Lessons from COVID-19 and Ebola for managing future pandemics in developing countries:

The Role of Centre of Government

June 2020
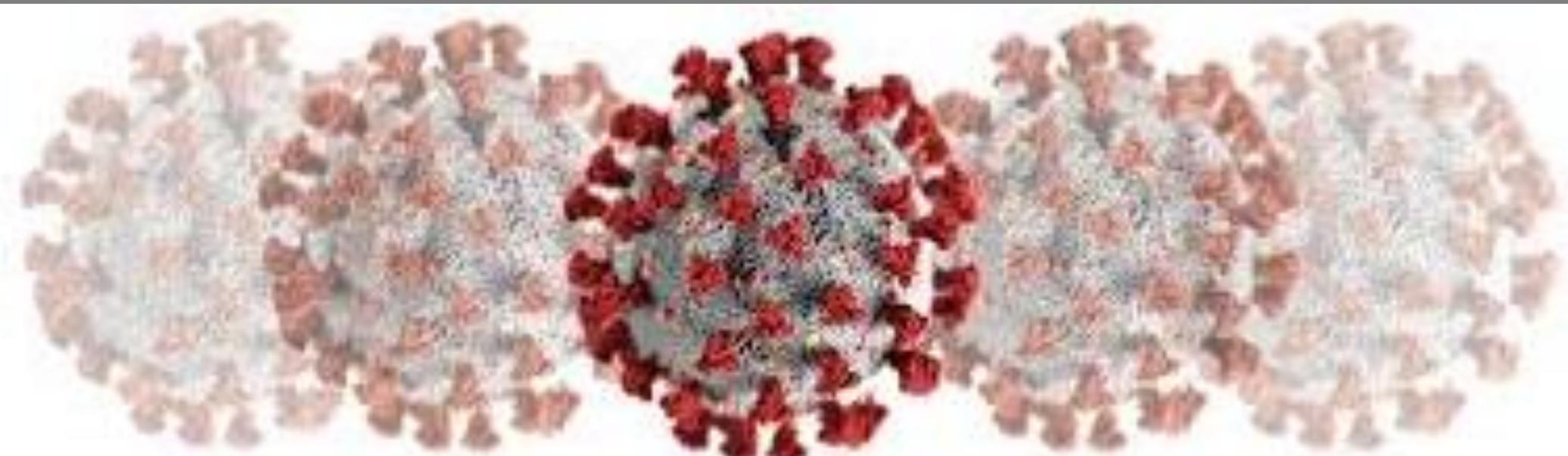
"We are facing an extraordinary, unprecedented challenge of a nature that I have never known. Leadership has never been more necessary, leading has never been more difficult."

Rt. Hon. Tony Blair, Executive Chairman of the Institute for Global Change and Former Prime Minister of Great Britain and Northern Ireland

Section 01

## Introduction and summary of findings

Introduction

- Political leaders, governments and international partners need to build on COVID-19 response experience to strengthen African countries' healthcare systems and effectively manage future public health crises.

- Most African governments have struggled with COVID-19 due to relatively weak healthcare systems and socio-economic structures but, so far, countries with effective centres of government and delivery mechanisms appear to have responded better by enabling rapid and informed decisions by leaders.

- This report examines the role of centre of governments' crisis management structures in effectively managing crises and facilitating decisive and quick decisions. We study **Ebola in 2014-2016 in Sierra Leone and Liberia** and **COVID-19 in Ghana, Kenya, Rwanda, Nigeria and Burkina Faso** from TBI project countries**.** These countries represent a broad set of economic issues, governance structures and social constructs.

- TBI had supported these governments in creating coordination and delivery mechanisms prior to the outbreak. It is now supporting them to become effective crisis management structures and coordinate both economic and public health measures. TBI currently supports 17 countries in Africa south of the Sahara in their COVID-19 response efforts (working with three remotely).

- In addition to the above cases, we also lightly assessed **Taiwan** and **Vietnam** response to COVID-19 and their central crisis management systems and structures.

TBI project countries provided the basis of this study

TBI project countries mapped against GDP per capita (PPP), total population and governance capacity
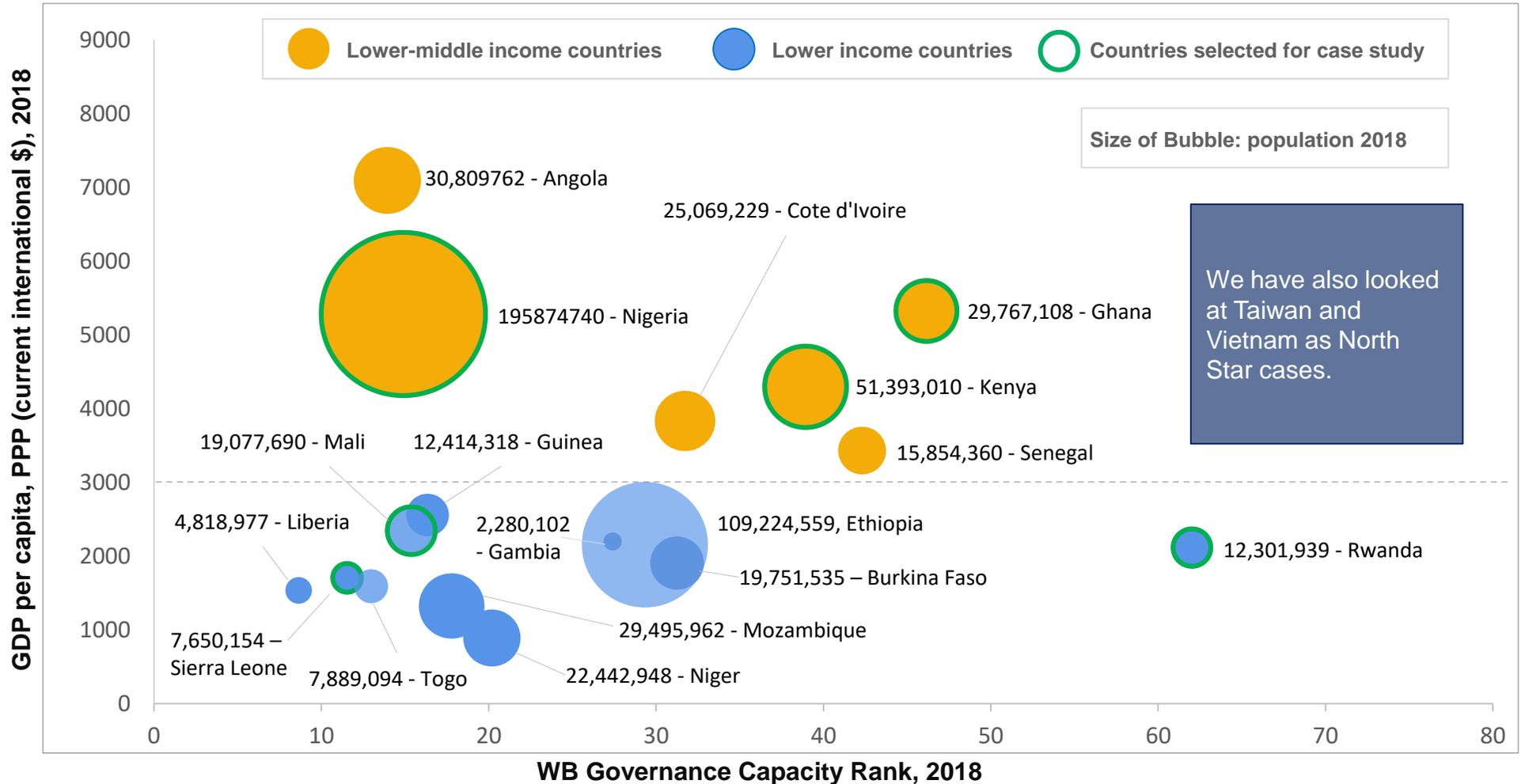
Source: World Bank, 2018

…and six success factors were identified

01	**Active Head of State oversight and leadership** ✓	Leadership from the Head of State (HoS), or a strong deputy, enables the crisis management to work more rapidly. The HoS can oversee the response, and make decisions that cannot be resolved within a crisis management team.
02	**Strong, clear mandates with capable team** ✓	Decision makers within the crisis management structure should be given a strong and clear mandate, enabling them to make decisions that do not require Head of State approval and that other ministries and local government will respond to.
03	**Benefits of pre-existing structures** ✓	Countries that have a pre-existing structure, such as epidemiological surveillance teams (e.g. Nigeria NCDC) and delivery mechanisms (e.g. Kenya), benefit from organisational learning and existing infrastructure.
04	**Adaptive decentralisation for effective fit** ✓	Decentralisation of the implementation of measures is important in translating national-level decisions "on the ground". Replicating crisis management structures locally and using existing local authority has proven to be effective.
05	**Capability for data collection and analysis** ✓	A team responsible for overseeing data collection and reporting have played an important role in ensuring that decisions are evidence-based and informing the public.
06	**Transparent and consistent communication** ✓	Public communication enables a government to build trust with its citizens, be transparent and counter potential misinformation.

Source: TBI

As well as four common pitfalls

01	Disengaged political leadership	X	Heads of State may not provide enough oversight to the crisis management structure. This may be because of lack of urgency or a fragmented political system. This reduces both internal accountability and the structure's authority.
02	Unempowered, unskilled personnel or leadership	X	The presence of decision makers without enough authority causes "turf wars" and limits the national implementation of measures. In some cases political appointments to key positions, without the necessary qualifications and skills, undermines effective management of the crisis.
03	Inadequate structure for holistic response	X	Structures have a narrow focus on public health measures, but do not proactively consider non-public health matters, exit strategies and recoveries. Furthermore, national and local linkages may be weak, caused by a fragmented political system or poor local-level capacity. Measures are thus not cascaded through the local administrative levers.
04	Lack of disciplined routine and processes	X	Uncoordinated or sporadic processes and unclear messaging from government officials creates confusion. Public confusion may mean that measures are not respected. Some countries have therefore depended on police enforcing measures, which may exacerbate existing lack of trust in political leadership.

Source: TBI

Evidence-based decision making is critical

Description

Kenya

Confirmed 1st case: March 13

GoK setup its crisis management structures before confirming its first case. PDU's pivot to provide coordination and analytical support to COVID-19 response efforts enabled GoK to take rapid and contextualised measures.

Rwanda

Confirmed 1st case: March 14

GoR started taking actions against COVID-19 based on existing epidemic preparedness plans implemented through the National Task Force which was operationalised before Rwanda confirmed its 1st case.

Nigeria

Confirmed 1st case: Feb. 27

Nigeria's response to COVID-19 has been led at both Federal and State Government levels. PTF was established on 9th March to coordinate activities nationally, while NCDC leads the public health response and National Emergency Operations Centre.

Select decisions enabled by crisis management structures

- *March 16:* Instituted social distancing measures including closures of schools, restaurants/bars, churches

- *March 25:* Banned international flights; initiated mandatory testing at entry points and quarantining

- *March 25:* Announced the first economic stimulus package

- *March 14:* Activated social distancing measures, including closure of schools and churches

- *March 22:* Initiated complex lockdown measures and course-corrected as new data emerges moving to localize lockdown measures to expedite contact tracing

- *March 19:* Closed schools and universities. Businesses are open, except where States or Federal Government have introduced lockdowns/restrictions

- *March 23:* Instituted travel ban, with all airports closed to all international commercial flights. Federal Government closed land borders from March 24

PDU: President's Delivery Unit   **PTF**: Presidential Task Force   **NCDC**: Nigeria Centre for Disease Control

…for an effective coordinated response

Description

Select decisions enabled by crisis management structures

Burkina Faso

Confirmed 1st case: March 11

Though delivery mechanisms and crisis management structures are nascent, they have contributed to initiating a breadth of measures beyond public health.

- March 14: Prohibition of all events/gatherings and closure of schools

- *March 20*: Closure of airports, land/rail borders, and nationwide dawn to dusk curfew implemented

- *May 11*: Restructured its crisis management structure after evaluating its performance

Ghana

Confirmed 1st case: March 12

The President consults a wide range of stakeholders and receives advise from his crisis management structures to make rapid and bold decisions driven by a clear strategy.

