

Was the COVID-19 pandemic a predictable surprise? A crisis management perspective.

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Context

In their seminal work, Watkins and Bazerman (2003) defined a predictable surprise as “an event or set of events that take an individual or group by surprise, despite prior awareness of the information required to anticipate the events and their consequences”. The authors argued that predictable surprises are predominantly a failure of (i) *recognition*— the inability of an individual or group to spot red- flags, gaps and weaknesses in a system before they escalate to major disruptions (ii) *prioritisation* — failure to manage identified threats with the level of importance and urgency they require, and (iii) *mobilisation* — failure to organise and coordinate key resources in response to a potential or ongoing disaster. The authors subsequently developed a recognition-prioritisation-mobilisation (RPM) framework, which they proposed as a useful tool to gauge and/or ascertain the predictability of a crisis in hindsight.

The impact of COVID-19 has been monumental on the global economy; national lockdowns and individual isolation have crushed world trade and commerce, putting globalisation on the backfoot probably for a foreseeable future. Activities involving the coming together of people have been grossly affected: air travel, tourism, sports, religion, arts, not to mention the sharp rise in unemployment rate in most parts of the world. But amidst all this chaos, many have wondered if better *recognition* of threats, *prioritisation* of actions and *mobilisation* of resources might have helped to reduce the impact of this pandemic on governments, businesses and citizens at large? This is the overarching question this paper seeks to address.

Predictable versus unpredictable events

The past few months between March-December 2020 have seen a considerable number of world leaders and policy-makers receive their fair share of blame from relevant stakeholders in relation to their handling of the COVID-19 pandemic. Also, mainstream media have been fairly busy with reports of various societal outrage and public lampooning, as citizens continue to remonstrate their disapproval of the management and governance of the COVID-19 pandemic by their respective governments (CMA, 2020). But a key question that continues to be asked is whether or not this pandemic came as a “thief in the night” despite prior warnings, or if it was indeed a “genuine surprise”. The answer to this question is far from straightforward since a range of factors would need to be factored into the toolbox. Inevitably, citizens will always judge how competent their leaders are on the basis of how well they managed to envisage and/or prioritise the safety and welfare of those under their watch (Okoli et al. 2014). People tend to be more considerate when a crisis event falls within the “difficult to predict” category than when failures are perceived to have accrued from insensitive behaviour or gross negligence of leaders. Either way, ascertaining the level of predictability of a crisis is often a difficult task, though one that is deemed important for the purposes of accountability and good governance. This article specifically aims to initiate useful discussions around the predictability of the COVID-19 pandemic, with the hope that insights generated here will help to inform and guide public expectations in relation to the management of the pandemic across the globe.

COVID-19: A failure of recognition, prioritisation and mobilisation?

Recognising safety related cues (or their lack thereof) and discriminating between such cues are important antecedents to effective crisis management. Unfortunately, with COVID-19 there are compelling evidence to suggest that governments and businesses possibly underestimated their exposure to the pandemic, thus reacting too slowly to the range of internal and external threats associated with COVID-19. This psychological tendency to linearize potential dangers at the incubation stages of a crisis has been termed “exponential growth bias” (Sieron, 2020). The coronavirus pandemic revealed, in notable measures, inherent weaknesses and frailties in contingency plans at both organisational and national levels. Inefficient procurement and distribution of PPEs, poor implementation of test and trace protocols, ineffective risk communication littered with inconsistent and conflicting messages, and poor timing of proposed action plans are only but a few examples of the leadership misdeeds that

characterised the behaviour of some world leaders in the course of the pandemic.

