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CENTRE FOR THE STUDY OF WICKED PROBLEMS

INSIGHTS FROM THE UK COVID-19 INQUIRY ON PANDEMIC LESSONS

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18th March 2026

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EXECUTIVE SUMMARY

The 392nd and 393rd editions of the Global Crisis Watch (28th November, 2005), brought onto the table the systemic failures of the **British government** related to pandemic preparedness and response, triggered by the release of Baroness Heather Hallett's UK COVID-19 Inquiry report(1). The discussion revealed that, while the specific virus may have been novel, the failures it exposed were entrenched in the system. Participants highlighted a pattern of ill-equipped governments, lacking strategic foresight and operating without the essential frameworks of crisis management, spanning from the **United Kingdom** to **Serbia**, **Egypt** and even **Australia**.

The Inquiry's core finding–that a faster, more decisive response could have saved thousands of lives–resonated deeply with the observations made by the ISRM as early as 2020. At that time, **the Coronavirus Campfire documented the absence of a clear strategy**, as well as the lack of crisis management expertise in decision-making forums. and the erosion of public trust. The erosion of public trust acts as a red thread present throughout the whole length of the crisis. Given all of these facts, the report is not even an exercise in hindsight: it simply affirms that the warnings were visible in real time.

(1) The full version of the Hallett Report is available at:

Module 2, 2A, 2B, 2C Report - Core decision-making and political governance - UK Covid-19 Inquiry

Key issues emerging from the discussions can be split between three clusters. The first one centers on **the general conclusions drawn from the report**, which include the critical absence of professional crisis managers in strategic decision-making, the devastating consequences of politicised, personality-driven leadership and how improper dissemination of information can erode public trust. The second one takes a closer look at the intertwining of economic loss, national trauma, turning into stark differences in mentality and personal tragedy. The final cluster covers **the illusion of preparedness** and wraps up the report by looking ahead to the next possible crisis.

As hinted by the theme of the second cluster, the report does go into depth on the disparity of impacts: from overwhelmed healthcare systems to **the neglected crises of mental health**, domestic violence and the longer-term economic scarring that continues to affect nations. It considers the particular vulnerabilities of different national contexts, from developing economies to middle powers, and the common threads that unite their experiences. It concludes by examining the structural reforms necessary to move from lessons identified to lessons learned and asks whether the political will exists to implement them before the next crisis arrives.

INTRODUCTION

The release of Baroness Hallett's report into the United Kingdom's COVID-19 pandemic response marks a watershed moment because it confirms, with judicial authority, what crisis management professionals observed in real time. The report's conclusion that delaying the first nationwide lockdown contributed to approximately 23,000 avoidable deaths during the first wave alone is not merely a historical statistic—it is an indictment of a system that failed its most fundamental duty, that to protect.

Yet, as voices present to the discussion observed, **the value of such an inquiry lies not in blame, but in the distinction between lessons identified and lessons learned**. The observation was made that the only lesson we can prove we have learnt is that we do not learn lessons. This paradox sits at the heart of this report. How is it that nations with sophisticated risk registers, world-class intelligence services and extensive planning mechanisms found themselves improvising day-to-day, making decisions that compounded, rather than mitigated the crisis?

The answer, as the conversations across the two sessions revealed, is multifaceted. It lies in the composition of decision-making bodies and the suppression of uncomfortable truths, not to mention the failure to embed crisis management expertise. A crisis is not merely a public health emergency, but a leadership challenge and it will always reveal the gap between planning and execution. From a cabinet office described in the Inquiry as having a 'toxic and chaotic culture', to streets where government ministers dismissed the virus in inflammatory terms, the threads of failure are remarkably consistent across very different national contexts.

To elaborate on which countries have been connected during these sessions, the threads have bound together the **United Kingdom**, **Australia**, **Thailand**, **Indonesia**, **Egypt**, **Serbia**, **Nepal**, **Timor-Leste** and other jurisdictions. The purpose was to **examine the structural deficiencies that turned a health crisis into a cascading societal disaster**, the secondary crises that unfolded in the lockdown's shadow and the political dynamics that inhibited effective response. It considers what genuine reform might require and whether the current trajectory suggests that such reform is likely to unfold in the foreseeable future.

