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The UN doctor leading the global response to the Ebola outbreak in West Africa explains how early action helped contain the crisis—and why there's still more work to be done.

An assistant secretary-general for the United Nations since 2005, David Nabarro was appointed the UN secretary-general's special envoy on Ebola in September 2014. A former executive director of the World Health Organization (WHO), Nabarro recently spoke with McKinsey's Lieven Van der Veken about the importance of partnerships, the biggest challenges of tackling an international pandemic, and why the global health community must remain vigilant. He also spoke about McKinsey's role in supporting the UN's work during the crisis.

McKinsey: *It's been more than two years since the Ebola outbreak began. What does the situation look like today?*

David Nabarro: It's important to understand that even after the worst part of the outbreak had subsided, the work wasn't over. Earlier in 2016 there were still some transmission chains active in Guinea—perhaps two at the most—and, even more recently than that, in Liberia. So even now we are continuing to do two things. First, we are working with the people who have had Ebola and survived, to make sure they get the care and support they need to get well and to reduce their chances of transmitting the virus. Second, we are working with our rapid-response teams, which can get into place quickly if we get notifications about possible new outbreaks.

McKinsey: *Looking back, what made the biggest difference during the response? What were the biggest achievements of the affected countries and the international community as they responded to the outbreak?*

David Nabarro: At the height of the crisis in the middle of 2014, the most important thing was providing well-organized, strong support for the

affected countries as they provided care for people with Ebola, arranged safe and dignified burials for those who had died, and led efforts to get community involvement and behavior change at the local level. By having a large international response, a strategy to bind those responses together, and strong communication and leadership both at the local level and globally, we were able to get a response that was quite remarkable in terms of both quality and coherence—especially given the many thousands of people and the many different actors who were involved.

We also saw very strong leadership from the presidents of the three most affected countries—Guinea, Liberia, and Sierra Leone—and from the presidents of other countries that were infected by Ebola during the outbreak: Mali, Senegal, and Nigeria, specifically. Strong political leadership at the presidential level was hugely important. Taken together—global leadership and coordination, local leadership and direction, and strong community engagement—these were extremely important tenets of the response.

McKinsey: *The United Nations received support from many in the international community to achieve its goals. Could you describe how that helped in the response efforts?*

David Nabarro: Coordinated action with local and national governments and with nongovernmental organizations and nonprofit organizations was critical. And, of course, we worked closely with your organization as well.

We appreciated that you wanted to be there to work as part of the effort, giving whatever you could. That was a huge relief. McKinsey was

really our thought partner throughout the crisis. Your team helped us shape the thinking around our responses to the strategic, operational, and resourcing challenges we were facing—and ultimately, that’s what led to the creation of the processes we used for global coordination and for regional and country-level coherence. Broadly speaking, we found it helpful to be challenged on our thinking—to make sure it was clear and organized and could be communicated to others.

More recently, as we’ve begun to turn to think about lessons learned during our response to Ebola, McKinsey has helped us better articulate those lessons to others. That’s been a weight off my shoulders.

McKinsey: *Looking back, what were the biggest challenges in the response to Ebola?*

David Nabarro: During any outbreak, it’s imperative to move quickly and decisively at the beginning. That’s what’s necessary to prevent a disease from taking hold. In early 2014, a very small number of cases of Ebola were reported, mainly in Guinea. There was an uptick in June and July of that year, and those cases were mainly in Liberia and Sierra Leone. If we’d been able to be more robust in our response in those early months, the giant outbreak we saw, particularly in urban areas, would not have happened. Going forward, we want to make sure that when we do receive an early alert, we’re better able to implement a quick and effective response.

Of course, decisive action was key throughout the crisis. In August and September of 2014, there was suddenly a very rapid increase in the number of cases. If we’d had an even stronger community-based response during the peak period, I believe there would have been a quicker decline in the number of incidences. The same holds true for the later phases of the response. If we’d been able to get even fuller community engagement and more comprehensive coverage of the community, the crisis probably would have ended more quickly.

McKinsey: *What should we take away from the outbreak, and how should it influence the international response to these types of global health crises?*

David Nabarro: With these kinds of outbreaks, it’s important to understand that they are incredibly hard to predict in advance. And even if you can foresee further outbreaks of viral hemorrhagic fevers like this one, you still don’t know where it’s going to strike, or how it’s going to infiltrate the population, or what countries or types of communities are going to be affected. So when deciding what kind of response capacity we need, we’ve got to be sure that our actions can be adapted to the realities of the situation—the linguistic realities, the infrastructure realities, the specific anxieties of the affected populations. For that reason, the WHO and the United Nations are trying to make sure we’ve got the general capacity to deal with international health crises but that we can do so with incredible flexibility. Having an adaptable response at the ready requires a combination of experienced people and being able to surge people, particularly from the affected regions. It also requires an operations platform that can both move large numbers of people to wherever they need to be and then support them once they’re there. And, of course, you need clear procedures for how this work is going to be directed and organized.

Last, I would say that we’ve realized our own internal working practices—for managing money and contracts and procurement—need to be modified to deal with these kinds of problems. But we have to modify them between crises and outbreaks rather than while they’re happening. We can’t afford to be rewriting the rule book in the middle of a crisis. That’s been an incredible lesson. New practices are being implemented now, and it’s critical that we don’t suddenly get so busy dealing with a new problem that we find ourselves unable to apply those new practices properly. The good news is, all the members of the WHO are very eager to see these changes put into place.

Lieven Van der Veken is a partner in McKinsey’s Geneva office.