- Decided to invest heavily on testing, which made Ghana one of the leading countries in testing per million of population in Africa

- *March 22:* All borders closed. Travellers entering before border closures were subject to mandatory 14 days quarantine

- *May 4*: Lifted lockdown recognising its adverse impact on its economically vulnerable population

Additional examples from Asian case studies

- **Vietnam** set up the Emergency Epidemic Prevention Centre on its first case. Its focus on isolating cases and tracing contacts is an example of efficient use of limited resources.

- **Taiwan** activated a Central Epidemic Command Center (CECC) one day before the first case of COVID-19 was reported. CECC is a permanent centre created after the SARS outbreak in 2003. CECC was able to implement 124 measures by the end of February (when only 39 COVID-19 cases were reported).

Source: TBI

"We have learned much from this response that the world should consider for the next emergency. There are lessons about the importance of strong leadership and genuine collaboration between government and international partners, with everyone pulling together under one system to one end."

Ellen Johnson-Sirleaf, Former President of the Government of Liberia (Ebola crisis)

Section 02

Context: State of Sub-Saharan Africa (SSA) countries and the impact of COVID-19

SSA countries faced the pandemic woefully unprepared

Sub-Saharan Africa carries the highest disease prevalence in the world..

24%
% of global
disease burden

54%
% of deaths
of children < 5

93%
% of world's
malaria cases

25%
% of world's
TB deaths

54%
% of world's older
persons living with HIV
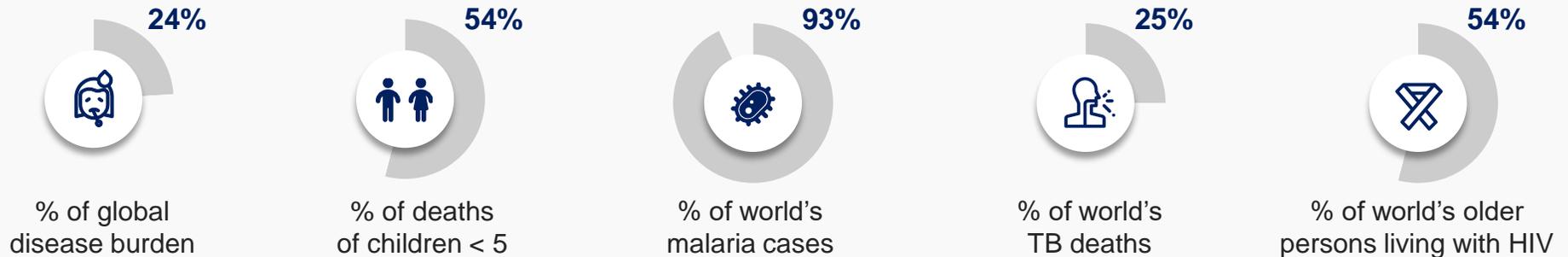
… and has the weakest healthcare systems in the world.

3%
% of world
health workers

1%
% of global
health expenditure

5.17%
2017
Current health
expenditure (% of GDP)

0.23%
2017
Physician
(per 1000 people)

2.74%
2011
Hospital Beds
(per 1000 people)

Source: IMF, UNICEF, WHO, NCBI

Some, just emerging from the Ebola outbreak

🩺 **Health sector effect:** recent outbreaks in the region had a devastating impact on the ability of health systems to deliver routine health care – further exacerbated by the region's fragile healthcare systems (overloaded by outbreaks of vaccine-preventable diseases such as cholera, polio, measles).

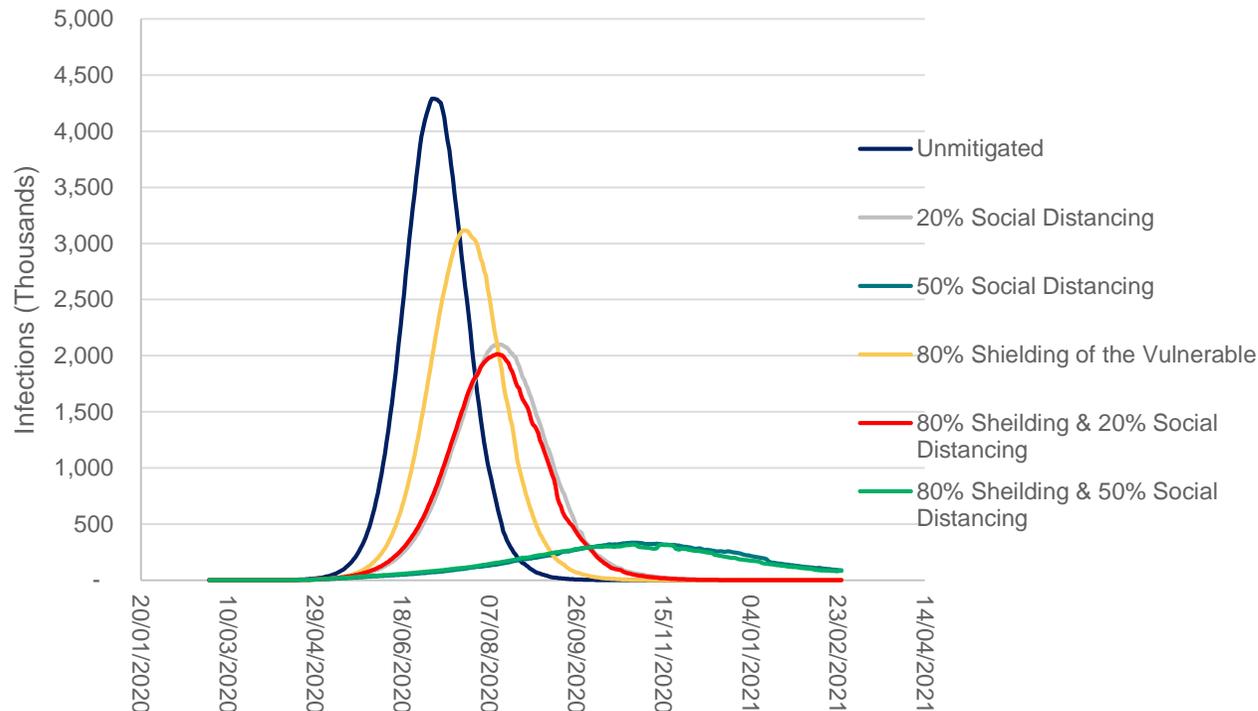⚙️ **Impact of infectious disease outbreaks on the healthcare system: Ebola outbreak - quick overview**

- **Ebola epidemic in West Africa (2014–2016):** An estimated 10,600 lives were lost to HIV, tuberculosis and malaria that is almost as many as the number of deaths from Ebola itself. During this period a concurrent outbreak of measles killed twice the number of people as Ebola in DRC; while Sierra Leone experienced a 39% decline in children being treated for malaria and a 21% drop in children receiving basic immunizations.

- The 2014 Ebola outbreak also **stretched health care function well beyond capacity and so trust in the healthcare system was disrupted**. In Liberia, the epidemic contributed to a 61% decline in outpatient visits. Similarly, at the height of the epidemic, in Guinea, primary medical consultations dropped by 58%, hospitalizations by 54%, and vaccinations by 30% compared to 2013.

- The outbreak also **impacted health care workers**. In West Africa Liberia lost 8% of its combined doctor, nurse and midwife workforce to the disease and Sierra Leone lost 7% of its healthcare workers.

- **Similarities with the COVID-19 pandemic**: According to GAVI, 14 vaccination campaigns and four national vaccine introductions have already been postponed → 13.5M people in 14 of the world's poorest countries will miss out on vaccines. This figure is likely to rise in the coming months.

Many SSA countries are yet to hit their peak

Infections by Scenario - Incremental

Findings:

The unmitigated scenario's peak is reduced by interventions
All curves are flatted by interventions (their peaks reduced and cases delayed in time).

In 50% social distancing scenarios, the duration of the outbreak is increased beyond the 365 days.

Strong impact of 50% social distancing but similar results when combining 20% social distancing with shielding 80% of the elderly which is a more realistic scenario.

We think the grey curve is the most realistic given the current situation in the region.

This projection is average for 18 Sub Saharan Africa countries: Angola, Burkina Faso Cameroon, Cote d'Ivoire, Ethiopia, Ghana, Gambia, Guinea, Kenya, Liberia, Mali, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa.

Source: London School of Hygiene & Tropical Medicine; TBI Analysis

The role of the centre of government is crucial in how this and other pandemics play out

" The success of humanity and nations during times of crisis such as the complex, multi-dimensional COVID-19 pandemic is determined by leadership. At a time when the socio-economic foundations of society are being shaken, its leaders are required to provide exceptional leadership. Nonetheless, swift and bold decisions should be taken in the face of inadequate evidence, incomplete scientific advice and evolving uncertainty. Transformative and adaptative leadership is essential "

Arkebe Oqubay, Senior Minister and Special Adviser to the Prime Minister of Ethiopia.

Section 03

Centre of Government crisis management structures and systems: best practices

There are 3 stages how the COVID-19 pandemic will phase out. The case studies in the following section will focus on the "response phase"
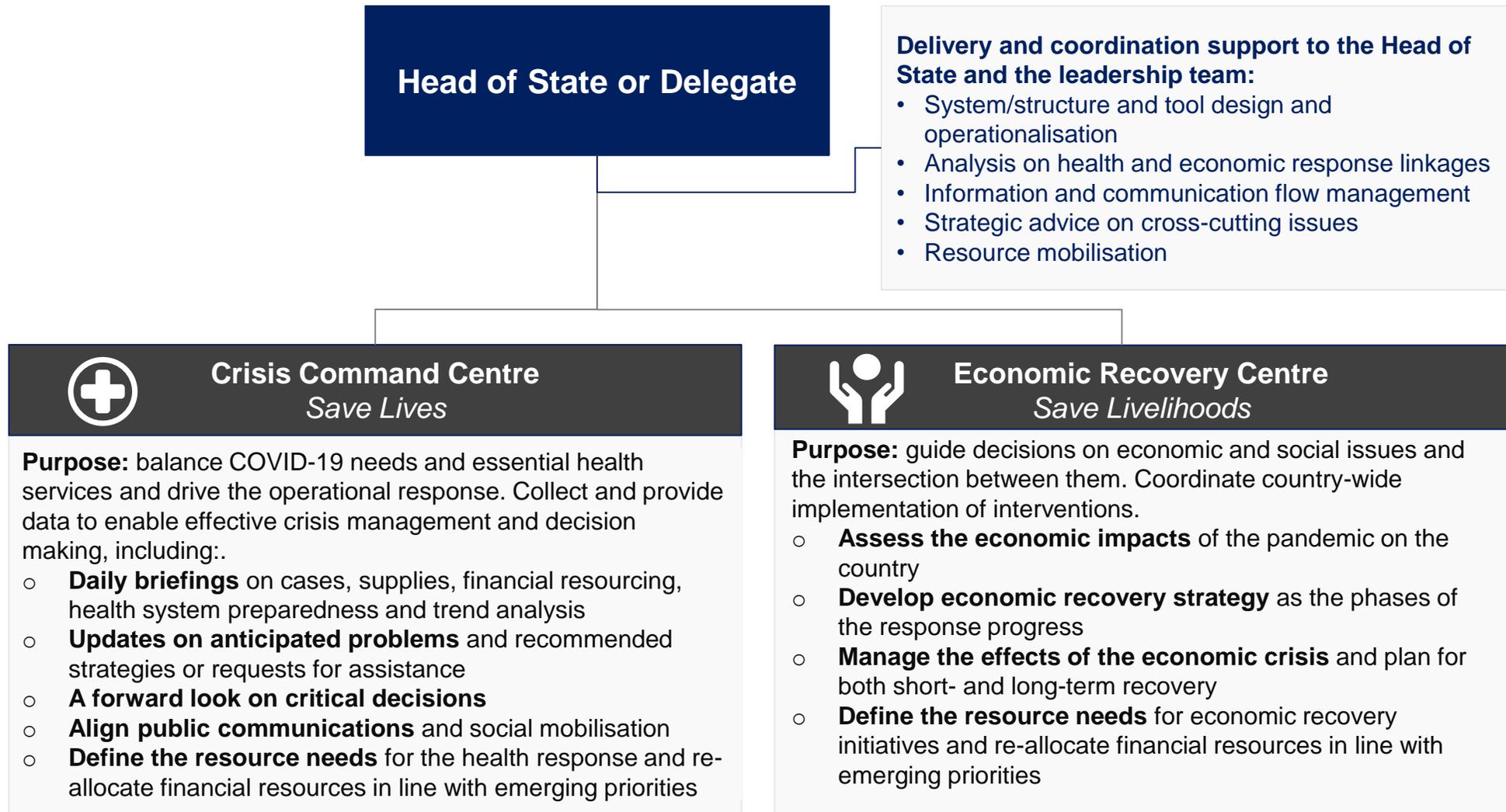
	1. Respond	2. Revive	3. Reconstruct
Healthcare objective	• Suppression of the virus to cushion peak pressure on the health care system	• Reduction of new cases, possibly with ongoing localised clusters • Monitor and prepare for "second wave"	• Build capacity of the health case system to manage future crises • Promote vaccination/treatment
Socio-economic objective	• Halt the socio-economic collapse: keep people alive • Protect people's livelihoods and assets	• Ease economic burden on individuals and businesses with continuous stimulus spending	• Invest in businesses for the "new normal" (e.g. ICT and technology sectors) • Diversify economic base

