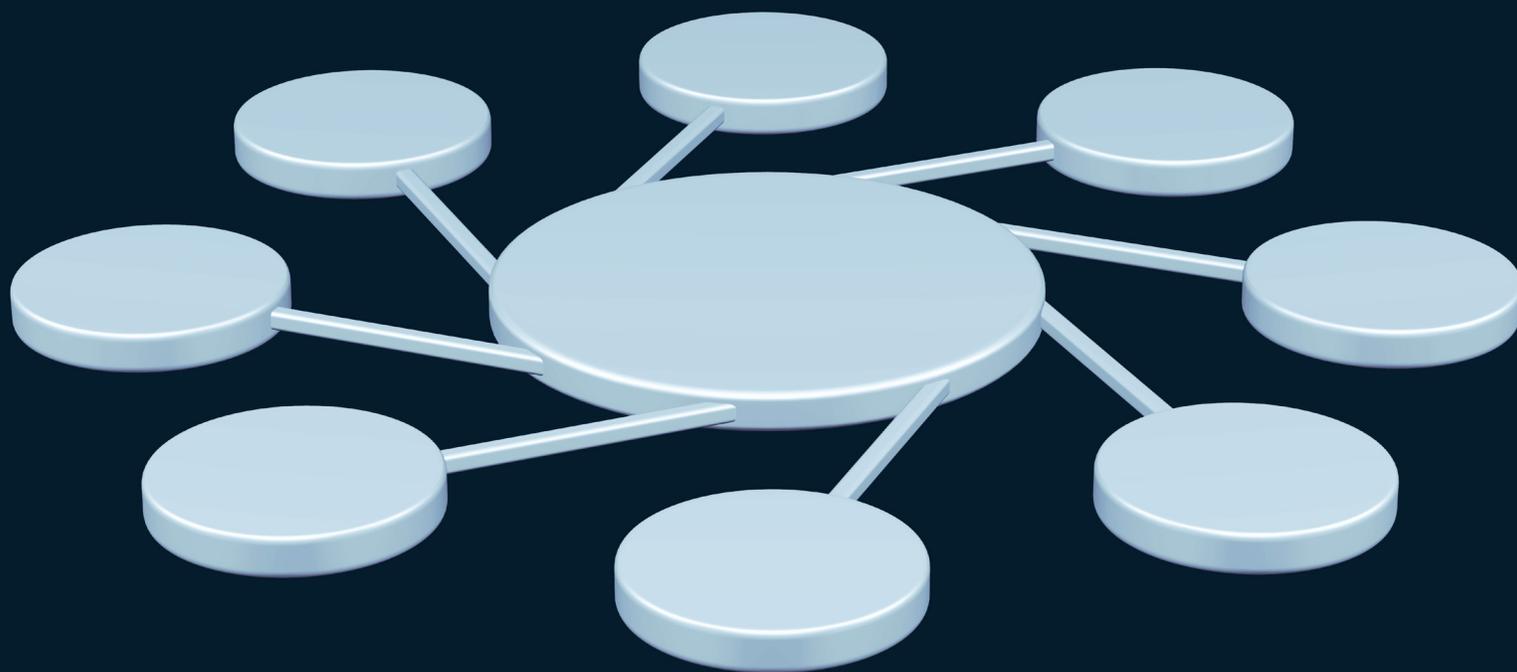


Public Sector Practice

Using a crisis nerve center to help reopen the economy

To manage the next phase of responses to the COVID-19 pandemic, government leaders can consider the skills needed to lead and contribute to the effort.

by Andres Cadena, Mihir Mysore, Leah Pollack, and Catharina Wrede Braden



When the COVID-19 pandemic erupted, some national and subnational—provincial, state, and municipal—governments around the world created crisis nerve centers to address the urgent issues the crisis had spawned. Now attention has turned to what comes next: how should government leaders organize to guide the reopening and recovery of their nations, regions, and municipalities?

Crisis nerve centers are agile bodies that bring together crucial skills and capabilities across traditional organizational lines to provide senior government leaders with the speed, structure, and organizational clarity required to mount an effective response to the crisis. The first versions of nerve centers or other crisis task forces focused largely on immediate responses, such as dealing with hospital supplies, staffing, and other capacity issues, developing economic intervention packages, and taking steps to support vulnerable populations.

Whether or not a government has previously set up a crisis center, it must now meet the challenge of developing, executing, and rapidly adjusting strategies to reopen the economy. And it must be done in an environment of great uncertainty that is likely to extend for many months. This substantial undertaking requires a new set of teams and skills. In this article, we lay out best practices for a governmental reopening nerve center, including who might lead it, who should be part of it, and the skills it will require.

