Commentary

Leadership in Times of Crisis: A Personal Reflection from the Center of the Ebola Epidemic Response in Liberia

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The 2014 Ebola virus disease (EVD) outbreak of 2014–2015 was the largest epidemic of the disease in history, with over 28,000 people infected and 12,000 deaths in West Africa, including over 8,000 cases in Liberia. In an accompanying paper in this series, we describe the leadership crisis tasks and approaches during the different stages of the EVD crisis.1 In the current phase—the long tail of the epidemic—the crisis has passed, and the important task is to learn lessons from the epidemic. What follows is a personal reflection on the lessons I’ve learned, from my perspective as the incident manager of the Incident Management System (IMS) in Liberia, a position where I led the national control response. I was put in charge of the IMS on August 11, 2014, coming in late in the early phase of the epidemic, when the epidemic was rising at an alarming rate and recognized as a global crisis.1 A week before my appointment, the World Health Organization declared a “public health emergency of international concern,” which lasted until March 2016.

THE RESPONSIBILITY OF LEADERSHIP IN CRISIS

Leading a national crisis response is a tremendous responsibility. All eyes are on you. In the case of Ebola, being the deadly disease that it is, the responsibility was even greater, not just for the government. It was a tremendous undertaking for my family as they grappled with the magnitude of the situation under my leadership and their fear that I might be exposed directly to EVD at any moment and become infected, thereby putting them at risk for ultimately becoming infected themselves. It was worrisome, yet, deep in my soul, I knew that it was a task for which I had been preparing all of my life, from the moment of my birth, when my father had the vision of me becoming a leader for my country. Therefore, this assignment was one I had to take without question. Now that the crisis is over, I have the opportunity to reflect further on the lessons I learned from leading the Ebola response, the most challenging assignment of my life. In this leadership role, I learned many

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things; some I already knew, some were very new to me, and some I had never imagined.

Learning from Mistakes
There were some mistakes that need to be acknowledged and used for learning. Of course it is important to be able to recognize a threat like Ebola and respond immediately—something that depends on timely and reliable information, as well as leadership and systems, to respond quickly. The response would have been enhanced by much greater human and technical investment early on in all aspects of data management, including selection of the most appropriate database, informatics, and communication infrastructure. Greater efficiency might have been realized with more extensive support for administrative systems such as personnel and payroll management and empowered logistic and financial capacity under the IMS. Finally, essentially no research was conducted during the epidemic about public health or clinical care management—a consequence of the demands of the response but also a missed opportunity to learn. One of the priorities after the crisis has been to build a sustainable public health surveillance system to be better prepared to identify and respond to crises, and to learn from them more systematically.

But there are other mistakes that should be avoided during a crisis. Considering that situations vary, it is impossible to initially determine what the right response system should be when a situation is new, as was the case with Ebola. Yet some systemic mistakes that should have been avoided include the following:

- **Having too many people in the room.** Making decisions with huge numbers of people, sometimes nearly 100, in the room, diluted expertise and could skew expert advice, because people who were not experts on a particular issue felt compelled to offer their opinions and wanted to influence decisions. Consequently, the most important people were not always in the room taking decisions and many people without the right expertise were taking up space. Once I was clear who needed to be there, I instituted a system that restricted who was at the table and who gained entry. It was tough because things were moving quickly and there were so many meetings in a given day. What was necessary was ensuring that the subject-matter experts, people who understood the issues best, were present, even if it meant delaying the conversation.

- **Not being in one place.** Having a scattered workspace layout with people working from different places, in different buildings or locations across town, made it hard to have meetings with the appropriate experts present and hindered informal information sharing. The command center, first and foremost, needs to have all relevant persons and support staff in the same place for efficiency and an effective response.

The Political Process
There are other important lessons about political process and social services during the crisis. Liberia’s senatorial were scheduled to be held on December 20, 2014, with the voter turnout expected to be high, even after a long period of declared restrictions by the government, which kept public gatherings at a minimum. What could have been considered a political standoff and creating an unstable situation was prevented through astute leadership. Politicians contesting reelections believed that the country was not safe, in view of the ongoing Ebola epidemic. They proposed that the elections be cancelled. However, other first-time contestants seeking elections to unseat the incumbent senators were pushing for elections to occur. As the incident manager of the national Ebola response, I assembled the IMS team to urgently develop new strategies and logistics to support the electoral process. In concert with the National Elections Commission (NEC), we established a series of protocols, emphasizing the use of hand-washing stations and thermometers in preparation for the election. This required investment in staffing and equipment at each polling station. I held several meetings with leaders of all political parties, the NEC and Presidential Advisory Council on Ebola (PACE), to convince politicians that systems were in place to protect the voting populace from EVD and therefore it would be safe to go ahead with the elections.