Required Centre of Government structures and systems	• Presidential crisis response platform for coordination, policy/strategy guidance, planning and resource allocation and managing performance
	• Health command centre/EoC to drive health responses
	• Economic recovery structure to develop socio-economic protection plans
	• Delivery team to provide analytics and coordination support to the Head of State/leadership team
		• Presidential advisory council/ think tank with experts from NGOs, private sector, academia to devise post-pandemic scenarios and prepare implementation plans
		• Special COVID-19 teams (a delivery mechanism) to monitor and report on performance of healthcare and socio-economic sectors revival initiatives implemented by respective ministries
			• A central/presidential delivery mechanism staffed with high-calibre individuals to
			  • Drive implementation of post-pandemic strategy and priorities
			  • Provide implementation support to sub-national structures and MDAs
			  • Coordinate resource mobilisation for the post-pandemic "new normal"

Note: - This is not a linear process. There is an overlap between the different stages of the crisis.

- The case studies in the next slides cover the first 2 stages, with particular emphasis on stage one (respond).

The objectives for African leaders in the COVID-19 response and revival: save lives and livelihoods. To meet them, structures and systems are needed

Head of State or Delegate

Delivery and coordination support to the Head of State and the leadership team:
- System/structure and tool design and operationalisation
- Analysis on health and economic response linkages
- Information and communication flow management
- Strategic advice on cross-cutting issues
- Resource mobilisation

Crisis Command Centre
Save Lives

Purpose: balance COVID-19 needs and essential health services and drive the operational response. Collect and provide data to enable effective crisis management and decision making, including:.
- **Daily briefings** on cases, supplies, financial resourcing, health system preparedness and trend analysis
- **Updates on anticipated problems** and recommended strategies or requests for assistance
- **A forward look on critical decisions**
- **Align public communications** and social mobilisation
- **Define the resource needs** for the health response and re-allocate financial resources in line with emerging priorities

Economic Recovery Centre
Save Livelihoods

Purpose: guide decisions on economic and social issues and the intersection between them. Coordinate country-wide implementation of interventions.
- **Assess the economic impacts** of the pandemic on the country
- **Develop economic recovery strategy** as the phases of the response progress
- **Manage the effects of the economic crisis** and plan for both short- and long-term recovery
- **Define the resource needs** for economic recovery initiatives and re-allocate financial resources in line with emerging priorities

Source: TBI

An effective whole-of-government crisis management structure: four key elements

1. Active and visible political leadership. Head of State or strong deputy steers rapid operationalisation of policy adjustments with best view of most urgent priorities. Highest political authority is essential given the complexity and global scale of the COVID-19 crisis.

2. Personnel

Empowered and highly competent crisis coordinator with delegated authority from and direct reporting line to the Head of State to coordinate whole-of-government crisis response efforts.

Right people at leadership taskforces. Bring decision makers (including non-state actors) with the appropriate authority for productive collaborations and action.

Balanced staffing with analytical and implementation skills and expertise at the crisis management centre for informed solution development, decision making and implementation support.

3. Structure

Comprehensive and agile structure. Adjust composition and focus of the structure as the nature of the pandemic, and its social and economic sequences evolve. Consider the public health and economic recovery aspects of the response simultaneously.

Localised solutions. Cascade solutions to sub-national and local administrative levels and enhance capacity of local government structures to effectively contextualise and implement national actions.

4. System

Embed a battle rhythm throughout the response chain to effectively coordinate and command the crisis response efforts.
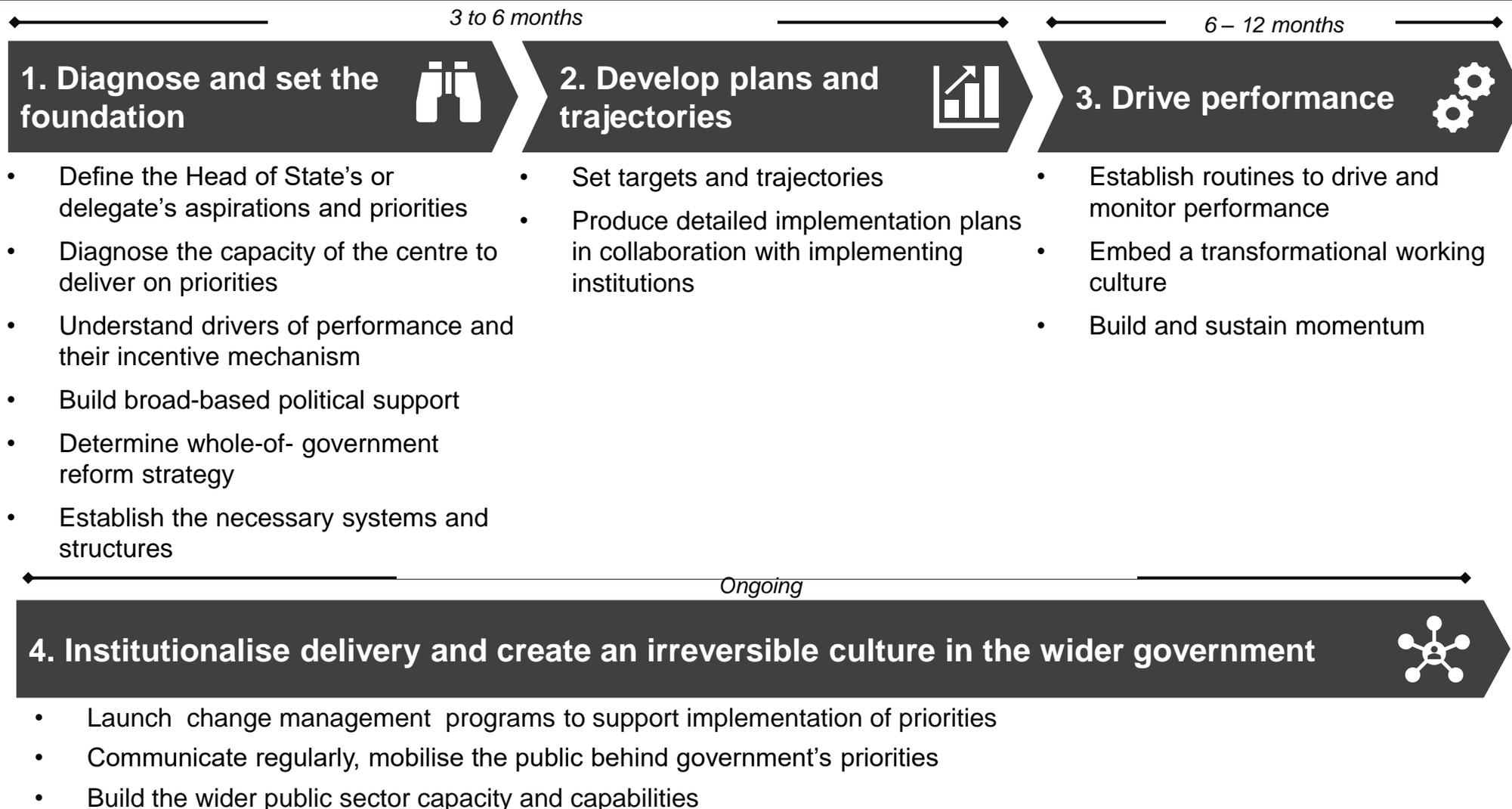
Technology-enhanced processes for real-time data collection, analysis and reporting capability to ensure informed and speedy decision making and tracking.

Communicate frequently and regularly to mobilise the public behind the response efforts and ensure consistent messaging across all communities.

Source: TBI

From our experience there are 4 key steps to establish high-performing centre of government structures and systems

3 to 6 months

6 – 12 months

1. Diagnose and set the foundation

- Define the Head of State's or delegate's aspirations and priorities
- Diagnose the capacity of the centre to deliver on priorities
- Understand drivers of performance and their incentive mechanism
- Build broad-based political support
- Determine whole-of- government reform strategy
- Establish the necessary systems and structures

2. Develop plans and trajectories

- Set targets and trajectories
- Produce detailed implementation plans in collaboration with implementing institutions

3. Drive performance

- Establish routines to drive and monitor performance
- Embed a transformational working culture
- Build and sustain momentum

Ongoing

4. Institutionalise delivery and create an irreversible culture in the wider government

- Launch change management programs to support implementation of priorities
- Communicate regularly, mobilise the public behind government's priorities
- Build the wider public sector capacity and capabilities

Source: TBI

" In the last 100 days, our resilience has helped us pull through. I am especially grateful to members of the NCDC team, health workers, drivers, cleaners, our partners and every person involved in the Covid-19 Nigeria response. We will build on these lessons for improved response."

Dr Chiwke Ihekweazu, Director General, Nigeria Centre for Disease Control

Section 04

Select country case studies in crisis management: Ebola (2014–16) and COVID-19

Crisis management structures play a critical role for countries to organise their responses quickly into focused, prioritised efforts

Ebola West Africa Experience

CASE STUDY

COVID-19 Experience

CASE STUDY

Description

- Initially both **Sierra Leone and Liberia** were slow to respond, hampered by the absence of established and empowered crisis management structures.

- Once crisis management structures were established both countries **benefited from a powerful mandate provided by their respective presidents and an integrated information management system that enabled informed and quick decision-making processes.**

In responding to COVID-19, countries with relatively strong centres of government (CoG) or delivery mechanisms have managed to organise their responses quickly into focussed, prioritised efforts:

- **Kenya:** GoK has a broad-based response structure and system which evolved as the state of the pandemic evolved, supported by its pre-existing delivery mechanism in the CoG.

- **Rwanda:** GoR's whole-of-government governance approach and existing crisis management structures operationalised early has allowed Rwanda to take early and decisive actions.

- **Nigeria:** The Nigerian Centre for Disease Control (NCDC) has been critical in driving the health response aided by pre-existing crisis management infrastructure (e.g. the incident management system) and delivery mechanism capabilities.

- **Burkina Faso:** Though delivery mechanisms and crisis management structures are nascent, they have contributed to initiating a breadth of measures beyond public health.

- **Ghana:** The President and the Presidency provide visible leadership and guidance in GoG's response.

- Source: TBI
- Note: We also look into non-African countries experience response to COVID-19, as select best practices in handling the COVID-19 pandemic.

Sierra Leone: National Ebola Response Centre (NERC)

CASE STUDY

- **The President played a hands-on role in the response efforts**. He served as the chairman of the National Ebola Response Centre (NERC) which, prior to his involvement, was established as the EOC with little success.
- **The president provided a political mandate to NERC as a national command and control mechanism for Ebola**
- Through frequent district visits, **the president ensured oversight on the local Ebola response.**

Personnel

- **NERC was established in October 2014, under the leadership of retired Major Palo Conteh**, as Sierra Leone was nearing its peak number of Ebola cases.