KEY ISSUES:
LACK OF CRISIS MANAGEMENT EXPERTISE IN STRATEGIC DECISION-MAKING

Perhaps the most fundamental failure identified across both the Hallett Report and the discussions is the composition of those tasked with making decisions. In the **United Kingdom**, the Scientific Advisory Group for Emergencies comprised fifty-six members–epidemiologists, social psychologists, economists–but not a single individual with professional expertise in crisis management or major incident response. Contributors to the discussion noted, drawing upon bioterrorism and international police experience, that **placing multiple clinicians in a room and asking a question can yield multiple answers**, whereas specialists with military and counterterrorism backgrounds bring a more pragmatic view of infectious disease threats and a clearer understanding of how to operate under conditions of uncertainty.

This absence had profound consequences. Crisis management is not merely the application of scientific data; it is the art of decision-making under uncertainty, of structuring information flows and maintaining strategic direction while adapting to rapidly evolving circumstances. It requires frameworks for sense-making, first of all, but also for prioritisation and communicating in conditions of ambiguity. In a crisis, perfect information is never available, thus decisions must be made based on incomplete data, then adjusted as circumstances change. Governments, in this view, mistook scientific advice for strategic leadership and in doing so, lost the ability to make timely decisions.

One contributor recalled running a webinar in June 2020 explicitly calling out the absence of crisis management discipline, titled "This Is Not How You Run a Crisis". A cabinet official later contacted them to say such commentary was not helpful while they were doing their best.

Yet the Inquiry's findings validate that very critique: **there was no strategy and the people at the helm did not understand what kind of strategy was even required**. The observation was made that governments need crisis management teams that are real crisis management teams, not just yes-men or subject-matter experts without operational experience.

Australia, by contrast, had begun injecting emergency management and defence personnel into health exercise development years before the pandemic. This integration meant that when COVID-19 arrived, there were individuals within the system who actually understood how to operate quickly and how to run exercises in the field. The difference was not in scientific capacity, but in crisis management literacy. Contributors noted that, in some **Australian** states, the lessons from previous emergency management integration meant that health responses were supported by people who knew how to establish incident command systems, manage logistics and coordinate multi-agency responses—capabilities that were **notably absent in jurisdictions where public health officials operated in isolation**.

A CULT OF PERSONALITY LEADS TO FAILURE OF POLITICAL LEADERSHIP

Across the discussions, a recurring theme emerged: the substitution of competent crisis governance with personality-driven, populist leadership. In **Serbia**, the government's crisis management team initially dismissed the virus in inflammatory terms, even as images emerged of overwhelmed hospitals elsewhere. A public official–a pulmonologist–described it as the most ridiculous virus ever during a press conference in early 2020. The decision-making that followed was centralised in a single figure, with little regard for the practical realities of lockdown, such as how elderly citizens would obtain food or how pet owners could manage restrictions. No measures were implemented for those with pets and citizens were left to improvise. Lockdowns were imposed on weekends without warning, leaving people unable to shop for essentials.

In **Egypt**, contributors described a system where **the one-man show prevails: whatever the senior figure decides, everyone must follow**. Contingency planning exists on paper and for showcasing during press conferences, but in reality, it is absent. Public trust is zero, and official case numbers are universally disbelieved. The result is a population focused entirely on day-to-day survival, with no confidence that the state can protect them. A half-day of rain, it was noted, can cause total paralysis—schools close and roads are blocked, yet the airport remains operational,revealing the absence of integrated planning and the prioritisation of international connectivity over domestic resilience.

The **United Kingdom**, while in a contrasting political situation, still exhibited similar dynamics. In this case, the absence of a senior figure in intensive care for ten days created a strategic vacuum.

