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GETTING OUT OF THE HEALTH CRISIS - YES, BUT HOW?

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Getting out of the health crisis – Yes, but how?

This paper aims to summarize the main lessons learned from the dynamics approach, that are useful for key policy decision-makers in order to better lead/steer their “crisis hubs” or “war rooms” as well as the experts and advisors who compose them.

Are we all talking about the same thing?

Do we all share the same definition, the same analysis, the same conclusions, the same objectives, the same recommendations, the same criteria for success of this hoped-for exit from the crisis?

Obviously not!

For some of us, the health crisis can be summed up in the tension in the hospital - more particularly in the intensive care units - and in the constraints imposed by the confinement.

For others, it extends to the socio-economic consequences of health measures (chosen or suffered).

Some see it as just another political crisis, or as a purely artificial - even deliberate - construction to coerce or enslave us.

Clearly, we all interpret the situation based on our own selection of data, according to our own values, using our own analytical models and, where appropriate, the laws and norms we consider appropriate to achieve the finality we have chosen by reasoning or intuition.

All this creates disparate convictions, cognitive dissonances, which result in a state of psychic tension that pushes each of us - the decision-makers as well as all stakeholders - to modify our judgement in order to adapt to the conflict that arises between this crisis and our certainties or our habits (of thinking, acting, etc.). This adaptive mechanism accounts, at least in part, for the tension that arises in social relationships insofar as the modification of judgement is either towards more doubt or more certainty and in both hypotheses, towards more intuition and less deduction.

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What can we do?

We can realize that an intuition - however strong it may be - does not in itself constitute a truth, but only a first step towards a truth, if we accept to be interested in the conclusions of a hypothetical-deductive reasoning, without fear of getting lost in it. In other words, despite this feeling of 'intuition as conviction' and 'urgency to act (or not to act)', we must force ourselves, starting from our first intuition, to take the time to arrive at a new conviction, via an adequate methodology, such as that offered by the 'Confront-Regulate-Overcome' meta-model and the cindynics approach. Whatever our "intuition as conviction" about this health crisis, it seems necessary to go back to the knowledge established to date, and then to propose a shared interpretation of it, in order to consensually define objectives with clearly defined success criteria.

Beyond that, we also need to (re)clarify the perimeters of competences, decisions and responsibilities of experts, advisors and decision-makers (detailed in the appendix).

Confront, or what do we have to know?

We are indeed confronting a crisis/catastrophe¹ because we can no longer, on our own authority/competence, control the integrity, security, functioning - or even the cohesion - of our personal and professional environment.

This crisis is generated by the spread of

the SARS-CoV-2 virus and its many variants throughout the population and has certain consequences that have already been identified (detailed in the Annex).

We do not yet know the long-term effects for asymptomatic patients, but we do know that symptomatic patients often have long-term complications and sequelae, affecting their quality of life and even their ability to work.

Regulate, or what should we do?

A crisis/disaster cannot be 'managed' because one - as the person in charge - cannot really ensure 'the functioning', 'the direction', 'the impetus' or 'the control' since, by definition, a crisis/disaster escape us in such a situation of urgency, unexpectedness and uncertainty.

A crisis/disaster is 'regulated' or 'piloted' in the sense that one finds oneself having to operate in an environment alien to one's usual experience and having to (self) steer according to ever-changing circumstances. It is a question of being able to (re)gain a certain control over the resistance, aggression or damage that overwhelms organizations and individuals each, at his or her level of responsibility.

In other words, to regulate implies to contain, to maintain and to hold in the evolution of a given phenomenon, by means of decisions to act or not to act, taken under a continuous reassessment.

To be able to regulate, one must:

- Renounce being/looking for the "Providential Man" who is supposed to save us, and instead favor

¹ The "disaster" is distinguished from the "crisis" by the inadequacy of the available resources with the current needs and by the disappearance of the limits between the "internal and external" of each structure/organization.

These limits can be physiological, intellectual, structural, territorial, institutional, administrative, etc.), and impose a "de novo" (re)construction, contrary to the "crisis" which authorizes an "ad integrum" resolution.

the cooperation/synergy of multi-disciplinary collective intelligence by constituting and structuring connected and coordinated crisis cells. Thus, these crisis cells cannot be simple 'recording chambers', nor simple collectors/transmitters of reports, but rather places of consultation/creation/invention/prospection/decision.

- Recognize that the "Doxa" has taken precedence over the "Episteme", which means that "convictions" take on the value of "incontestable truth", disqualifying in principle any attempt at rational hypothetical-deductive explanation.
- Respect the instructions resulting from more than 35 years of feedback generated by the cindynical approach (detailed in the appendix)

Overcome, or what can we hope for?

"To be able to overcome" the consequences of the risky choices that had to be made thanks to partial anticipations, frequently renewed and shared, and, at a distance, by the lessons that are drawn from them. In other words, to overcome difficulties, complications, contradictions, resistance, objections, ... by placing oneself at a level of analysis, understanding and arbitration where antagonisms are erased.

Also, overcoming involves acts and decisions identified by the Cindynics (detailed in the appendix).

Cindynics' appendix

This part, in the form of a checklist, tries to cover all the known data and tasks that should be carried out. It is, of course, up to the decision-makers to determine the different structures that can take responsibility for them and to coordinate them.