- **Military staff were responsible for the operational mandate of NERC.** However, NERC placed local civilians in leadership positions, and assigned them to data collection, analysis and reporting; while international experts provided support in logistics, surveillance, building and staffing treatment centres.

Structure

- There were several iterations of the crisis management structure before NERC. **The initial EOC lacked a strong political mandate and leadership, which created inefficiencies and delays in decision making.**

- **NERC was formed by borrowing a 'command and control' structure from the Ministry of Defence**, a ministry with a reputation for (relative) efficiencies, which gave the national government greater ownership.

- **District Ebola Response Centres (DERC) were established**, mirroring the national structure.

System

- **Coordination between NERC pillars was based on daily morning and evening briefings**, led by the situation room.

- **Key NERC directors and partner organisations met every morning.**

- **Data flows were centralised through the situation room**. Data came primarily from DERCs, the "117 call centre" and decisions made during NERC leadership briefings.

- **The situation room's data were used in public communications** via: Weekly press conferences; 117 call centres; and DERC social mobilisation teams, for localised messaging.

Source: Interview with OB Sisay (currently TBI Gambia County Head and *former* Director of NERC Situation Room); TBI Ebola Learning Documents

Liberia: Presidential Advisory Committee on Ebola (PACE) and National Incident Management System (IMS)

CASE STUDY

- **President Ellen Johnson Sirleaf played a hands-on role in the response efforts** including writing an open letter to President Obama asking for support. The United States subsequently sent 3,000 troops to build Ebola Treatment Units.
- **The president provided oversight and accountability through PACE**, and formed and delegated most operational decision-making powers to the IMS, through which weekly updates were provided to the president.

Personnel

- **PACE was made up of Ministers of Finance, Health and Social Welfare and Defence; the Head of IMS; and international partner directors**, including UN agencies and the United States Centre for Disease Control.

- **IMS grew out of a response unit created by the Ministry of Health and Social Welfare.**

- **The President appointed Assistant Minister of Health**, Tolbert Nyenswah as Head of IMS.

- **Ministry of Health Directors were assigned different pillars of work**, with advisory support from international experts.

Structure

- **The IMS was decentralised at the county level,** and aligned with the structure of existing county-level health teams.

- While IMS was responsible for the health response, **the president established the Economic Management Team under the Minister of Finance** to develop and implement the economic recovery measures.

- **Coherence of structures and communications and alignment of mandates between national and county level structures** ensured that measures were implemented effectively.

System

- **Data collected at the county-level was presented to the Head of IMS during daily status briefings.**

- **Communication campaigns were used frequently** to: 1) demonstrate transparency to build trust; 2) fight disinformation to deter non-observance; and 3) mobilise respected community members to drive the response from the bottom up.

- **The IMS head, accompanied by the Ministry of Communications**, would brief the latest trends publicly.

- **The president provided regular public addresses.**

Source: Interview with Jonathan Said and Elisabeth Smith TBI (then AGI) Liberia Team; TBI Ebola Learning Documents

With COVID-19, different countries are on different trajectories based on the effectiveness of their centre of government

Early and effective	Cautious optimism	Best efforts, limited capacity	Limited capacity, require further assistance
• Acted fast to implement restrictions and crisis response • Widescale testing has found many cases, and confirmed widescale community transmission • Economic stimulus and social safety nets mobilised quickly • High numbers of cases due to wide testing but may see a decline faster than others due to response measures	• Acted fast to implement restrictions and crisis response • Low case numbers but low rates of testing. Testing now increasing significantly • Economic and social safety nets in place but some gaps • These countries need to scale up testing more quickly to rule out missed transmission, with a focus on health workers	• Acted fast in closing borders but crisis response has been slow and/or inadequate • Inadequate testing due to constrained capacity, case numbers rising • Weak economic response and limited social safety nets • These countries are behind transmission and may not be able to catch up	• May have closed borders but otherwise does not have effective crisis response in place • Limited testing with high positivity rates showing ongoing widespread transmission • Weak or no economic and social policy responses in place • These countries may face herd immunity as an inevitability if they do not improve crisis response

Source: TBI COVID-19 in Africa and Africa beyond COVID Report

Kenya: COVID-19 response structure

- The president oversees GoK's whole-of-government COVID-19 response.
- The president receives daily briefings from the head of the national command centre and Minister of Health.
- H.E regularly briefs the public on progress of the pandemic and measures taken by government.

Personnel

- **The National Command Centre on the Coronavirus Pandemic (NCCCP) is chaired by the most senior cabinet secretary**, i.e. CS for Ministry of Interior and National Gov. and Head of GoK's delivery mechanism.

- **NCCCP encompasses senior GoK officials** and its sub-committees include relevant non-state actors.

- The Minister for Health chairs the National Emergency Response Committee under the NCCCP.

- **The President's Delivery Unit (PDU),** with ~ 50 high-calibre staff was quickly repurposed to support the response efforts.

Structure

- **Composition and mandate of NCCCP**, which initially focused on the public -health response, **evolved as the pandemic progressed.**

- **There are currently seven sub-committees / "war rooms" structured against priority issues** (Health, Food Security, Economy and Business, Education, Security and ICT).
  - The Food Security sub-committee is responsible for cascading and supporting counties on agriculture sector initiatives.

System

- **PDU has designed and rolled out information flow, reporting and decision-making processes** for the whole-of-government response structures, as per the presidential directive.

- **Ministry of ICT set up a platform to identify, support and scale local ICT solutions to enhance national and county responses**.

- **Regular update from the president tied with major announcements and daily update from Minister of Health (EOC) to the public**
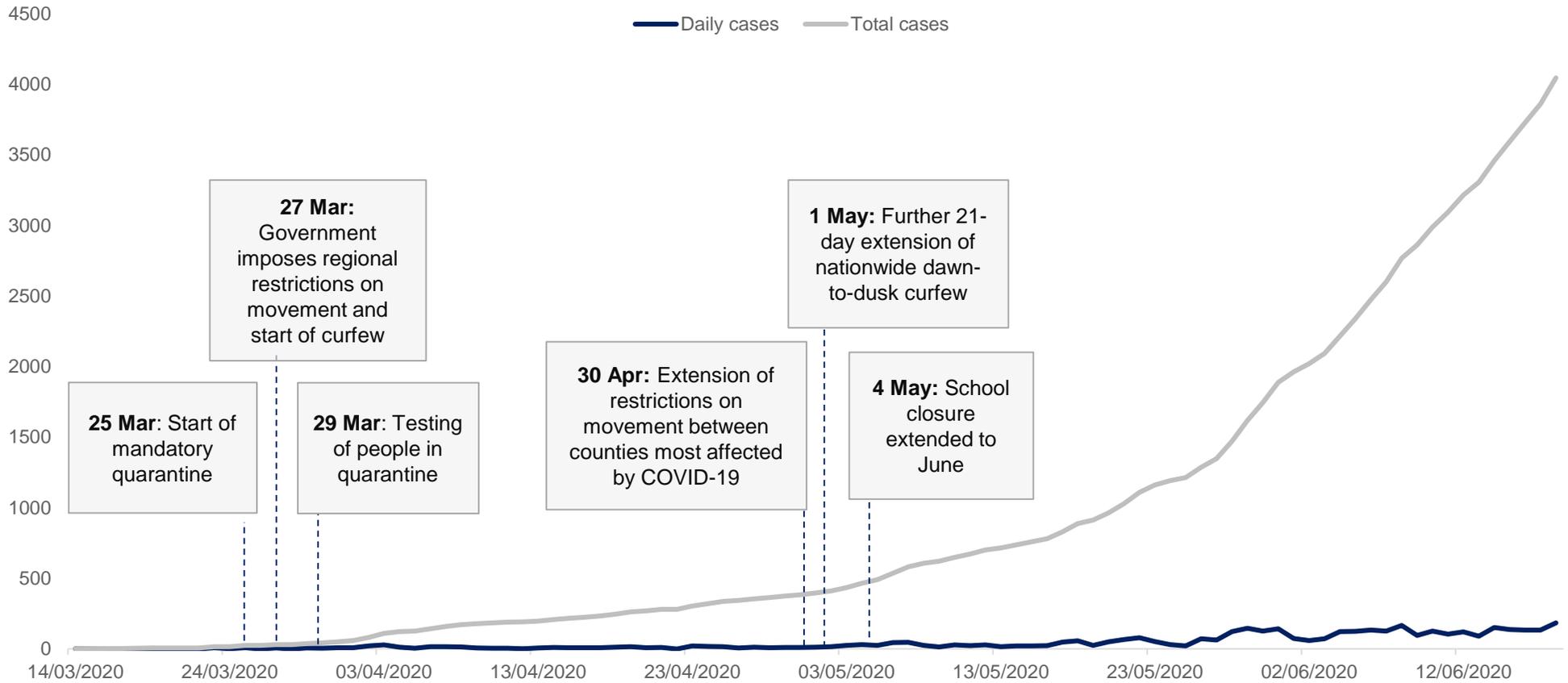 - Strong social media initiatives supporting MoH campaign.

Source: TBI Kenya Team; TBI MEL Tracker: https://www.ncbi.nlm.nih.gov/pubmed/30482677

Kenya: COVID-19 cases and key policy measures

CASE STUDY

Total cases: 4,044
Deaths: 117

— Daily cases — Total cases

27 Mar: Government imposes regional restrictions on movement and start of curfew

1 May: Further 21-day extension of nationwide dawn-to-dusk curfew

30 Apr: Extension of restrictions on movement between counties most affected by COVID-19

4 May: School closure extended to June

25 Mar: Start of mandatory quarantine

29 Mar: Testing of people in quarantine

Source: ECDC

Kenya: takeaways and learnings

1. Kenya's COVID-19 response has benefitted from pre-existing national-level structures. This allowed the reorientation of the delivery mechanism under the presidency to support the response.

2. **CoG and MoH open to advice, feedback, inputs from diverse actors (e.g. external experts advisory groups) and has adopted** a "all hands on deck" approach early on.

3. The national coordination platform allowed for broad-based and energised policy guidance and leadership.

4. **Ability and willingness to be flexible and adaptive** (planning with a trajectory in mind but readiness to change and adapt if diversions from the trajectory become a reality) and courage to take bold, context-specific measures informed by benchmarking but understanding the limits of the same measures.

5. **Investments in public health before COVID-19** (i.e. addressing HIV/AIDS, and TB) now paying off for Kenya in COVID-19 for example the TB machines are repurposed for COVD-19 testing . More investment is needed in this space and forward-looking decision-making around public health investments is required.

6. **Behavioural change play a critical component of the response**; a combination of measures taken by government as well as communications strategy has been key in delivering this.

7. **Not all county administrations have set up adequate crisis management systems**, due to limited capacity and infrastructure. There is a need for county capacity building to manage COVID-19 and other communicable diseases.

Source: TBI Team Analysis ; TBI MEL Tracker

Rwanda: COVID-19 response structure

CASE STUDY

- The president is directly involved in the response and provides strong and visible political leadership to the COVID-19 response structure.
- Daily briefings to the president and prime minister from Joint Task Force and command post.

Personnel

- **The Prime Minster leads the country's response to COVID-19 through the Joint Task force (JTF)** supported by the Government Action Coordination Unit (GACU).

- **The taskforce comprises ministers, CEOs and DGs of ministries from health, economic and security institutions** – a whole-of-government approach to align health, economic and security responses; while lockdown decisions are assessed by Cabinet.

- **New medical graduates and police brought in to staff 114 call centre and support contact tracing efforts.**

Structure

- **Sub-taskforces under the JTF focuses on public health and economic responses (**including food security) led by ministers of respective institutions.

- **A new sub-group on post-COVID-19 resilience planning** is created under the JTF.