A selection of COVID-19 related mismanagement issues (dilemmas and decision errors)	Category of failure: <ul style="list-style-type: none"> • Recognition • Prioritisation • Mobilisation
Failure to adopt the precautionary principle of safety e.g. decision to delay national lockdowns till situations grew out of control.	Recognition /Prioritisation
Failure to provide sufficient PPEs to healthcare professionals in a timely manner.	Mobilisation
Decision to resume back international travels for holiday purposes just after the first wave of the pandemic.	Recognition/Prioritisation
Not using simple and familiar language to communicate risks to members of public.	Recognition/Mobilisation
Failure to sufficiently protect health and social care workers and patients at care homes.	Prioritisation/Mobilisation
Failure to anticipate possible inundation of hospital beds beyond normal capacity.	Recognition, Mobilisation
Failure to equitably allocate health resources at country level, especially in relation to the rationing of resources.	Mobilisation
Multiple operational failures in the design and implementation of test and trace systems.	Mobilisation
Lack of sensitivity of proposed intervention strategies to the issue of diversity and cultural differences in multi-ethnic societies.	Recognition/Mobilisation
SMEs affected by a shortage of raw materials that ultimately disrupted their operational capabilities.	Recognition/Mobilisation
A shortage of trained health care professionals at the peak of the pandemic.	Mobilisation

Table 1: Analysis of COVID-19 related failures through the RPM lens

One possible criticism of the RPM framework was its tendency to treat the three constructs (recognition, prioritisation and mobilisation) as linearized and independent modes of failure. As shown in Table 1, analysis of the RPM model through the lens of the COVID-19 pandemic seemed to have provided a clearer picture of the possible overlaps and dependencies between the three categories of failure. For example, failure to equally prioritise actions in care homes at the early stages of the pandemic led to oversights in tracking the severity of events in that particular sector, as the preponderance of focus shifted to hospitals across many countries. This ultimately resulted in governments’ inability to adequately mobilise key resources such as PPEs and safety protocols to support care workers and in-house patients, which eventually became a major hotspot for the virus. Also, the decision to delay national lockdown as seen in countries like the UK, Italy, France and the US was both a failure of recognition — of impend-

ing dangers, as well as failure of prioritisation. This misplaced priority has been interpreted by many as a callous show of preference to uphold existing socio-economic activities at the expense of human safety.

Generally speaking, whilst recognising the severity of an incident and the urgency required to invoke appropriate counter-measures are both important steps in managing public crisis, outcomes could still prove unfavourable if leaders, in the end, fail to prioritise and/or enforce policy actions in a timely manner. These views are consistent with Kilham's (2020) assertion that "a hallmark of the pandemic so far has been repeated failure to take seriously what in retrospect could have been heeded and led to action". One important takeaway from this paper is that failure to either recognise or prioritise existing or impending dangers often led to failure to mobilise appropriate resources (Table 1).

Conclusion and future directions

The COVID-19 pandemic has impacted each country in unique and diverse ways, consequently leading to varied measures being taken by various leaders across the world. But building on lessons learnt from the management and governance of COVID-19 so far, there is no doubt that many governments and their health institutions may now need to rethink their current approaches to preparedness, planning and response to public health crisis. Inter-governmental learning and the sharing of best practices within and across countries are crucially seen as important steps along the pathway to normalcy, which could be a long way from here. Amongst other things, the COVID-19 pandemic has shown that only little progress can be made if leaders continue to randomly experiment between alternative options with no explicit strategy in place. Effective management of any crisis entails taking proactive, as opposed to reactive measures. For example, it is possible to learn from Sri Lanka's long-term resilience building approach that helped the country navigate the conventional problem of shortages of health professionals at the peak of the pandemic. Sri Lanka has gained global recognition as one of the few countries that offer free medical education and para-medical training in most parts of the country, coupled with its long history of sound public health awareness programmes. The result of this proactive strategy was the country's ability to mobilise tens of thousands of trained medical practitioners to help tame the growth of the virus at the early stages of the pandemic, something their counterpart countries clearly struggled with (Amaratunga et al., 2020). Lessons could also be learnt from countries like New Zealand who opted for a precautionary approach by imposing full lockdown at the early stages of the pandemic. It is no surprise that New Zealand is ranked top on the list of countries (GRID index) with the best leadership response to the COVID-19 crisis (CMA, 2020).

In conclusion, it can be noted that countries adjudged to have managed the pandemic effectively did so on the basis of their ability to recognise potential COVID-19 related threats, prioritise actions and mobilise key resources to help control the crisis. The exact opposite also holds true for countries adjudged to have performed poorly.

References

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