1. Confront, or what do we have to know?

- A. The SARS-CoV-2 virus and its many variants cause a disease called "COVID-19" which is asymptomatic in 8 out of 10 cases (it goes completely unnoticed) and symptomatic in 2 out of 10 cases (it is manifest and requires medical management), all ages combined.
- B. In all cases, patients, whether asymptomatic or symptomatic, spread the virus to their immediate environment from one week after their initial infection for about 3 weeks.
- C. The youngest are not spared, but present mainly asymptomatic forms, unlike adults and the frailest/oldest who present mainly symptomatic forms.
- D. When it is manifest, COVID-19 can be treated at home, lead to hospitalization in a medical ward, cause complications that require admission to the intensive care unit, or even be fatal.
- E. Barrier measures, social distancing, isolation of proven asymptomatic or symptomatic cases, quarantine (isolation) of contact cases, and the broadest possible vaccination - all these measures combined - limit the spread of the virus in the population.

F. COVID-19 is indeed responsible for a health crisis/catastrophe because it directly or indirectly provokes, at several levels, the cascade of determinants of population health (individual and inter-individual psychology in the broad sense, the sociology of groups and their subgroups, economic activity, political organization and functioning, the body of legislation).

2. Regulate, or what should we do?

- I. Accept the uncertain and unstable nature of our medial and immediate environment on the one hand; accept the fact that any situation subjectively considered to be true [by decision-makers or those involved] will have very real consequences" on the other hand.
- II. Become aware of the current doctrine in order to appropriate it; if necessary, (re)define it.
- III. Set up, structure and maintain connected and coordinated crisis units, which are not "recording chambers" or simple collectors/transmitters of reports, but rather places for consultation/creation/invention/prospecting/decision-making
- IV. Acquire data that is as reliable and verifiable as possible, regularly updated, by constantly assessing its degree of uncertainty and obsolescence, by coordinating/cross-referencing/comparing sources and issuers that are necessarily different.
- V. Interpret the data collected after verifying that all stakeholders use the same reference values, appropriate and compatible analytical models, against the same applicable laws and standards, to achieve a common purpose.
- VI. Discerning dissonances, dysfunctions, divergences and cindynogenic deficits in order to better understand the ins and outs, the conscious and unconscious dynamics (including the collective unconscious), the stakes, of what is at stake, based on the interpretation of the acquired data.
- VII. Distinguish and clarify the role of decision-makers (who arbitrate between syntheses or scenarios), that of advisors (who propose syntheses or scenarios), and that of experts (who provide information, insights, and interpretations useful for the constitution of syntheses or scenarios).
- VIII. Define a shared strategy, in line with the doctrine in force, setting the objectives to be achieved with their qualitative or quantitative success criteria, which are shared and understood, including the a priori acceptable level of approximation/error (as soon as possible).
- IX. Plan the execution of this strategy by specifying the key stages, their desired/acceptable/realistic deadlines and their articulation/interaction, according to the resources/mediums that can be mobilized and the logistical temporal/spatial constraints that are imposed.
- X. Execute and complete the strategy through appropriate conduct, respecting the necessary adaptation to the evolution of the situation at the tactical level, according to the iterative interpretation of the data collected along the way.
- XI. Organize/clarify the subsidiarity and prioritization of trade-offs as

- close as possible to the actors concerned.
- XII. Observe the expected and unexpected effects of decisions taken, draw conclusions on the evolution of the situation, the adequacy of resources and teams to known or identified needs, if necessary, take advantage of them, or make corrections deemed necessary by the decision-makers.
- XIII. Monitor the consequences of initiatives/adjudications/decisions taken in the emergency which may subsequently appear harmful due to the evolution of the situation.
- XIV. Identify the insurance, legal, political, economic, financial, social or societal consequences - territorial, national, cross-border, international - of the situation, of its own evolution, of the decisions/arbitrations envisaged or already taken, whether these consequences are direct or by domino effect.
- XV. Communicate on what is known to date, on the doctrine and the resulting strategy, on the tactics applied, on what has been done, on the expected and observed effects, on the uncertainties to be resolved on the time and date of the next situation report. Avoid confusing "pedagogy" with "training" or "education", and prefer rhetoric and symbolism to hypothetical and deductive demonstration
- XVI. Integrate all the above steps into an iterative analytical and decision-making chain, like the Deming wheel.

3. Overcome, or what can we hope for?

- Determine whether the success criteria, either qualitative or quantitative, of the objectives initially set have been achieved.
- Determine, as soon as possible, whether the previous state will be restored at the end of the crisis. If not, define the criteria for consolidation and start planning without delay by entrusting it to a dedicated unit.
- Communicate with social regulators such as elected representatives and intermediary bodies on the short-, medium- and long-term consequences of the evolving situation. Share the different evolutionary scenarios envisaged.
- Resist the temptation of new ordinances, laws or regulations ... give legislators and regulators time to do their job.
- Explore the "taboos" - in other words, everything that no one will have wanted to touch - nor will have wanted to take the risk of mentioning it during the regulation of the crisis - in order to draw the necessary lessons.
- Re-enchanting society or even proposing a (re)composition of the chains of participation.

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