- **Local leaders and district and village-level structures carry out and monitor national-level policies.** Identification of vulnerable by their own communities has helped target relief during lockdown.
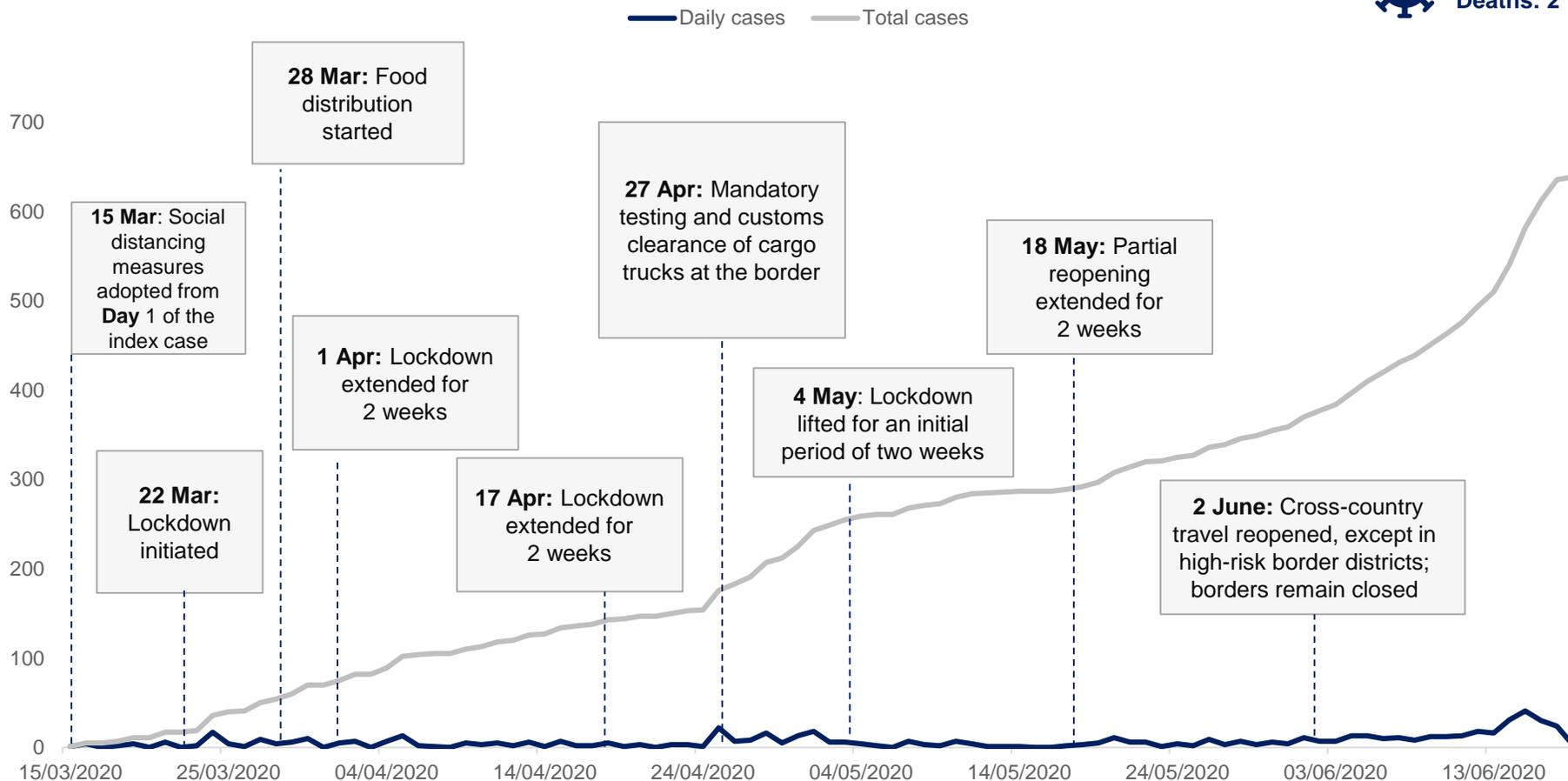
System

- **Daily Situation Report (SitRep) posted at same time each day**; extension/lifting of lockdown measures **reviewed by Cabinet every 2 weeks**.

- **Drones, Robots and ArcGIS** utilised to disseminate information to the public, manage isolation facilities, and visualise outbreaks and contacts respectively.

- **The president provides regular addresses and press conferences**; the daily MoH SitReps on progress of the pandemic and measures taken by government are communicated to the public; comms via social media, radio, TV, twitter, local government platforms.

Source: TBI Rwanda Team; TBI MEL Tracker; African Business Magazine, 2020; Rwanda Ministry of Health, 2020

Rwanda: COVID-19 cases and policy measures

CASE STUDY

Total cases: 639
Deaths: 2

Daily cases — Total cases

28 Mar: Food distribution started

15 Mar: Social distancing measures adopted from **Day** 1 of the index case

27 Apr: Mandatory testing and customs clearance of cargo trucks at the border

18 May: Partial reopening extended for 2 weeks

1 Apr: Lockdown extended for 2 weeks

4 May: Lockdown lifted for an initial period of two weeks

22 Mar: Lockdown initiated

17 Apr: Lockdown extended for 2 weeks

2 June: Cross-country travel reopened, except in high-risk border districts; borders remain closed

700
600
500
400
300
200
100
0

15/03/2020 25/03/2020 04/04/2020 14/04/2020 24/04/2020 04/05/2020 14/05/2020 24/05/2020 03/06/2020 13/06/2020

Source: ECDC

Rwanda: takeaways and learnings

CASE STUDY

1. **Early action:** Rwanda started screening at points of entry well before its first case; activated its crisis response team based on its Ebola preparedness and strong network of community health workers.

2. **Swift and decisive action at every phase of the response:** Social distancing measures implemented from day one. There is a recognition of the economic cost of lockdown and the need to pull off a "balancing act".

3. **Alignment of mission at every level of government:** Balancing the health and economic impacts is taken into account across current government plans and budget. Local government and a well-disciplined security response help to enforce and facilitate essential movements during lockdown.

4. **Decision making supported by best available data:** Adjustment of national and localised containment measures based on real-time case and contact-tracing data, including course-correction where needed as new risks emerge (e.g. cross-border trade).

5. **Appeal to national solidarity:** Rwanda's strong community structures play an important role. Arrangements for food distribution and caring for the vulnerable is led by village-level structures. Communities sign off on the list of those most in need. Government coordinates food distribution and community donations.

Source: TBI Team Analysis

Nigeria: COVID-19 response structure

CASE STUDY

- The president is briefed by the Presidential Task Force (PTF) leadership and he briefs the public on major announcements as required.
- The Secretary to the Government of the Federation chairs the PTF.

Personnel

- **PTF's national coordinator is a public health expert**. He works with the NCDC and non-health sector EOC which provides technical, analytical and expert support to PTF.

- **The PTF is composed of 12 members from GoN (including NCDC)** and Nigeria's WHO representative. There is a separate economic sustainability committee, led by the vice-president.

- **NCDC is structured and staffed as a delivery mechanism**. NCDC deploys Rapid Response Teams (RRTs) to provide technical support to affected states.

Structure

- **PTF is mandated to coordinate and oversee Nigeria's multi-sectoral inter-governmental COVID-19 response efforts.**

- **PTF consists of three working groups/functional areas** focusing on security, mass care and public health emergency.

- **The NCDC coordinates the national health response** and provides guidelines for implementation at sub-national levels.

- **The state governments and EOCs lead the state-level response** while local governments support risk communications and surveillance.
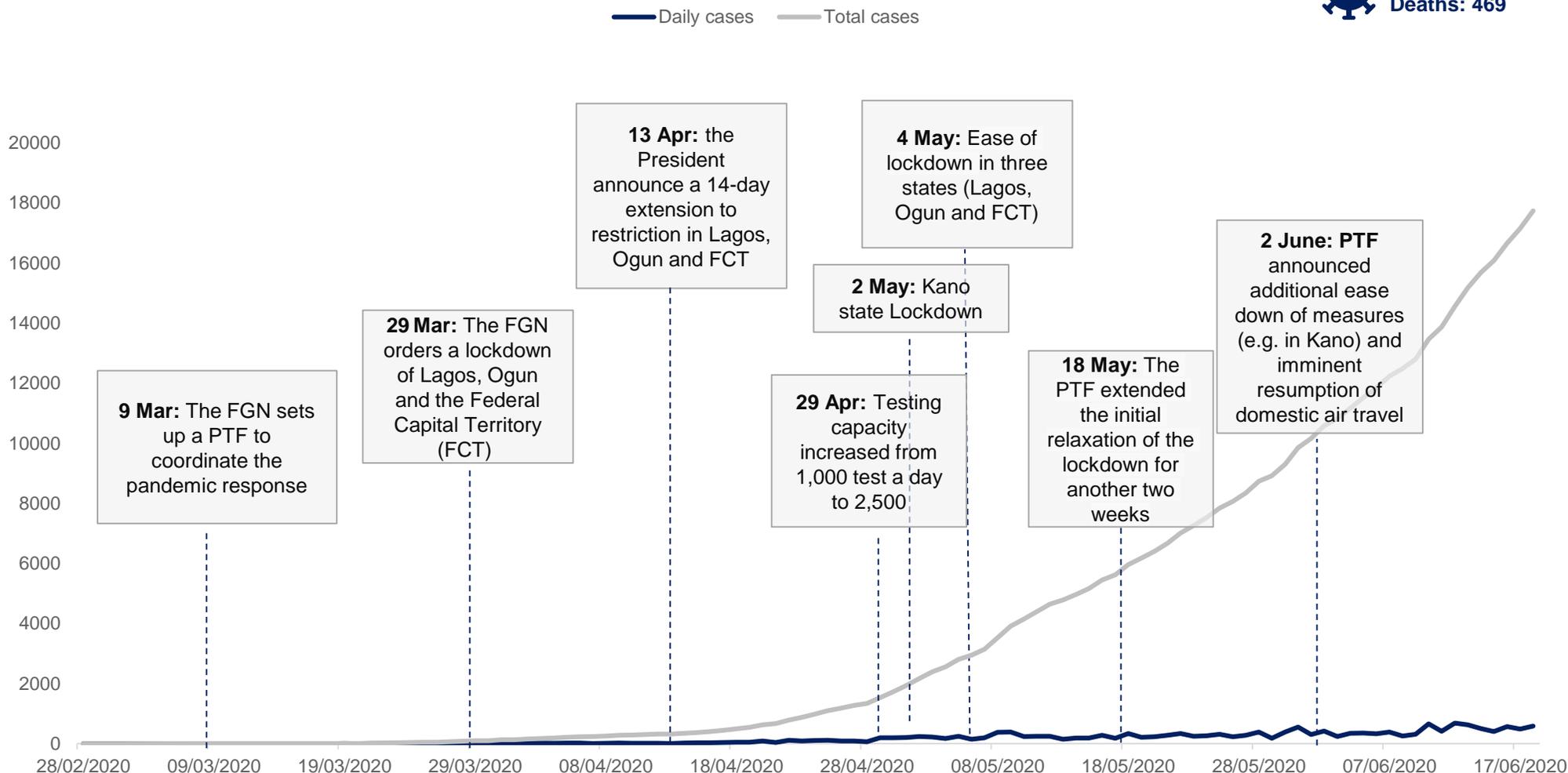
System

- **Frequent progress update and strategy meetings**: 3 times a week between NCDC's EOC (8 technical pillars); weekly with state EOCs. NCDC DG attends the twice-weekly PTF meetings to provide updates, advise on policy decision for the PTF/ federal government and escalate challenges.

- **The NCDC uses a database platform (SORMAS) previously deployed to 22 states** (including the FCT) for real-time data collection, analysis and reporting.

- **Daily updates from PTF, NCDC and MoH** to the public through multiple mainstream and social media outlets.