Logistically, it was extremely difficult to have health workers and supplies at every voting location across the country, given the urgency of concentrating resources on hot spots and responding rapidly to new cases. In view of this reality, the Ministry of Health and Social Welfare (MOHSW) and the NEC targeted a discrete number of counties and voting precincts with the greatest risks of ongoing EVD transmission, with interventions designed to curb any potential infection or transmission chain. We proposed that response staff cover all 441 precincts in Montserrado County (the most affected, most populated area and the seat of government), as well as a smaller number of sites in six other higher risk counties, with 621 sites in total. In this vein, both MOHSW and NEC could focus attention and resources on the areas at greatest risk of EVD transmission.

At each selected voting station, two community health volunteers were deployed—one focused on hand washing and sanitation and the other focused on taking temperatures. A team of health supervisors traveled between sites to ensure that these protocols were implemented uninterrupted. I used
the entire day in Monrovia to monitor the system and ensure that people adhered to the protocols. When voters arrived at the polls, they were asked to wash their hands and temperatures were taken with an infrared thermometer before they joined the voters’ queue. If their temperatures were normal, they were directed to the regular queue. If their temperatures were elevated, they were rechecked after a specified period. If the temperature remained elevated, they were accompanied to a separate station where they were requested to wash their hands, which were then saturated with hand sanitizer before their ballots were issued. They were then escorted to a separate area where their ballots were deposited directly into the ballot box, without coming into contact with other voters or with the NEC staff administering the voting center. Most important, phone numbers of each voter with an elevated temperature were collected, before being referred to a case investigator. The case investigator was responsible for immediate follow-up to determine whether EVD infection was likely and, if so, appropriate referrals were made to a local Ebola treatment unit or community care center. This facilitated separation of individuals with fever and possible Ebola infection from those in regular polling queues, thereby minimizing the likelihood of exposure and transmission of infection to others and still providing everyone the opportunity to exercise their right to vote.

The effects on social service workers were also critical. The president of Liberia ordered the closure of all schools (elementary, secondary, university) in the country for an indefinite period of time. This had a negative impact on Liberia’s expected education outcomes for young people in particular. In addition, significant amounts of economic activity around the education sector were halted, thereby creating economic hardship for many. The overriding concern underscored possible student unrest as a consequence of this activity around the education sector were halted, thereby creating economic hardship for many. The overriding concern underscored possible student unrest as a consequence of this. In addition, significant amounts of economic activity around the education sector were halted, thereby creating economic hardship for many. The overriding concern underscored possible student unrest as a consequence of this.

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In Liberia, 2 aimed at allaying fears of widespread transmission within schools by raising issues of school health and safety measures that were in place to avert EVD exposure to this population. Several extraordinary measures, though not guided by public health principles, facilitated social mobilization and community awareness efforts, in an environment where actual knowledge of Ebola, its aggressive course, and its long-term sequelae was at the bare minimum. Health officials pointed out that there was no recommendation to close schools based on health concerns during an Ebola breakout. What was important here was educating students on good hygiene practices, such as frequent hand washing, as a means of preventing disease. In this regard, the schools had the responsibility of teaching, implementing, and monitoring school health and hygiene activities. The paper suggested that there was no reason not to reopen schools because public health measures were in place and being implemented in all areas across the country.

Everyone was concerned about the public’s health, not just health officials. Parents were concerned that due to EVD transmission, schools were shut because they were unsafe. Health officials and school authorities were also concerned that stern criticism would come from the government in the event that a child was exposed to EVD in school and subsequently contracted Ebola. We wanted to make sure that schools were reopened as soon as it was deemed “safe,” in order to address the public’s perception of safety. Collaborating partners agreed to support the government toward opening schools in January 2015, subject to certain additional criteria being in place. There were four essential criteria agreed upon by health and education experts as prerequisites for reopening schools: (1) hand-washing facilities must be instituted; (2) temperature screening must be implemented; (3) isolation tents must be available; and (4) schools must have the ability to refer potential or suspected cases quickly to county health teams.

