

## EBOLA STRATEGIC THINKING

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#### **1. Decisions makers should stick to the facts and operational protocols, but...**

Yes, it is essential to stick to the facts, to avoid pure nightmares.

Yes, it is essential to show calm and professionalism, to avoid hysteria and panic.

And Government are following those guidelines.

But, if the public can see that things appear to be a little less under control, then:

- emphasizing every day that “we should not panic”,
- emphasizing every day that the system is “perfectly ready” to confront Ebola,
- and responding to every question with unequivocally “reassuring” answers, .....will eventually nourish anxiety.

This is not a suggestion that leaders should cry Wolf, but it does mean that we should be encouraging new ways of thinking, preparing and communicating, just in case. This because

- it is more credible with today’s skeptical audiences;
- it sets public expectations correctly;
- it encourages alertness;
- and it stimulates innovative thinking.

#### **2. Opening questions**

We need to establish a Rapid Reflection Force (RRF) alongside the leaders. This should be a group of highly qualified and diverse crisis handling specialists, to help decision-makers anticipate and decide from a broad perspective, looking beyond the immediate facts. They must be especially sensitive to any signal showing that conventional hypotheses, patterns, and frameworks and views could be on the wrong track, or susceptible to severe difficulties.

i.e. :

- **Virus:** if mutation and transmission by air contamination could become a problem;
- **Protocols:** if they appear inadequate; or irrelevant.

- **Views:** if one strong view or a single aberrant case appears to create a new, misleading, unspoken assumption which silently infects the views of a whole population.
- **Critical news:** some failure of precautions or systems in the most reputable hospitals;
- **Critical dynamics:** WHO loses credibility; CDC loses credibility; ECDC loses credibility; or they all lose credibility;
- **General mood:** suspicion of conspiracies or cover-up reach damaging levels; suspicion that leaders are urgently giving reassurance because they are scared;
- **General dynamics:** MSF becomes the only trusted and respected actor;
- **Actors:** Medical personnel complain of cover-up or incompetence at high levels;
- **Threat:** some dangerous groups emerge to take advantage of the growing fears for their own ends.

In other words, it is essential to broaden the questions, and to adjust, before surprises crush the answers given by the leaders and destroy their credibility, or worse: their legitimacy.

### 3. Immediate action

- **Review the organization around the leaders:** bring in broad based analysts and thinkers to review the orthodoxies of virus experts, coordinators and administrators;
- **Establish some version of RFF** – perhaps a virtual team - to renew, review and challenge, constantly;
- **Make sure that leaders do not hide in the bunker** or become impossibly intransigent if anything strange develops;
- **Detect, analyze and act rapidly**, if anticipated progress falters or fails;
- **Be prepared for the most difficult choice of all** – choosing the moment when the leadership must admit that the time has come to consider new options.