The country has no formal mechanism for transferring authority when a prime minister is incapacitated, unlike other nations, where deputies assume legal authority. The government stopped making strategic decisions, a reality denied by officials but documented at the time. Contributors noted that during that period, the absence of decision-making was palpable; the machinery of government **continued to operate on administrative matters, but strategic direction was absent**.

Contributors did point out nevertheless that reports can become instruments to blame governments and specific personalities. Yet the point is not personal animus, but critiquing leadership vacuums and the prioritisation of political loyalty over competence. When crises hit, those vulnerabilities are exposed. The observation was made that leaders must put the right people around them, as a successful sports team manager once wrote—that success comes not from the leader alone, but from assembling a team with diverse expertise and empowering them to act.

THE PANDEMIC REVEALED HOW PERSONALITY-DRIVEN LEADERSHIP WEAKENED EFFECTIVE CRISIS GOVERNANCE AND PUBLIC TRUST.

THE LINK BETWEEN INFORMATION ECOSYSTEM AND PUBLIC TRUST

Across every jurisdiction discussed, a common issue that emerged was the erosion of public trust. In Egypt, **trust in government and leadership was described as zero**. Official numbers were universally disbelieved and citizens assumed that reporting was manipulated for political purposes. In **Serbia**, official pronouncements were treated with scepticism and later studies confirmed that far more people died than were officially recorded. In the **United Kingdom**, the revelation that a major exercise report was suppressed confirmed suspicions that the government could not be relied upon to share uncomfortable truths. The long-term consequence is a population less likely to comply with future public health advice, less likely to trust official communications, and thus more vulnerable to disinformation.

The information ecosystem was further challenged by **grey zone conflict**. Contributors noted that persistent, low-level engagement by state actors seeking access, intellectual property, or influence in other jurisdictions other than their own. One participant described a **Hong Kong** agency offering substantial funding for training programmes—approaches that ceased when it became clear they would not be accepted, but which demonstrated the persistent probing that occurred. Another described how their organisation was targeted by malicious bots within days of engaging with **Ukrainian** representatives. The observation's aim was to point out that there will always be individuals willing to accept funding or partnerships without due diligence and that this creates ongoing vulnerability, on top of that created by a crisis situation.

Another observation was also made that all nations spy on each other and that they all seek to steal intellectual property, but the question is whether nations have the capacity to defend against this and the resilience to absorb the damage, if it does occur.

Contributors noted that the **United Kingdom** retains world-class intelligence capabilities despite diminished resources elsewhere, but possessing that capacity without understanding it is insufficient. However, whereas the **United States** was described as having massive capacity but limited understanding, the **United Kingdom** was described as having a better balance between the two, no matter how said balance is constantly under pressure.

THE AVOIDABLE TOLL: **LIVES, MENTAL HEALTH AND HIDDEN CRISES**

The human cost of these failures is not abstract. The Inquiry's estimate that approximately 23,000 deaths in the first wave alone were avoidable has been widely cited. Across the **United Kingdom**, the official death toll exceeded 203,000 and contributors expressed no doubt that many of those deaths were avoidable. This is not hindsight; it is a judgment based on available evidence and best practices at the time. The observation was made that blame is not the objective, but accountability is—and that those in positions of power and authority bear responsibility for the consequences of their decisions (or indecisions).

But the toll extends beyond mortality. Within weeks of the first lockdown, observers identified three secondary crises that would unfold: **mental health deterioration, domestic violence and children's education**. The mental health impact, particularly on younger generations, has become a lasting legacy. Contributors noted that people are now much more willing to acknowledge mental health struggles, but that this openness has emerged alongside increased prevalence of anxiety, depression and other conditions. The long tail of the virus, including long-term COVID itself, distinguishes this pandemic from previous models based on SARS, MERS, or Ebola. The age profile differed as well, with impacts spreading across all demographics rather than concentrating on particular groups, as earlier models had predicted.