To institute these essential criteria within two months, we had to have certain things in place. We had to move quickly and appropriately budget for the required items (soap, thermometers, tents; ensuring that trained teachers were in every school to monitor hand washing) and ensure that the protocols were well understood. With regards to social mobilization and awareness, it was necessary to assure parents and communities that their engagement was critical in the school reopening process. The messages were modified to reflect the potential risks of having children in school, and we had to provide assurance that we could manage any potential risks of Ebola infection. UNICEF, one of our key partners focused on social mobilization and children during the response, suggested that we encourage parents to share the responsibility of educating their children on how to protect themselves from EVD. Health experts advised that schools had to reopen so that the children’s education would not be further compromised by regular and prolonged interruptions, considering that their education is critical for upward mobility in the future.

**KEY PRINCIPLES OF CRISIS LEADERSHIP**

From these experiences, I learned six key principles of crisis leadership that have practical relevance:

1. **There is no substitute for political leadership.** The leadership in Liberia’s Ebola response was both top-
down and bottom-up. As the IMS chair, I played a special leadership role in organizing and coordinating the Ebola response in every aspect, with the unwavering support of the president of Liberia and the Liberian citizens in general. Governments must step up with steadfast resolve and make management of a national crisis a priority on the political agenda. Political leaders must rapidly and simultaneously manage a multitude of activities and people and quickly identify nationals who understand the subject matter and are well suited to take charge in a coherent system in a manner that embraces the cultural and political context of the country. The Ebola response was complicated, with lots of moving parts, including thousands of competent national staff. For example, in October 2014, the United Nations estimated that only two percent of those involved with the response would be from other countries—the international community, so to speak. Liberians themselves had to take charge of saving their own lives.

2. **To lead effectively, there must be a supporting cast.** Teamwork is the recipe for successful leadership. Everyone on the team must play a specific role. Convinced of the political support from the president and legislature, I managed the Ebola crisis to build systems, while at the same time responding to a critical health emergency, by delegating responsibility to thematic team leaders. These were key people with the skills and commitment to manage the crisis toward containment of EVD. I had the oversight responsibility for the entire response and all thematic leads reported directly to me every day, several times a day, keeping me abreast of all developments as they occurred. I needed to be on top of things and depended on others to be able to do so. Making rapid, concrete decisions was essential at all levels, from the IMS to the higher-ups in government. I was there, available at all times, organizing every aspect of the response, performing the most difficult tasks, making the most difficult decisions, and solving a complexity of problems. This could not have been done well without the support of others.

3. **Governments must take ownership of their response**, even where and when assisted by others (international community): I knew in my mind that with the setup of thematic groups that we established, the response was ours. No one had more at stake than the government and people of Liberia. Though the eyes of the international community were focused on the World Health Organization and Centers for Disease Control and Prevention for guidance, the eyes of the World Health Organization and Centers for Disease Control and Prevention were focused on me as the incident manager and the entire Liberian leadership. When the situation looked grim, they (international community) blamed the government and Liberian people. When the situation began to steadily improve, people were praising the incredible leadership demonstrated by Liberians in conducting every aspect of the Ebola response in Liberia. Through our national leadership model, with Liberians themselves at the helm, we were able to contain EVD toward full declaration of freedom from its deadly sting.

Countries and governments must recognize their own strength and be more self-reliant in times of crisis. People galvanize to get things done when their lives are on the line. Liberians galvanized to save their souls. It took time for the international community to recognize that the Ebola crisis was dangerous from the perspective of becoming a global pandemic and not just a dangerous disease affecting Africans. We had to struggle to stay afloat.

4. **It is critical that systems and structures be put in place early** by the government, with support of international partnerships, while the government is in the lead and free to make right decisions in the interest of its people. As the IMS Chair, I made major decisions to emphasize Liberia’s response strategy, to effectively manage mechanisms in coordination, reporting, tracking, and response activities to make the right decisions. Keep it simple, get it started, and adapt where necessary to move the process along. We constantly needed to relay information to those in authority to facilitate their decision making. Flexibility should be emphasized. During the response, we changed a lot of the response initiatives. We learned by doing, making adjustments or modifications in strategic profile when indicated, always keeping the culture, traditions, and political contexts in perspective.