Several factors underpin the need for this kind of crisis nerve center:

- Government officials and staffers have been running hard for months to address the pandemic's immediate effects. The fatigue indicates the need for a more sustainable operating model.
- Many governments have seen that their existing decision-making processes cannot keep pace with the volume and speed that decision making requires now. The progression of the crisis has underscored the need for enhanced, integrated decision-making processes. This is an essential element of the nerve center concept.

- We are entering an era without obvious answers. The next 12 to 18 months will be a time of difficulty and often ambiguous trade-offs, where fast design, learning, and adjustment will be the critical factors for success.

Opening a nerve center offers governments an operating model that places a premium on the agility they will need to address the crisis over the next 12 to 18 months.

The unique challenges of managing reopening

The impact of the pandemic is far more widespread than that of traditional health emergencies or economic downturns, affecting every industry and country around the globe. It is likely to require governments to operate on a crisis footing for an extended period of time. Effective responses require unprecedented cooperation and coordination among national and subnational governments, companies, and social-sector organizations.

As a result, this situation benefits from unusually agile and coordinated decision making, bringing together parties that traditionally do not collaborate so intimately. Leaders need the ability to quickly test new approaches, adjust, and shift gears in response to new data and information about the effectiveness of approaches.

The optimal design of a nerve center enables all these activities to occur over an extended period and provides strong support to leaders who must make critical decisions in conditions of high uncertainty. The center is a forum for bringing together all the skills, capabilities, and content expertise required, regardless of traditional lines of organization. It offers senior stakeholders and policy makers clear chains of accountability for cross-functional issues. And it integrates disparate data collection and analysis in one place, providing a single source of truth for leaders and teams.

Selecting the leader

Choosing the right leader is the first step. The ideal head of a reopening nerve center is a well-known senior leader with deep experience

in both government and business. This leader is credible with government leaders as well as key community stakeholders such as CEOs, business owners, and the heads of social-sector organizations. The person should be deeply trusted by the head of the government and able to speak on that executive's behalf about reopening matters. The candidate must be a strong public communicator who is prepared for the public spotlight. Perhaps most important, the person must be an honest broker and team builder, regardless of how much official authority he or she has, with the ability to bring along agencies and other stakeholders.

A great candidate is action oriented and able to define a plan and relentlessly pursue process and execution. The leader should also be comfortable with making decisions under uncertain conditions and able to translate complex public-health and economic realities into action plans. The person

must also be intellectually agile, willing to update thinking based on new information and shift plans accordingly.

Assembling the team

To manage reopening, the full team needs to possess a broad range of skills and capabilities. It should include experts in all elements of relevant health issues, including epidemiological trends, testing, and contact tracing; economic, budget, and fiscal matters; and service operations.

Exhibit 1 outlines the typical team organization that nerve centers focused on reopening have found helpful. The full team comprises multiple individual teams, and a guiding principle for all of them is agility. They must be ready to not only revisit and adjust the approach to reopening on a regular basis but also absorb and account for new data and research—such as epidemiological factors, testing, and contact tracing.

Exhibit 1

A reopening nerve center team could be configured with one primary leader as well as team leads for each core area.

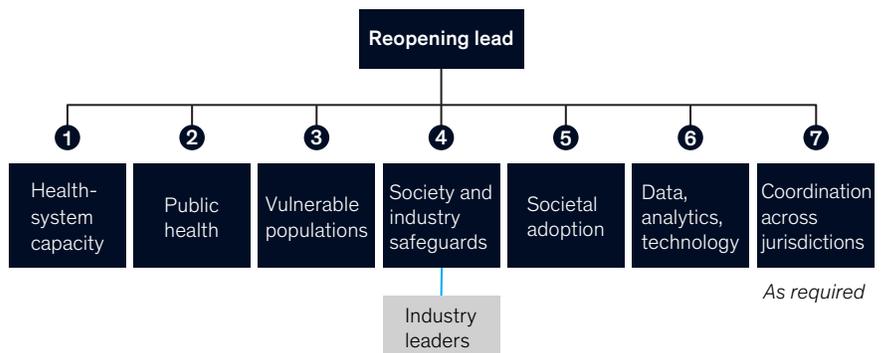
Reporting Collaboration Government External

Team configuration

- Single accountable leader
- Team leads for each of the core areas
- Additional cross-functional support under each team lead (policy and operations, budget, legal, comms)

Daily check-ins across and within areas

Coordination with other jurisdictions, the private and social sectors, and community leaders



Typical teams are outlined in Exhibit 2.

A health-system capacity team. Charged with preparing for post-peak demand and rapidly adjusting in the case of possible resurgence. This team has deep expertise in health-system capacity and is responsible for monitoring the availability of facilities, personal protective equipment, critical equipment, clinical personnel, and telehealth capabilities.

A public-health team. To stay abreast of the latest developments, this team orchestrates and coordinates testing, contact tracing, policies associated with the use of personal protective equipment by the public, activity restrictions, and other important public-health measures.