Source: TBI Nigeria Team; TBI MEL Tracker

SORMAS = Surveillance Outbreak Response Management and Analysis System

Nigeria: COVID-19 cases and key policy measures

CASE STUDY

Total cases: 17,735
Deaths: 469

— Daily cases — Total cases

9 Mar: The FGN sets up a PTF to coordinate the pandemic response

29 Mar: The FGN orders a lockdown of Lagos, Ogun and the Federal Capital Territory (FCT)

13 Apr: the President announce a 14-day extension to restriction in Lagos, Ogun and FCT

29 Apr: Testing capacity increased from 1,000 test a day to 2,500

2 May: Kano state Lockdown

4 May: Ease of lockdown in three states (Lagos, Ogun and FCT)

18 May: The PTF extended the initial relaxation of the lockdown for another two weeks

2 June: PTF announced additional ease down of measures (e.g. in Kano) and imminent resumption of domestic air travel

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16000	
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12000	
10000	
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6000	
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28/02/2020 09/03/2020 19/03/2020 29/03/2020 08/04/2020 18/04/2020 28/04/2020 08/05/2020 18/05/2020 28/05/2020 07/06/2020 17/06/2020

Source: ECDC

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Nigeria: takeaways and learnings

CASE STUDY

1. **Oversight from the centre of government is critical:** The Nigerian response has been led by a special PTF, which is coordinated by the former director for the National Agency for Control of Aids (NACA) and chaired by the Secretary to the Government of the Federation.

2. **Clear allocation of responsibilities between different tiers of government and MDAs** is key to a successful outbreak response.

3. **The online real-time data platform (SORMAS)** has enabled real-time outbreak monitoring and decision making.

4. **The NCDC with pre-existing delivery capabilities and mechanisms** enabled it to lead the health response and support different areas of the outbreak response.

5. Due to Nigeria's political and administrative architecture the response mechanism faces various challenges, including:
   • Weak and fragmented health care sector
   • Geographical diversity (federal political structure)
   • Lack of equipment and facilities (PPEs, testing kits, sample collection kits and reagents, isolation facilities, tertiary centres)
   • Unavailability of SORMAS data platform in 15 states
   • Weak harmonisation of activities with the states
   • Duplication of responsibilities and response between the different government structures and development partners

Burkina Faso: COVID-19 response structure

CASE STUDY

- A Presidential Task Force (PTF) has been set up to advise the president on managing the pandemic.
- A new National Pandemic Management Committee (CNGCP-COVID19) led by the prime minister was set up, with a military colonel as executive secretary.

Personnel

- **PTF is led by Director of the President's Cabinet**. The PM leads the strategic and operational response through the National Pandemic Management Committee (CNGCP).

- **PTF is composed of presidential advisors**. CNGCP is composed of 10 relevant ministers, 3 technical and financial partners (WHO, UN, OneHealth) and 5 civil society representatives.

- **The PTF is coordinated by the Director of the Presidential Programme Monitoring Office**. PTF provides strategic support to National Pandemic Committee and the CORUS (the Emergency Operations Centre).

Structure

- **CNGCP is responsible for the coordination of the government response**, and the PTF provides strategic guidance for the management of the pandemic.

- **CORUS leads operational aspects of the health response** under the Ministry of Health.

- **Regional Pandemic Management Committees are in place and functioning**.

- **15,000 volunteers are deployed in the regions as part of an awareness campaign conducted** by the General Directorate of Volunteering of the Ministry of Youth.

System

- **CNGCP handles crisis communication,** but has shortcomings**.**

- **Sessions of the CNGCP take place twice a month**.

- **ICT is utilised for access to education** while schools remain closed for some students.

- Public communication is based on the daily CORUS SitRep.

- **An awareness-raising campaign on COVID-19 in national languages** is also being conducted.
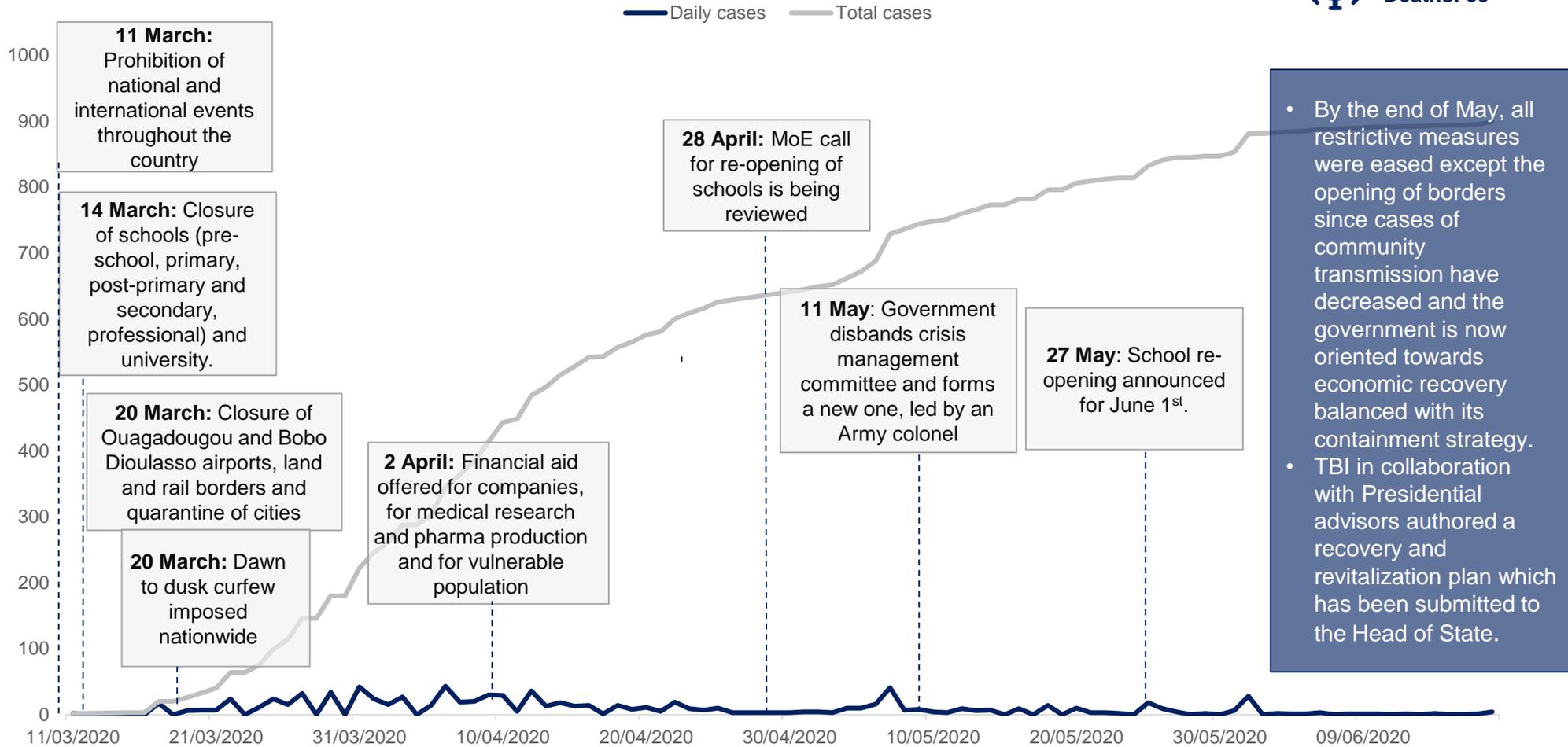
Source: TBI Analysis

Burkina Faso: COVID-19 cases and policy measures

CASE STUDY

Total cases: 881
Deaths: 53

— Daily cases — Total cases

11 March: Prohibition of national and international events throughout the country

14 March: Closure of schools (pre-school, primary, post-primary and secondary, professional) and university.

20 March: Closure of Ouagadougou and Bobo Dioulasso airports, land and rail borders and quarantine of cities

20 March: Dawn to dusk curfew imposed nationwide

2 April: Financial aid offered for companies, for medical research and pharma production and for vulnerable population

28 April: MoE call for re-opening of schools is being reviewed

11 May: Government disbands crisis management committee and forms a new one, led by an Army colonel

27 May: School re-opening announced for June 1st.

- By the end of May, all restrictive measures were eased except the opening of borders since cases of community transmission have decreased and the government is now oriented towards economic recovery balanced with its containment strategy.
- TBI in collaboration with Presidential advisors authored a recovery and revitalization plan which has been submitted to the Head of State.

Source: ECDC

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Burkina Faso: takeaways and learnings

CASE STUDY

1. **There has been a disconnect between ministries on implementing response measures due to various factors,** including: lack of human and financial resources on the emergency response operations; an unclear coordination structure between ministries; and social pressure challenging governmental measures.

2. **The government's ability and willingness to be flexible and adaptive:** Government has demonstrated readiness to change and adapt to the changing circumstances of the country's sanitary and security crisis and courage to take bold, context specific measures in an environment affected by constant terrorist threats. For example, a **new National Pandemic Management Committee (CNGCP-COVID19) was established on May 5, 2020 and the EOC revamped.** An important change from the former committee is the establishment of a permanent management structure headed by an executive secretary who is an active member of the armed forces.

3. **Burkina Faso's Emergency Operations Centre (CORUS est. 2018) coordinates the health response**. CORUS has very limited capacity. However, Burkina Faso has been able to increase its testing capacity. The country now has four testing labs: three in Ouagadougou and one in Bobo Dioulasso. From less than 100 tests per day, testing has increased to more than 200 tests as of May.

4. **These nascent structures support the response leadership to announce a breadth of measures beyond public health matters**. These include social protection measures, particularly for the informal economy, such as water and rent bill postponements, cash transfers and subsidies of fertilisers and feed for farmers.

5. The President is considering an **Economic Recovery and Revitalisation Plan**, authored by TBI team, and is expected to announce it soon.

Source: TBI Team Analysis

Ghana: COVID-19 response structure

CASE STUDY

- The president provides visible leadership to Ghana's response to the pandemic.
- He oversees the whole-of-government response and chairs daily inter-ministerial COVID-19 meetings.
- The president consults and communicates widely with stakeholders on issues and options.

Personnel

- **A former deputy DG of the WHO coordinates Ghana's response** to the pandemic on behalf of the president.

- **The Presidential Task Force (PTF) comprises Ministers, presidential advisors,** Ghana Health Service and representatives from health, economic and security institutions – a holistic approach.

- **The coordinator's team (a de-facto delivery mechanism)** is staffed with senior health professionals, economists, and technical experts.

Structure

- **Subcommittees formed to plan and implement various aspects of public health and economic responses** led by Ministers and Director Generals of respective institutions and the Vice President. Captains of Industries have been encouraged to get involved financially or technical expertise.