In **Timor-Leste**, contributors described the challenges of implementing basic hygiene measures in communities without access to handwashing facilities. However, they also noted how systems built during previous armed conflicts, when social services managed humanitarian response, **proved to be a foundation that enabled a certain degree of organised response**. The lesson in this case is that resilience is built before crises, not during their occurring. The experience of managing displacement and humanitarian emergencies meant that coordination mechanisms, relationships and protocols were already in place, even if they needed adaptation for a health emergency.

In **Nepal**, voices highlighted how political instability and the preoccupation with elections diverted attention from sustainable recovery. Politicians, it was observed, forget all the promises they made during their campaign once in office. The country faced the challenge of conducting elections without adequate support, with an army that has refused to intervene in civil protests and with leaders who refuse accountability. The fragility is not exceptional—it is the new normal. Contributors also noted that the same dynamics play out across many developing nations, where political cycles and elite competition overshadow long-term planning and crisis management remains an afterthought until catastrophe strikes.

A LINE OF INTERNATIONAL DIVERGENCE EXPERIENCE VERSUS DENIAL

The contrast between nations that had experienced SARS during the 2000s and those that had not is stark. **Thailand**, contributors noted, closed its borders in March 2020 and instituted a robust lockdown, despite tourism constituting a fifth of its gross domestic product. The decision was difficult, but decisive. The economic cost was severe, but the public health outcome was contained. **South Korea**'s mortality rates were orders of magnitude lower than European nations'. The difference was not in resources alone, but in mindset—**populations that had lived through outbreaks understood the stakes** and accepted measures that might otherwise have been met with resistance.

Indonesia took a different path. Initially denying the virus's existence, it then implemented soft lockdowns that prioritised economic continuity. The result was higher case numbers, but, in the government's calculation, a less severe economic impact than **Thailand** experienced. Whether this was a calculated trade-off or a rationalisation of incapacity remains debated. Contributors noted that city governors, through international city networks, brought back lessons from other jurisdictions and pressed the central government to act, demonstrating the importance of sub-national leadership when national leadership falters.

Serbia became a regional quarantine hub—people from non-European states stayed in the country before travelling onwards, because it was cheaper than mandated quarantine elsewhere. This created economic activity, but also epidemiological risk. The point is that these decisions were made ad hoc, without a coherent national strategy.

Contributors noted that **the availability of multiple vaccine types also meant that Serbia became a vaccination destination**, but this was opportunistic rather than strategic.

International coordination, the great hope of global health governance, proved fragmented and politicised. Global institutions were described as beholden to major funders, including administrations that oscillated between denial and even dangerous suggestions. The information ecosystem was further poisoned by misinformation and disinformation, both domestic and foreign. Grey zone conflicts—information warfare, cyberattacks, influence operations—are a very present reality and they often intersect with public health in ways that were poorly understood before the pandemic.

‘SHORT-TERM PAIN, LONG-TERM UNCERTAINTY’ MARKS THE ECONOMIC PARADOX

The economic impact of lockdowns was immediate and severe. **Thailand**'s tourism-dependent economy cracked under the pressure. Indonesia's more permissive approach sought to avoid that fate. Nevertheless, the investment community had modelled pandemics extensively before 2020, working from probabilities based on previous outbreaks. But those models proved inadequate, because the transmission dynamics and long-term health impacts differed. The assumption that **pandemics were short, sharp shocks, after which economies rebounded quickly, proved incorrect**. The lingering effects on labour force participation, supply chains and, ultimately, consumer behaviour, were underestimated.

Governments, despite their national risk registers forecasting significant fatalities from pandemic influenza, nonetheless found themselves improvising economic support schemes, furlough systems and business interventions. The gap between planning and execution was vast. In the **United Kingdom**, the National Risk Register had forecast between 20,000 and 750,000—a range so wide as to be operationally useless. Contributors noted that such ranges are essentially scientific guesses, revealing the absence of precise modelling and the dire need for adaptive planning.

LOCKDOWNS EXPOSED FLAWED ECONOMIC ASSUMPTIONS AND INCENTIVES THAT PRIORITIZED APPEARANCES OVER GENUINE PREPAREDNESS, LEAVING GOVERNMENTS IMPROVISING AMID PROLONGED DISRUPTION.

