

Avian & Human Influenza and Humanitarian Action

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Issue paper 1. Business Continuity Planning for AHI. Considerations for Humanitarian Agencies

This paper is meant to provide a framework of the inputs and decisions critical to a comprehensive pandemic planning process for individual humanitarian organizations.

Topics are in bold and *key questions and considerations are in italics.*

Pre-Pandemic Preparations

- I) **Convincing your organization that AHI must be planned for**
a pandemic plan will only work if it is “mainstreamed.”
Key question: who in your organization are the key decision-makers to authorize planning and spending for an internal pandemic preparedness plan/programme ?
- II) **Choosing planning scenarios**
At least three scenarios possible and likely: 1. Ongoing epizootic; 2. Mild pandemic; 3. Severe pandemic. Heavily influences the rest of the pandemic planning process
Key question: See “Strategic Issue #1” – which scenario will your organization use in its planning? Will you plan for all, or avoid planning for the “worst case?”
- III) **Establishing a pandemic planning team**
Probably requires several layers of bureaucracy / hierarchy; must be interdisciplinary, to include varied functional roles; must be able to alter the plan; will be a key actor during pandemic response
Key question: How does the pandemic response team efficiently and dynamically get key decisions made?
- IV) **Determining appropriate headquarters / field office relationships**
Key question: to what degree will HQ provide resources, guidance, and mandates to the field offices, and to what degree are field offices meant to establish their own plans and preparedness?
- V) **Staff education**
Education can begin even in the absence of a plan. The eventual plan cannot sit in a drawer, as un(der)informed staff will not be prepared to respond. Clear roles and responsibilities must be provided for relevant staff.

Key question: Will time and resources be adequately devoted to educating staff on AHI and the AHI continuity of operations plan? Do managers understand the role their staff have been assigned in the pandemic response plan?

VI) **Making critical decisions**

Many matters raised in the section below will require high-level decisions be made, and they must be taken now, in the inter-pandemic period.

Key question: is senior management integrated into pandemic planning in a way that facilitates key decisions being made?

VII) **Budgetary issues**

Major “chicken and egg” problem. Require making the most resource-efficient decisions most likely to preserve the organization

Key question: To plan with budget constraints from the beginning, or to cost out a plan and then advocate for the necessary budget? How does the pandemic planning team “prioritize” between vital interventions.

VIII) **Pandemic prevention**

1. Hygiene
2. Poultry and birds precautions
3. Travel

Key question: Will you focus only on prevention, or will you work on pandemic mitigation and response planning, as well?

Planning for a pandemic

IX) **Priority setting for planning**

See Strategic Question #3: Given finite resources, which countries and populations will you plan for first?

X) **Tripwires / triggers**

There should be a pre-determined response to local conditions

Key questions: will you standardize this response globally? Will you try to “get ahead” of the pandemic (i.e. implement at WHO Stage 4?)

XI) **Staff safety and security: systems required so your staff and agency can “survive to serve”**

1. **Staff tracking:** contacts, phone tree, travel guidance, real-time staff tracking system
2. **“Sick staff stay home”:** when to aggressively implement; cooperation of human resources department
3. **Antivirals:** recipients (i.e. staff, staff & dependents / household; only staff who are working during pandemic); stockpiling (percentage; location); security; distribution method; legal / liability; prophylaxis or treatment; timing; availability of doctors; ongoing cost
4. **Vaccines:** distribution chains when available; cost; responsibility for provision; priority list

5. **Prioritization:** every organization *must* make decisions about who will receive services, in what order, with what priority. (e.g. Vaccine Priority List)
6. **Office closure:** triggers; essential v. non-essential staff;
7. **Livelihoods:** paychecks and benefits for staff; cash stockpile in field

XII) **Identify mission-critical activities**

Key question: What are your “mission-critical activities.” or those your agency intends to carry out during the pandemic? In a response, how will you do triage – will you continue to serve “normal” target populations or will your response turn to newly vulnerable groups (e.g. treatable, working-age adults)?

XIII) **Preserve mission-critical activities**

1. **Headquarters & field office differences**
 - a. Field independence on decision-making
 - b. “Stay in place” principles in field
 - c. Evacuation considerations: *ethics, feasibility; timing; logistics*
 - d. Equipment needed for high-risk / first-responder response
2. **“Sick staff stay home”**
3. **Work from home options:** *technology and communications solution*
4. **Absenteeism:** *modeling and testing for functionality with less staff*
5. **Travel & Transportation:** *loss of public transit*
6. **Supply chains:** *vendor continuity; cash flow; stockpiles*
7. **Communications**
8. **PPE, hygiene, basic health supplies for office:** *stockpiling; quantities*
9. **Hygiene procedures for office**
10. **Antivirals:** if antivirals were not provided to all staff, similar considerations would then apply to all who work during a pandemic
11. **Vaccine:** should there be one, considerations are similar to antivirals.
12. **Return to work by immune staff:** *what are the expectations on recovered staff? What are the consequences if they do not work?*

XIV) **Redeploy staff and assets to support local response**

Key question: if staff will not be working for your organization during a pandemic, if your facilities are closed or assets lying unused, how can they best be mobilized to support community response?

Post-pandemic recovery

- XV) **Scenario:** the severity of the pandemic, and its health, social, and economic impacts will alter any post-pandemic planning. All considerations below depend on the scenario.

Key question: are you planning for “Back to normal” or “brave new world”?

XVI) **Opening the office**

Key question: based on what criteria, when, and who will declare the office safe and “open for business.”

XVII) Inter-wave operations: a pandemic will presumably last approximately 18 months, (in WHO Stage 6)

Key question: will you try to return to normal operations during the pandemic? Is immune staff required to return? What happens if staff refuses to report to work (either from fear or caring for family)?

XVIII) Counseling and support for staff

XIX) Re-evaluating operations

At some point, each organization will have to examine whether its *raison d'etre*, locations, tasks, structure, must fundamentally change

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