5. I also learned that the relationship with international partners must be managed well if it is to work. International partnerships, expertise, and financing facilitate national crisis response for countries that are resource constrained. They need to be involved in key decision-making processes. If they are not at the table when these decisions are made, the process of achieving the desired results may be slow moving or not moving at all. If the partners participate in decision making and consensus, the desired results will manifest more quickly. However,
international partners must be respectful of a government’s strategic direction and expertise, while making their contribution. They must be held accountable with regard to resource allocation and design and implementation of activities that are specific to the needs at the time, taking into consideration the culture, traditions, and political context of the people they come to assist. In my leadership role, I kept the international partners in check and insisted that they perform their roles in line with our national strategy for the response … One Goal, One Strategy.

I believe that the Ebola response was most effective when the government and international partners worked together collaboratively. This occurred when we were conferring jointly in solving problems and where the government was confident in requesting or delegating responsibility to an agency in instances where the national team did not have the technical capacity in a specific area. At best, this meant integrating teams to work together. Developing a new data system or investigating a new case, with nationals in the lead working closely with international partners, illustrated how to best build teams together.

6. Leadership comes from within, but opportunities to lead come from the outside. I believe that one is innately endowed with leadership abilities. Despite my more junior position, I was singled out by President Ellen Johnson Sirleaf and given the sole authority to lead the national Ebola response. When the President of Liberia put me in the leadership role over the minister of health to manage the national Ebola response, this meant that I was suddenly directing the work of more senior authority figures from the Ministry of Health as well as a range of other government ministries. This also meant that I reported directly to the president and could attend cabinet sessions with the president, as well as sit in on meetings with other presidents and heads of international agencies. There was a risk that others could undermine my leadership or that I might be reticent in taking hard or unpopular decisions. However, I took the reins decisively and immediately instituted a structure for service delivery, in which I defined clear roles for both the international partners, alongside the Liberian nationals who led different elements of the response. One international partner said about me, “When he spoke, even the Minister of Health had to listen. The President entrusted him and sticking with him was a big experience and decision. It made a big difference. All other Ministries’ support came under Tolbert’s leadership.”

Although it is obvious that the best person for the job should have the requisite skill sets, it is not always as clear what the right skills are in a crisis situation that is a first experience. Seniority or even technical skills are not the most important characteristics to look for in a national crisis manager. Decision makers and coordinators do not need to be technical experts, as vital as technical experts are. National crisis managers should be leaders capable of bringing together and utilizing a wide range of resources to facilitate making rapid, appropriate, or correct decisions. Crisis managers should be able to prioritize and quickly and effectively focus on those issues that are not readily solvable by presenting them to the main coordination body (like the IMS) for immediate discussion and urgent action.

CONCLUDING REMARKS

The Ebola epidemic was one of the most important public health crises in the century, overstretching local, national, and global capabilities to identify and respond. For any crisis of national and international scale, it is critical for national leadership to take responsibility early, to organize a response around the key dimensions of analysis and response, and to ensure that teams are empowered to take decisions. Discipline is required to keep discussion focused around decision making and to ensure simple communications. Regular and frequent internal communications are critical to be able to do continuous problem solving. Reaching out to international partners is vital so that they will bring their resources to bear, rather than create confusion. Similarly, communication with the public is needed to keep people informed on the facts and provide appropriate reassurance and hope, particularly about steps they can take to get through the crisis. It is my hope that some of the lessons we have learned will help as we move to a non-crisis condition and that we will be better able to respond to the next crisis.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

No potential conflicts of interest were disclosed.

REFERENCES

[1] Nyenswah T, Engineer CY, Peters DH. Leadership in times of crisis: the example of Ebola virus disease in Liberia. Health Systems & Reform 2016; 2(4): xx-yy.

[2] Nyenswah T. Policy paper for reopening of schools in Liberia. Liberia: Author; 2014.

[3] Tony Blair Africa Governance Initiative (AGI). Lessons learned, report. London: Africa Governance Initiative; 2014.