Other questions were raised about institutional incentives: who benefits most from particular narratives? This is not to diminish the efforts of healthcare workers, but to ask whether institutional reputations were protected at the expense of honest accounting of failures. The observation was made that **every system has incentives and those incentives shape behaviour**. If institutions are rewarded for appearing prepared rather than being prepared, the appearance will take precedence. If failures are punished, but honest reporting of vulnerabilities is also punished, the vulnerabilities will remain hidden until they manifest as catastrophes.

THE ILLUSION OF PREPAREDNESS

One of the most significant revelations of the Hallett Inquiry was the fate of Exercise Cygnus, a major pandemic simulation conducted in 2016. The exercise identified critical vulnerabilities: out-of-date personal protective equipment, insufficient intensive care capacity, the likelihood of overwhelming the health system and the challenges of mass fatality management. It predicted, with reasonable accuracy, the challenges that would materialise four years later. The report was suppressed. It was not released to the public, nor, it appears, were its findings acted upon with sufficient urgency. **Protective equipment that had been due for expiry in 2010 was repeatedly relabelled and deemed acceptable**. This was not a failure of foresight, but a deliberate choice to ignore it and to prioritise present convenience over future preparedness.

Contributors highlighted the significance of this suppression, noting that open access to information, as a basis for improvement, did not happen. The contrast with nations that had experienced SARS and MERS is instructive. **South Korea**, positioned at the bottom of mortality charts, had learned through lived experience. Its systems, public messaging and track-and-trace infrastructure were not simple theoretical constructs. Citizens understood the importance of compliance because they had seen the consequences of failure. The same pattern was observed in other Asian jurisdictions that had endured previous outbreaks.

In **Australia**, the last major pandemic exercise before COVID-19 was conducted in 2008, marking a twelve-year gap. In the **United States**, the last major exercise before the pandemic occurred during a previous administration's first term. This seeks to underline that exercises are not an act of bureaucratic box-ticking: they are the mechanisms by which systems discover their vulnerabilities before lives depend on them. To suppress their findings or to allow such long gaps between exercises is to ensure those vulnerabilities remain hidden until it is too late. Thus, **exercising must be continuous, but the findings must also be acted upon**; the culture of suppression–whether for political convenience, reputational protection, or simple inertia–must be broken.

PREPARING FOR THE NEXT CRISIS

As discussions turned to current geopolitical instability, the following question became urgent: Have nations learned anything? Contributors noted that we are already at war in all but name, due to grey zone attacks, cyber operations and influence campaigns. The convergence of physical and cyber vulnerabilities, the interdependence of critical infrastructure and the persistence of hybrid threats mean that the next crisis may not be a pandemic, but might look just as awful in the eyes of the people.

Volatile elections and the continuous rise of populism—these were identified as near-term risks. Contributors predicted significant disorder driven by economic discontent and the failure of political communication. Concerns were also raised about the growth of reformist movements and the absence of an effective rebuttal of them by governments. The observation was made that **governments promising high growth as if it were a simple choice betray a fundamental misunderstanding of economic complexity**. The same dynamics that produced pandemic failures—oversimplification, denial of complexity, preference for boosterism over competence—are still visible in current governance.

In **Nepal**, contributors described an interim government struggling to conduct elections, an army that refused to intervene in civil protests, political leaders who refused accountability and infrastructure projects delayed. **Chinese** involvement in infrastructure was noted, with the promotion of the Silk Road initiative and the requirement that local experts speak Mandarin. The strategic competition between major powers plays out on a minimised chessboard within **Nepal**'s domestic politics, because the country's fragility makes it vulnerable to external influence.

In the **United Kingdom**, contributors anticipated public disorder after the May elections, driven by economic discontent and the failure of political communication. The observation was made that budgets were delayed until late November for a reason: to get through Christmas before the impact is felt. Security companies were advised to **prepare for increased demand** as communities seek protection that the state cannot provide.