- **Religious, traditional and community leaders are enlisted and are engaging, mobilising and enforcing adherence** to social distancing and personal hygiene practices in their respective communities.
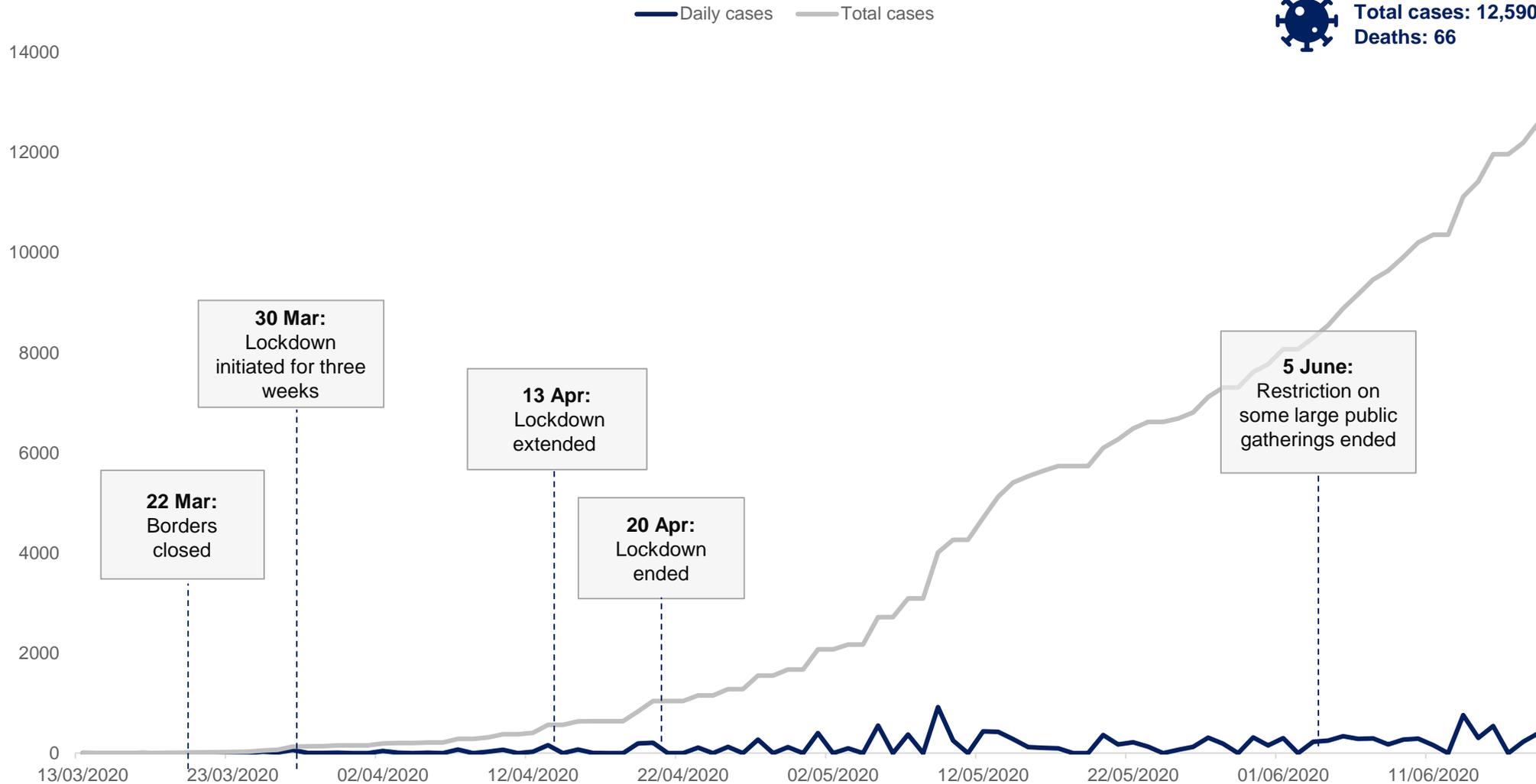
System

- **There is both an EoC and a Presidential War Room. President is briefed daily.**

- **Drones deliver essential medical supplies to remote areas and transport samples to labs.** ESRI geospatial mapping tech and Mobile tracking system also being utilised.

- **Bi-weekly press conferences by Ministry of Information** and regular presidential addresses, and consultative meetings.

- **Daily briefing and updates on social media** from Ministry of Information. Frequent appearances updates from ministers and presidential advisors.

Source: TBI Analysis

Ghana: COVID-19 cases and policy measures

CASE STUDY

Total cases: 12,590
Deaths: 66

— Daily cases   — Total cases

30 Mar:
Lockdown initiated for three weeks

13 Apr:
Lockdown extended

5 June:
Restriction on some large public gatherings ended

22 Mar:
Borders closed

20 Apr:
Lockdown ended

Source: ECDC

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Ghana: takeaways and learnings

CASE STUDY

1. **Visible leadership:** President leads on COVID-19 response. He chairs daily ministerial meetings, consults widely with stakeholder representatives and keeps the Ghanaian population informed through radio/TV broadcasts on the status of the war against the virus and measures being taken by government.

2. **Early action:** Surveillance at points of entry began in January long before 1st confirmed case in March. Borders were closed soon after and passengers arriving on 21 and 22 March quarantined for 14 days and tested.

3. **Swift and decisive action at every phase of the response:** Government announced massive programme of enhanced contact surveillance and testing; interventions for vulnerable, including free meals; three months freeze on water bills and electricity for all residents; soft loans offered to businesses; tax free and 1.5 salary for April–June for frontline health workers.

4. **Putting the right leaders in position:** Replaced Deputy Minister of Health to improve effectiveness.

5. **Alignment of mission at every level of government:** Coordinated response with several ministries, institutions and advisors working together with senior health professionals, economists, and technical experts within various institutions and ministries.

6. **Over 220,000 tests have been completed.** This is the highest in Africa in terms of tests per million people.

7. **Repurposing manufacturing sector for COVID-19 response:** Textile and garment manufacturing companies have started mass production of PPEs and face masks – almost 1M masks produced so far.

Source: TBI Team Analysis

COVID-19 Experience

Taiwan: Central Epidemic Command Centre

CASE STUDY

- Premier of Taiwan activated Article 5 of the Communicable Disease Control Act (CDC Act), enabling the creation of a Central Epidemic Command Centre (CECC).
- Premier oversees COVID-19 response through weekly cabinet meetings. The Commander of the CECC and the Ministry of Economic Affairs (among others) brief the premier at these meetings.

Personnel

- Weekly cabinet meetings continue, where **all ministers and head of agencies meet**. Ministers without portfolios are also members and provide support to crisis response.

- **CECC is led by the Minister of Health. Staff are health experts and data analysts**, from Taiwan's Center for Disease Control, who collect patient and customs information.

- CDC's mandate was extended post-2003 SARS outbreak.

Structure

- **COVID-19 response is made up of the CECC**, responsible for public health measures, and **cabinet for non-public health measures**.

- **CECC was formed after 2003 SARS Outbreak**, to establish a formal command centre for epidemics.

- **Local authorities replicate this structure for local responses and are responsible for implementing CECC's measures**. The CECC's Operations Section provides guidance and surge capacity support.

System

- **CECC holds daily meetings with agencies involved in public health measures**. Weekly Cabinet meetings continue to take place for non-public health updates.

- **The CECC provides real-time alerts to patients and clinics about the risk of the COVID-19** using the CDC's existing disease surveillance system.

- **Public communication is done through daily briefings held by the CECC Commander**, text messages, and hotline. A team dedicated to fighting misinformation is also in place.

Source: John Hopkins University, January 2020; Worldometers, April 2020; CDC Act, 2019

Vietnam: Strong prevention actions with a low budget

CASE STUDY

- On the 1st February 2020, Prime Minister Nguyen Xuan Phuc declared COVID-19 a national epidemic.
- Strong leadership of the Politburo and the PM provides strategic guidelines for the prevention and control of COVID-19.
- The commitment from the highest level of leadership paved the way for the Ministry of Health and other relevant ministries to implement unprecedented measures for the COVID-19 response.

Personnel

- **Prime Minister Nguyen Xuan Phuc established a national steering committee** for prevention and control of the pandemic.

- **The steering committee is headed by Deputy Prime Minister**.

- The steering committee's **members include representatives from various ministries and agencies**.

- **The committee is tasked to help the PM instruct and coordinate** relevant ministries, governmental agencies and localities in the fight against the COVID 19 across the country.

Structure

- **COVID-19 response is coordinated by the national steering committee**.

- **The national response structure is cascaded to localities** which coordinate local response efforts.

- One of the key factors of success in Vietnam is **the strong social cohesion, unconditional respect for elders and trust of the population in its leaders**.

System

- **The National steering committee meet twice a week** to discuss progress and address challenges.

- **Extensive daily communication campaigns** broadcasted through social and mainstream media.

- Government partnered with platforms such as **Zalo to distribute updates on symptoms and protection measures**. A mobile application, **NCOVI, was launched, to encourage everyone to report their health condition** and be followed up if they come into contact with a person infected.

Source : Le Figaro; Le Devoir; Reuters ;Le Point ; Vietnam Plus; Vietnam Plus ; UNCDF ; VGP News; BBC; KPMG ; Vietnam Investment Review ; Vietnam news

"The government was firmly in control, giving space to the international partners to come up with their ideas and their interventions and keeping all that together in the spirit of partnership and spirt of openness."

Peter Graff, Acting Special Representative and Head of UNMEER (Ebola crisis)

Section 05

Managing the revival and reconstruction phase

The reconstruction phase of the outbreak will require greater leadership, particularly at the centre of government

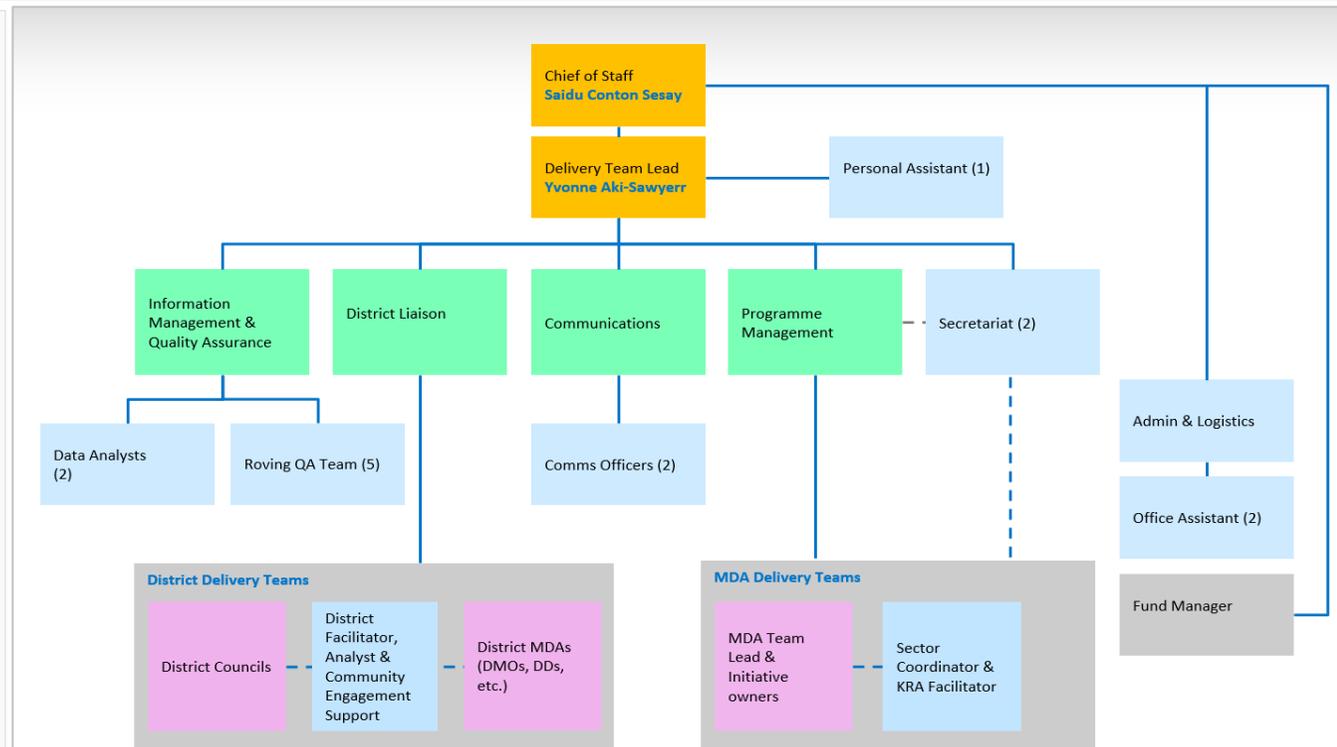|	1. Respond	2. Revive	3. Reconstruct
Healthcare objective	• Suppression of the virus to cushion peak pressure on the health care system	• Reduction of new cases, possibly with ongoing localised clusters • Monitor and prepare for "second wave"	• Build capacity of the health case system to manage future crises • Promote vaccination/treatment
Socio-economic objective	• Halt the socio-economic collapse: keep people alive • Protect people's livelihoods and assets	• Ease economic burden on individuals and businesses with continuous stimulus spending	• Invest in businesses for the "new normal" (e.g. ICT and technology sectors) • Diversify economic base

Required Centre of Government structures and systems	• Presidential crisis response platform for coordination, policy/strategy guidance, planning and resource allocation and managing performance
	• Health command centre/EoC to drive health responses
	• Economic recovery structure to develop socio-economic protection plans
	• Delivery team to provide analytics and coordination support to the Head of State/leadership team
		• Presidential advisory council/ think tank with experts from NGOs, private sector, academia to devise post-pandemic scenarios and prepare implementation plans
		• Special COVID-19 teams (a delivery mechanism) to monitor and report on performance of healthcare and socio-economic sectors revival initiatives implemented by respective ministries
			• A central/presidential delivery mechanism staffed with high-calibre individuals to
			  o Drive implementation of post-pandemic strategy and priorities
			  o Provide implementation support to sub-national structures and MDAs
			  o Coordinate resource mobilisation for the post-pandemic "new normal"

Note: - This is not a linear process. There is an overlap between the different stages of the crisis.

