

WHO guidance for business continuity planning



© World Health Organization 2018

WHO/WHE/CPI/2018.60

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. WHO Guidance for Business Continuity Planning. Geneva: World Health Organization; [2018]. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in English.

ACKNOWLEDGEMENTS

This document was developed by the WHO Health Emergency Programme (WHE) Country Health Emergency Preparedness and the International Health Regulations department in partnership with all WHO regional offices, other headquarters departments and many country offices from all regions. Many staff from the WHO Health Emergencies Programme and beyond provided invaluable inputs based on their experience and expertise. We particularly acknowledge all the WHO Representatives who were invited by our regional colleagues to review and test the guidance and who took the time to provide precious feedback in order to make this guidance as user-friendly as possible. We are deeply grateful to, and would like to thank, all those who contributed to the development of this document. This new guidance reflects the new policies and the new way of working promoted by the WHO Health Emergencies Programme described in decision WHA69(9) Resolution and document A69.30 of May 2016 as well as by the WHO corporate risk management policy and the UN Organizational Resilience Management System.

FOREWORD

The goal of the WHO health emergencies programme is to ensure all countries and partners are prepared for, and can prevent, detect and respond to, emergencies in order to reduce the mortality and morbidity of affected populations.

This includes WHO's own capacity to manage risks and respond to emergencies in a timely, predictable and

effective manner. Headquarters, regional and country offices all need to plan, well ahead of a crisis, for the appropriate resources, systems, policies, procedures and capacities to undertake effective risk mitigation and response operations in support of and in collaboration with ministries of health and other partners.

While the effects of hazards and events on WHO operations cannot be fully predicted, understanding the risks which each office may be subjected to, and preparing business continuity plans that take account of these risks, will help to:

- mitigate the impact of emergencies on WHO staff, premises, assets and programmes, and
- increase WHO resilience and capacity to:
 - » maintain and restore critical operations to a predetermined acceptable level, and
 - » initiate new critical and life-saving operations in response to the impact of the event if this event also has impacts on the health of the populations served.

In this business continuity guidance, a set of actions to prepare for all types of emergencies and minimize disruption to WHO operations is proposed. These actions include developing, implementing, simulating, monitoring and regularly updating business continuity plans.

The guidance is based on a common organizational approach and procedures for risks management and emergency response across all hazards and at each level of the Organization. Consideration is given to WHO adoption of the United Nations Organizational Resilience Management System (ORMS, 2015¹) and the WHO corporate risk management policy and process.

It also encompasses WHO responsibilities under the International Health Regulations² (2005) and other international treaties, as the United Nations lead agency for health and the Health Cluster, and as a member of the United Nations or humanitarian country teams.

¹ The ORMS is a comprehensive emergency management system linking actors and activities across preparedness, prevention, response and recovery, to enhance resilience in order to improve the capacity of UN organizations to effectively manage the effects of disruptive events. Corporate Risk Management Policy (November, 2015)

² http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf

TABLE OF CONTENTS

1. Introduction	6
Purpose and objectives	6
Accountability	6
Scope	7
Guiding principles	7
2. Guidance	8
Planning under the WHO corporate risk management policy and the UN Organizational Resilience Management System	8
Preparing for business continuity planning	9
Safety and security of staff, premises, assets and operations	11
Identifying critical operations and functions that need to be continued	12
Memorandum of understanding (MoU)	13
Responding to an emergency	13
Activating and deactivating the business continuity plan	15
Exercising and maintaining the business continuity plan	16
3. Template business continuity plan	17
Current situation	17
Risk response actions for ensuring the safety of staff, premises and assets	17
Critical operations	17
Response to the emergency	17
Activation and deactivation of the business continuity plan	19
Exercising and maintenance of the business continuity plan	19
Action plan	20
4. Business continuity plan glossary	21
5. References and good practices	23

1 INTRODUCTION

Purpose and objectives

Business continuity planning will increase WHO resilience in the face of potential disruptions to the Organization's ability to operate during emergencies. Business continuity plans cover all WHO offices and staff.

The main objectives of WHO's business continuity plans for emergencies are to:

- guarantee the safety of WHO staff, premises and assets
- maintain critical WHO programmes and operations
- ensure WHO is able to deliver a swift and effective emergency response.



WHO ability to respond swiftly to emergencies and restore critical operations as soon as possible is key to maintaining credibility in the eyes of partners and stakeholders. Business continuity plans bring together all procedures and information necessary for each WHO office to achieve the above objectives.



WHO office in GOMA after the eruption of Nyiragongo in 2002

Accountability³

The head of each WHO office is accountable for developing, maintaining, testing and implementing the business continuity plan by:

- ensuring that each staff member is familiar with the plan and can quickly assume his/her role if the plan is activated;
- maintaining the plan, and ensuring it is regularly reviewed, tested and updated at least once a year;
- approving and signing off on the plan and all subsequent revisions;
- formally handing over the business continuity plan to his/her replacement.

The heads of WHO offices should only sign plans that have been tested and in which conflicting issues have been identified and addressed.

³ Accountability is defined in WHO's Accountability Framework as the obligation of every member of the Organization to be answerable for his/her actions and decisions, and to accept responsibility for them.
http://intranet-pdrive.who.int/public-drives/PubDept/DGO-CRE%20-%20Compliance%2C%20Risk%20Management%20and%20Ethics%20Office/CMP/reference/accountability_framework.pdf

Scope

Business continuity plans must address the risks most likely to affect the functioning of a WHO office. These risks shall be included in the Risk Management Tool completed by all WHO offices. All scenarios that could affect any aspect of WHO operations (e.g. programmes, human resources, infrastructure, Information technology, telecommunications) should be considered, including both internal and external incidents (e.g. fires, floods, earthquakes, conflicts, mass protests).

