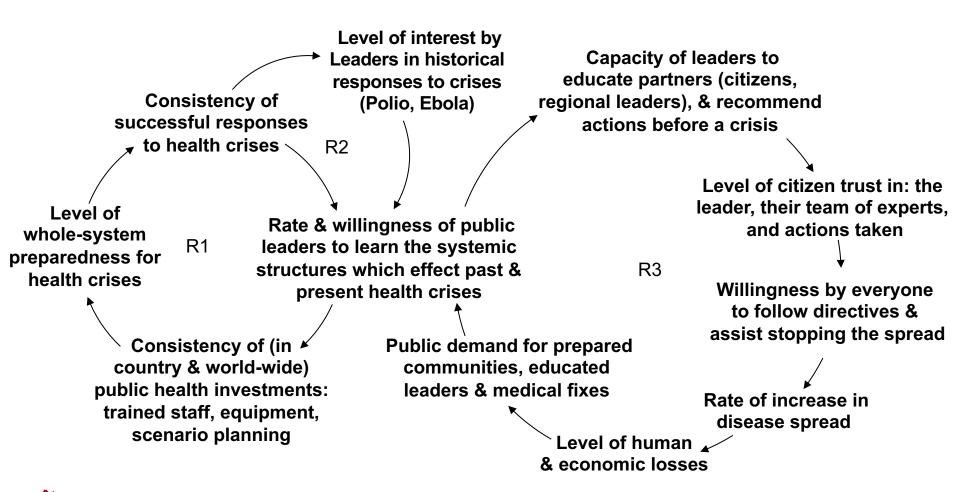
Why Is It Difficult for Public Leaders To Take Preemptive Actions to Halt the Spread of Diseases?

HIGHEST POINT OF LEVERAGE:

Rate & willingness of Public Leaders to learn the systemic structures which effect past & present health crises



Why Is It Difficult for Public Leaders To Take Preemptive Actions to Halt the Spread of Diseases?

R1 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 rate & willingness of Public leaders to learn the systemic structures (from experts) which caused past & present health crises.

R2 Additionally, as the consistency of successful responses to health crises **decreases**, this causes the level of interest by Leaders in historical responses to health crises (Polio, Ebola) further **decreasing** the rate & willingness of Public leaders to learn the systemic structures (from experts) which caused past & present health crises.

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R3 With the decrease in the rate & willingness of Public 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 **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.