Why Is It Difficult for Public Leaders To Act Preemptively to Halt the Spread of Diseases?

HIGHEST POINT OF LEVERAGE:
Rate & willingness of Senior Leaders to learn (from experts) the systemic structures which caused past & present health crises

- Level of interest by Public Leaders in historical responses to health crises (Diabetes, Polio, Ebola)
- Capacity of public leaders to educate partners (citizens, regional leaders), recommend, get agreement to act before a crisis
- Level of citizen trust in: the Leader, their team of experts, and actions taken
- Willingness by everyone to follow directives & assist stopping the spread
- Rate of increase in disease spread
- Public demand for prepared communities, educated leaders & medical fixes
- Level of human & economic losses
- Consistency of (in country & world-wide) public health investments: trained staff, equipment, scenario planning
- Rate & willingness of Senior leaders to learn (from experts) the systemic structures which caused past & present health crises
- Level of whole-system preparedness for health crises
1B With the decrease in the rate & willingness of Senior leaders to learn (from experts) the systemic structures (which caused past & present health crises)... Their capacity to educate partners, recommend actions, & get agreement to act before a crisis decreases. This causes the level of citizen trust in: the leader, their team of experts and actions taken to decrease. This causes a decrease in the willingness by everyone to follow directives & assist in stopping the increase in disease spread, which increases the rate of disease spread which leads to.........

An increase, in the human and economic losses...Which decreases the demand for public health prepared communities, educated leaders & medical fixes... which decreases the rate & willingness of Senior leaders to learn the systemic structures causing past & present health crises. Which leads to ............2R
Why Is It Difficult for Public Leaders To Take Preemptive Actions to Halt the Spread of Diseases?

2R A *decrease*, in the consistency of (in country & world-wide) public health investments, trained staff, equipment & scenario planning….causes a *decrease* in the level of whole-system preparedness for health crises…..

This causes a *decrease* in the consistency of successful responses to health crises leading to a further *decrease* in the willingness of Senior leaders to learn the systemic structures (from experts) which caused past & present health crises.

3R A *decrease* in the consistency of successful responses to health crises leads to a *decrease* in the level of interest by Public Leaders in historical responses to health crises (Diabetes, Polio, Ebola) leading to a further *decrease* in the willingness of Senior leaders to learn (from experts) the systemic structures which caused past & present health crises.