Post-Ebola, Sierra Leone took a whole of government approach

CASE STUDY

- In Sierra Leone, after emerging from the Ebola crisis, a two-year recovery plan was implemented to achieve sustainable positive economic and social development through tangible government initiatives
- A Presidential Delivery Team (PDT) was established (adapting NERC's rigorous planning, monitoring, problem solving, transparent accountability culture) to oversee implementation of the plan with the below mandates:
  - o Drive delivery of the president's top priorities, across sectors, over the following 14 months
  - o Cross-sector initiatives are implementable and will achieve high-impact change for Sierra Leoneans
  - o Establish an effective delivery process as "business as usual" for Sierra Leone

- Yvonne Aki-Sawyerr, director of planning at NERC (current Mayor of the Capital Freetown) was assigned by the President as Head of PDT

- Between 2015–2017, The PDT tracked and supported progress on 48 priority initiatives across seven sectors

- TBI was engaged to support the design and running of the PDT system

- PDT's learnings are also adapted by Freetown's Mayor Delivery Unit

Chief of Staff
Saidu Conton Sesay

Delivery Team Lead
Yvonne Aki-Sawyerr

Personal Assistant (1)

Information Management & Quality Assurance

District Liaison

Communications

Programme Management

Secretariat (2)

Data Analysts (2)

Roving QA Team (5)

Comms Officers (2)

Admin & Logistics

Office Assistant (2)

Fund Manager

District Delivery Teams

District Councils

District Facilitator, Analyst & Community Engagement Support

District MDAs (DMOs, DDs, etc.)

MDA Delivery Teams

MDA Team Lead & Initiative owners

Sector Coordinator & KRA Facilitator

Source: TBI Ebola Learning

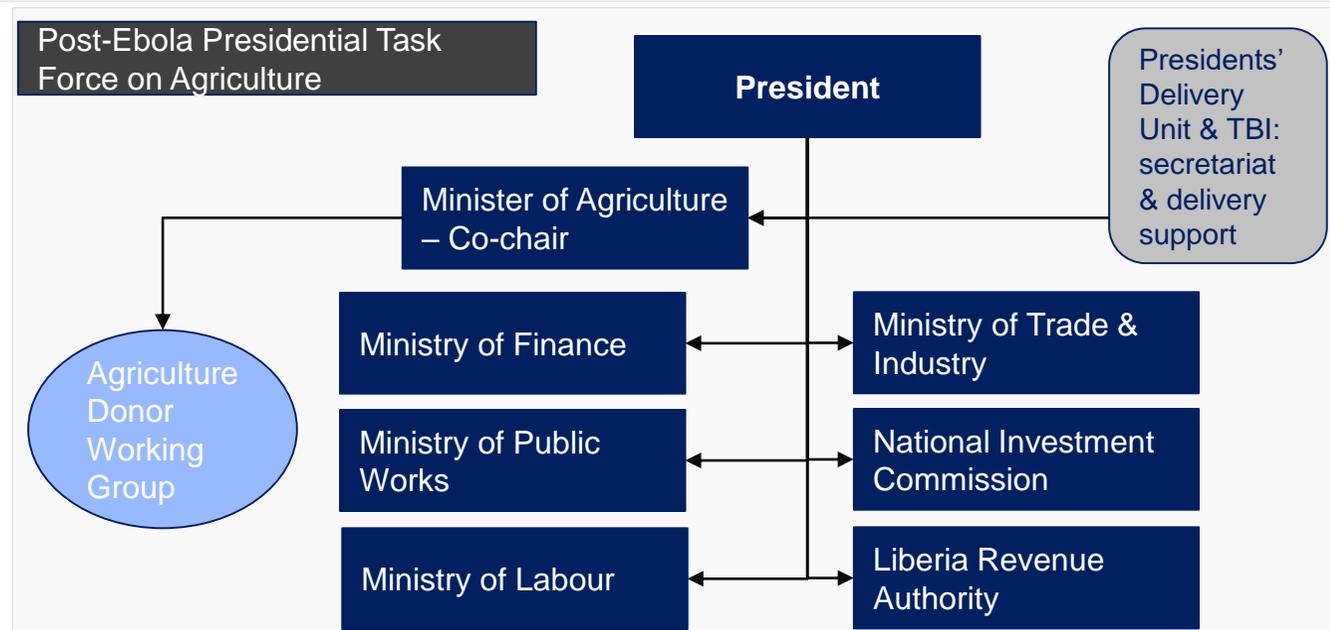# Whilst Liberia took a sector focused approach

CASE STUDY

- In Liberia, as the work of the foremost Ebola council – the Presidential Advisory Committee on Ebola – came to an end, the Ministry of Finance and Development Planning was tasked to develop an Ebola Recovery Plan.

- This looked at the requirements to restart economic development, and crucially, to use the momentum of the crisis recovery phase to drive systemic change: it aimed to shift the focus of the economy from extractives to agriculture, nutrition and manufacturing. It also aimed to scale up social protection, accelerate the strengthening of the health system and reform the education sector.

- Two presidential task forces were launched on economic recovery: one on agriculture and agro-processing and another on manufacturing. The former proved successful in galvanising momentum behind an agriculture transformation agenda that elevated the status of the Minister of Agriculture, allowed coordination of government and development partners, and scaled up private investment into the sector.

- President chaired six weekly meetings of the Task Force

- Minister of Agriculture was the co-chair and secretariat, backed by the President's Delivery Unit and TBI

- Convened Ministers from seven key ministries and agencies that needed to align around a common workplan

- The Minister of Agriculture separately led a donor working group that worked toward donor alignment

Post-Ebola Presidential Task Force on Agriculture

President

Presidents' Delivery Unit & TBI: secretariat & delivery support

Minister of Agriculture – Co-chair

Agriculture Donor Working Group

Ministry of Finance

Ministry of Trade & Industry

Ministry of Public Works

National Investment Commission

Ministry of Labour

Liberia Revenue Authority

Source: TBI Ebola Learning, AGRA Africa Agriculture Status Report 2018.

Revival and reconstruction phase: key issues for governments to consider

Maximise on positive developments

☑ **Adopt technological solutions** to digitise and streamline government services and processes, and to save resources spent on travels, meetings, office spaces and supplies

☑ **Sustain the current lean governance** operations by outsourcing some functions to the private sector

☑ **Utilise the boosted trust in government to inspire sustainable societal developments,** around personal hygiene and health, working culture, gender equality, saving habits, patriotism, children education

☑ **Encourage self sufficiency and import substitution** on key sectors building upon the current pivot of the manufacturing sector

☑ **Introduce sustainable recovery programmes** by utilising the shock to introduce sustainable policies– e.g. tax, 'green tech'-type regulations

Mitigate the unexpected outcomes

⚠ **Sustain public investment in productive and social sectors to bridge fiscal deficit** as revenues decline due to tax breaks and slowing business activities

⚠ **Diversify the economic base and identify new areas to boost productivity and resilience** to recover productivity levels quickly

⚠ **Increase trading and corporations with other African countries** through Africa Continental Free Trade Areas (AfCFTA) and regional/continental organisations like the African Union (AU)

⚠ **Invest in social recovery programs to protect gains in social sectors** such as education, nutrition, health and protect people from sliding back into poverty

⚠ **Invest in digital literacy, data protection and privacy solutions**

Source: TBI

" Leadership is one of the strongest things you need to have…If you don't direct people to say this is what we need to do, this is what you need to be accountable for, then you miss the boat."

Tolbert Nyenswah, Head of the Incident Management System, Government of Liberia (Ebola crisis)

Section 06

Recommendations for managing COVID-19 and the next pandemic

Learnings for political leaders, governments and international partners from Ebola (2014-2016)

Lessons for political leaders	• **Symbol**: being seen to lead • **System-builder**: putting top people in charge to manage the crisis • **Decision-maker**: the buck stops with you, you can delegate work but you cannot delegate accountability

Lessons for governments	• **Don't do it alone**, governments need to steer but everyone needs to row
	
	• **Put in place systems and structures** to allow the government to make the right decisions
	   – Keep it simple, get it started and adapt it
	   – Work out what information decision-makers need

Lessons for international partners	• **You will save more lives if you help government** manage the crisis without creating parallel systems • **Be clear about what you can and cannot do** • **Be flexible** • **Understand the culture and context**

> *We have learned much from this response that the world should consider for the next emergency. There are lessons about the importance of strong leadership and genuine collaboration between government and international partners, with everyone pulling together under one system to one end. We have learned lessons about how to build effective systems to improve decision-making and make the most of the range of expertise and resources. We have seen it is critical for the people of the affected countries to have a stake in securing their own futures. And, perhaps above all, we have seen why governments are uniquely placed to lead the response efforts in their own countries.*
>
> ***Her Excellency, President Ellen Johnson Sirleaf***

Source: TBI Report, State of Emergency: Lessons from how government fought Ebola

Recommendations for political leaders

The emergency allowed leaders to getting things done rapidly unhindered by the normal political, bureaucratic and administrative bottlenecks.

Most leaders relied on the data/evidence coming from their crisis management teams to take rapid actions/ decisions. This created efficiency across government.

It is important for leaders to explore ways to sustain this efficiency to build their countries back better.

Stay engaged and visible in the revival and reconstruction phases

Redefine your priories to build back better – priorities, which are politically relevant and 'citizen-centric'

Embed a performance-based system that is anchored on problem solving, innovation and transparency

Build top-class team – you need capable and motivated personnel around you

Communicate a strong narrative to mobilise the public behind your vision and incentivise sustained delivery at pace across government

Source: TBI

Recommendations for governments

Governments played a key role in leading efforts in responding to COVID-19. The public has relied on governments to safeguard their lives and livelihood.

Most governments responded in a unified fashion –sectoral silos and territorial hedging was put aside to efficiently deliver services to the their citizens. Technology also played a critical role to run lean governance operations.

How can these gains be maintained beyond COVID-19?

Foster the culture of delivery and performance-based systems across government

Redesign the CoG, make it adaptable, nimble and innovative, with strong delivery managers placed across the system

Build the capacity of civil servants with key skills required in the revival and reconstruction phases; i.e.: data collection, analysis and interpretation; delivery tools and techniques

Adopt relevant technological solutions to streamline government processes

Develop a pandemic response protocol and structure that can be dormant but ready to be switched on

Setup a platform to utilise private sector expertise and resources for policy and strategy design and implementation

Source: TBI

Recommendations for international partners

International partners provided the much needed technical and financial support to governments during this crisis.

Partners should realise that different countries responded to the crisis differently based on their capacity and extent of the spread of the virus, however one area that is going to be needed will be investment in strengthening the CoG to spearhead the necessary reforms in different countries.

To succeed in this space it is important for partners to be government led, build trusted relationships within government and have a long-term programmatic view.

Categorise countries, accounting for different levels of capability of government; different levels of capability in country beyond government; delivery awareness; styles of leadership; political systems; past experiences; missing factors of success and pitfall risks; and level and type of external support

Set out a framework of needs, to gain more clarity on the different types of priorities in different categories of countries

Build a framework of support for different types of countries, distinguishing between the health crisis phase and the pre- and post-crisis phase. The latter needs to ensure a link to principles of delivery in the centre of government

Explore suitable modalities to tailor support given to countries in different contexts, accounting for the spectrum from short-term rapid support through to long-term delivery support

Analysis of the relationship between long-term efforts to strengthen management skills at the centre of government and pandemic management

Analysis of the interactions between countries and international support agencies around pandemic management

Source: TBI