CONCLUSIONS AND RECOMMENDATIONS

The COVID-19 pandemic was not a black swan. It was highly probable, highly visible, modelled for and warned about for years. The failure was not one of prediction, but of preparation, leadership and learning. The risk registers identified the threat. The exercises revealed the vulnerabilities. The warnings were issued. Yet the response failed.

The contemporaneous documentation from March 2020 onwards demonstrates that these failures were visible in real time. They were not secrets revealed only by subsequent inquiry. They were observed, discussed and recorded by crisis management professionals who witnessed governments fumbling in the dark without a strategy. The value of the Hallett Inquiry is not that it reveals new information, but that it confirms, with due diligence, what was known at the time. In doing so, it creates **an opportunity for reform** that might otherwise be dismissed as **retrospective criticism**.

The question now is whether the accumulated evidence of national inquiries worldwide will catalyse genuine reform—or whether the pattern will repeat. It can be argued that the observation of the only lesson we have learnt, being that we do not learn lessons, is not cynicism, but empiricism. However, breaking this pattern requires more than reports and recommendations: **it requires structural change**.

Embedding crisis management expertise in strategic decision-making is an essential starting point. Governments must ensure that crisis decision-making bodies include professional crisis managers, not only scientists and policy generalists. Just as a pandemic requires epidemiologists, a crisis requires individuals trained in strategic leadership under uncertainty.

Advisory groups should include members with operational crisis management backgrounds—people who have run major incident responses, who understand how to establish command and control and who know **how to make decisions with incomplete information**. This is not a criticism of scientists; it is a recognition that different expertise is required for different functions.

Transparency of exercises and risk assessments must be mandated. The suppression of the 2016 exercise was an inexcusable failure that cost lives. All future national security exercises and their findings should be published in full within a reasonable timeframe. Where security classifications are necessary, redacted versions should be made available to parliamentary oversight bodies and, where possible, the public. The presumption should be in favour of disclosure, not suppression. The culture of hiding uncomfortable findings must be broken and the only way to break it is to make transparency the default.

Establishing independent monitoring of inquiry recommendations is also critical. The model of inspector-generals of emergency management–independent bodies with authority to track implementation and hold agencies accountable for progress–should be adopted. This monitoring must extend beyond the lifetime of any single inquiry. Without such monitoring, recommendations will join the long list of lessons identified, but not learned. Alas, **training ministers in crisis leadership and risk assessment cannot remain optional**. Many ministers come to office with no experience of crisis management, no understanding of how decisions should be made under pressure and no appreciation of the difference between political communication and operational command. Training cannot guarantee competence, but its absence guarantees incompetence.

Protecting critical infrastructure from opaque ownership reduces strategic vulnerability. The concentration of critical infrastructure—satellite communications, energy networks, data cables—in private, often opaque hands creates risk. Governments must take ownership, assess dependencies and develop contingency plans for scenarios in which private providers act against public interest. The example of satellite internet service being shut down in a conflict zone was cited as a warning. When **critical infrastructure is controlled by individuals or corporations with their own interests**, national security is taken hostage.

Rebuilding public trust requires honesty and consistency. Trust is not a communications exercise; it is earned through consistent behaviour over time. Governments must stop promising what they cannot deliver, must start sharing uncomfortable truths and acknowledge failures openly. The suppression of uncomfortable data is a direct investment in future public cynicism. When the next crisis comes, a population that has been misled will not comply. Rather than a luxury, trust is an operational necessity.

Preparing for the long tail of crises acknowledges that consequences persist. The legacy of the pandemic, be it long-term health impacts, disrupted education, or economic scarring, will last for years to come. Future crisis planning must also take note of the sustained recovery, which would, ideally, have already been launched. This requires multi-year funding commitments, cross-departmental coordination and metrics that extend beyond immediate mortality. All in all, **it requires recognising that the end of the acute phase is not the end of the crisis**.

The record is clear. The warnings were issued. The choice remains open. What is lacking is not knowledge, but will. The question is whether that will can be summoned before the next crisis arrives—or whether, as has happened so many times before, the window for change will close and the cycle will repeat.

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