A vulnerable-populations team. Responsible for developing policies and mitigating strategies to make sure that no one falls through the cracks, this team may include, for example, liaisons for nursing homes, and populations in the community that require services, including the homeless and vulnerable children.

Societal and industry safeguards team or teams. This team develops standards and monitoring across essential and nonessential services, education, and other crucial activities. Local governments may find that a single cross-functional team is sufficient here, while regional or national governments may want to have multiple subteams dedicated to high-priority sectors. This team consists of government,

Exhibit 2

Reopened nerve centers could be responsible for managing all elements of reopening and recovery plans.

						Cross-cutting enabler 
	Maintain health-system capacity	Ensure public health	Protect vulnerable populations	Safeguard society and industry	Maximize societal adoption of protective measures	Data, analytics, technology
Key questions	Is the health system prepared to serve the public if there is a COVID-19 resurgence?	Are appropriate measures in place to protect public health?	How should most-vulnerable citizens be protected as we reopen?	What measures should be taken to adequately protect residents at work, in stores, at school, and in public?	How can residents be engaged to adopt protective measures?	Is the outbreak under control? Are there warning signs in certain geographies, industries, or populations? What digital technologies can be used to enable reopening?
Example focus areas	Hospital capacity, supplies, clinical workforce, telehealth, non-coronavirus health-system impacts	Rapid viral testing, antibody testing, contact tracing, quarantine, vaccines and treatments, surveillance	People who are homeless, immunosuppressed, unemployed, uninsured, undocumented, gig dependent, low income, or living in nursing homes	Regulatory approach to safeguarding and adoption; approach to sequencing of reopening; measures to safeguard transit, parks, schools, workplaces; travel restrictions	Statewide resident engagement and communications strategy, targeted education and enforcement of public-health measures, support to ensure adoption	Safety and Reopening Index, public-health dashboards, sector dashboards

private-sector, and social-sector representatives. Alternatively, it may be advised by external councils of experts, either generally or by individual sector.

A societal adoption team. Charged with coordinating the communications and social behavioral changes required to increase levels of compliance, this team has expertise in communications, enforcement mechanisms, and other soft support measures.

A data, analytics, and technology team. An enabler for all the other teams, this group provides the expertise and analysis that most of them will require to support data-driven decision making.

Depending on the circumstances, governments may also wish to create a dedicated team for economic recovery. This team would develop plans for investing stimulus dollars as part of the longer-term recovery plan. Team members would have expertise in federal economic relief programs, state programs, county and municipal support, and all elements of revenue and cost modeling.

Outlining the team's scope and responsibilities

The reopening nerve center could be responsible for coordinating all elements of the pandemic reopening plan. The overall team's mandate could include the following:

- Developing a framework to assess risks and trade-offs (such as how much contagion is acceptable)
- Determining the phasing of relaxing restrictions by activity, sector, population, and county (to what degree and when) by using emerging empirical research, on-the-ground facts, and current guidelines

- Setting guidelines and specific measures, including establishing perspectives on the thresholds and triggers that would open, reinstate, and close activities, as well as “throttles” or “circuit breakers” to curb activities rapidly
- Outlining the government's role relative to industry in defining, implementing, ensuring compliance with, and enforcing new workplace safety measures
- Coordinating with the department of health on the development of a plan for a healthcare infrastructure (such as rapid testing and aggressive contact tracing) and setting rules for public-health guidance
- Assessing the impact of measures on vulnerable populations and adjusting strategies and protocols accordingly
- Informing decisions about the approach to executing and ensuring compliance, including the required resources and authority
- Identifying and managing key interdependencies (such as adjacent geographies, metropolitan statistical areas, and supply chains)
- Working together with and gathering feedback from sectors' liaisons and community representatives

The work of the team should account for at least three distinct time horizons: the initial reopening; the period in which restrictions are relaxed but COVID-19 continues to threaten public health (for example, until a proven vaccine is developed); and the time thereafter.

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Early practices for a reopening crisis nerve center

We have identified a handful of practices based on early examples that can help reopening nerve centers succeed. Clearly defined scenarios and triggers help to align stakeholders and allow responses to be prepared and tested in advance. Specific roles and responsibilities for each involved party, agency, and stakeholder ensure that everyone is pulling in the same direction, reduces duplication, and reduces the likelihood that distracting issues will arise. Strong private- and social-sector liaisons enable governments to maintain high levels of awareness of on-the-ground realities and be agile in responding to them. Frequent, transparent communication with the public helps build trust and raises rates of compliance.

could be an important way for governments at all levels to take both factors into consideration as reopening beckons. A coordinated response will be required for the next 12 to 18 months, so government leaders should reflect on how to make the transition from their existing crisis management model to the next stage.

Lives and livelihoods are intertwined in any discussion of reopening the economy as the pandemic eases. Employing a crisis nerve center

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