: principles and requirements

A resurgence of COVID-19 infections is occurring in Spain, with some of the worst figures in Europe.^{1,2} In August, 2020, we urged the Spanish Central Government and regional governments to independently evaluate their COVID-19 response to identify areas where public health and the health and social care system need to be improved.³

Although we received widespread support from more than 50 scientific societies and associations representing public health, medical, and nursing professional communities; there is now a need to define such an evaluation in terms of its timing, scope, and leadership. Here, we suggest three major requisites and four guiding principles, adapted from McKee and colleagues,⁴ which we believe would ensure a successful independent evaluation.

The first requirement is urgency; the evaluation should start immediately and report periodically until the end of the pandemic. In a country where political tensions are high, the second requirement is widescale support from political parties, scientific associations, health-care professionals, patients and carers, civil society, and the society as a whole. The reaction to our first letter³ was positive among all stakeholders, and governments should capitalise on that consensus. The third requirement is a firm commitment from the Central Government and regional governments to listen to the recommendations proposed in the evaluation and act accordingly.

Once the requirements have been agreed, we suggest four guiding principles to guarantee a successful process. The first, and most important, principle is the independence of the members of the evaluation committee. The people who select

the members of the evaluation team, and the members themselves, should be independent from government, not have worked in government, and have no competing interests. Independent Spanish academics, working both in Spain and abroad, and international experts could take part in the selection committee and the evaluation team. Second, a no-blame culture is needed, focusing on providing recommendations that can improve the situation without apportioning blame. Third, the evaluation team should be gender balanced and multidisciplinary to promote broader critical evaluation. Fourth, the evaluation should have a broad scope, analysing the health, economic, and social effects with input from both the Central Government and the autonomous communities, given the high level of decentralised competencies.

The organisation of the evaluation can be chosen from existing models, such as the evaluation proposed by WHO,⁵ the All-Party Parliamentary Group model used in the UK, or the inquiry that was done in Victoria state, Australia.⁶ One proposal could be to select a panel of experts supported by a scientific team who are responsible for collecting and analysing the evidence. Working groups and a call for evidence could also complement that process, involving relevant scientific societies representing health-care and other professionals, patients' organisations, and civil society in the provision of evidence and expertise.

We continue to encourage the Spanish Central Government and regional governments to take forward this evaluation, which could become an example for other countries to replicate. We will continue to offer more detailed proposals. This evaluation, based on scientific evidence, is now urgently needed to guide public health policy and contribute to overcoming the COVID-19 pandemic.

We declare no competing interests.

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