Planning should cover all identified risks and ensure readiness measures are put in place by the office to:

- guarantee the safety of WHO staff, premises and assets
- maintain critical WHO programmes and operations
- ensure WHO is able to deliver a swift and effective initial emergency response



Examples of hazards impacts on the functionality of WHO offices

The WHO office might be destroyed or access might be blocked temporarily, mobility might be limited, new rules and restrictions might apply, normal utilities and services such as telephone, internet and waste disposal services might be disrupted, not all staff might be available or able to work. Additional staff may be required to assist. Additional office space, equipment, housing, transportation, communication, petty cash and other means to deliver programmes and services might be required.

Scope

Business continuity plans should:

- be practical, realistic and feasible
- be simple and easy to perform
- promote needs based and efficient use of resources
- be based on strong procedures so that they are easy to operationalize and implement
- be regularly tested and validated
- be monitored and regularly updated according to evolving risks and needs.

2 GUIDANCE

Planning under the WHO corporate risk management policy and the UN Organizational Resilience Management System

WHO has a well-defined Corporate Risk Management Policy which takes a comprehensive approach to risks, including technical/public health; financial; staff, systems and structures; political/governance; strategic; as well as risks to the Organization's reputation. The Risk Management Tool facilitates the identification and assessment of risks, the formulation of response actions to these risks, escalation to senior management level, and monitoring at all levels of the Organization. The policy

requires "the risks identified as potentially causing a significant to severe disruption to WHO operations or to the functionality of a WHO office to be addressed by business continuity plans". In line with the above, risks potentially affecting the functioning of a WHO office or WHO's operations, should be recorded in the risk register of the office in question.

Business continuity and planning is one of seven core elements⁴ of the United Nations Organizational Resilience Management System (ORMS 2015), under which policy⁵, implementation across the UN System and in the field is mandatory. ORMS recommendations are that disruptions to UN functionality and operations be met with flexibility and coordination, reflect prevailing circumstances, and focus on core priorities by:

- ensuring the health, safety, security and well-being of staff
- protecting assets
- maintaining the continuity of critical processes/capacity to implement mandates and programmes.



a. WHO office in GOMA after the eruption of Nyriragongo in 2002

b. WHO office in Port au Prince after the earthquake in 2010

⁴ Other core elements are: crisis management decision making and operations coordination framework; security support and response; crisis communications; mass casualty incident response; IT disaster recovery; business continuity; and support to staff, survivors and their families.

⁵ http://www.unsceb.org/CEBPublicFiles/High-Level%20Committee%20on%20Management/Document/Email%20dated%202%20May%202015_ORMS%20Policy%20-%20signed.pdf

Preparing for business continuity planning

To initiate planning, the head of each WHO office assembles a team that includes representatives from operations, logistics, security, human resources, administration, information and communication technologies (ICT), and programmes. The team need not be limited to a specific WHO office and can include people from other WHO offices or UN agencies.

The process of business continuity planning begins by identifying the high impact risks to the WHO office, and assessing their potential consequences on functions and operations. This step forms part of the WHO accountability framework and is the responsibility of all budget centres; it allows risk response actions to be established or improved. Risks are identified in relation to organizational objectives, as defined through strategic planning processes, programme planning, office plan development, and ad hoc objective setting exercises (i.e. emergency response situations).

The risks to be assessed in business continuity planning are not those threatening the health of the population served but those threatening the functionality of the office⁶. In the UN system, professional security advisors manage threats to the security of staff, assets and premises; in the absence of a field security officer in WHO, advice may be requested from the United Nations Department of Safety and Security (UNDSS) which has security advisers on the ground.

A simple risk assessment matrix is presented below. This matrix allows the priority risks to a WHO office to be identified and recorded, together with their potential consequences on staff, premises, assets and opera-

tions. The risk levels or scores obtained are defined by the characteristics of impact and probability (or likelihood), also referred to as "criticality" of the risk⁷. A risk may have a major impact when it occurs although the probability that it may happen can be very remote. Conversely, a risk with a minor impact may turn into a major risk for the Organization if it occurs repeatedly or is not managed. Therefore, when discussing the criticality of a risk, there should be clarity about the impact and probability of each risk on the relevant objective(s). The scores obtained from the matrix are worked into a risk scoring table which determines the risk criticality levels, enabling identification of which risks need to be addressed first in business continuity planning.

Once the priority risks to be addressed by business continuity planning and their potential consequences have been identified, it is important to assess which risk response actions need to be initiated, and which are already in place; in the latter case, assess whether the measures in place are sufficient to ensure business continuity or whether they need to be improved or strengthened.

Should the priority risks and risk response actions identified as part of the business continuity planning process not be readily included in the risk register of the budget centre, the office should ensure that its risk register, through the risk management tool, will be updated accordingly.

⁶ At times, but not always the same risk (i.e. an earthquake) causes damage to an office as well as to the health of the population served.

⁷ The risk scoring table pertains to the WHO corporate risk management policy and thus enables actions additional to business continuity planning to be taken, as required by the WHO corporate risk policy.



Figure 1: Risk Matrix⁸

Hazard	Probability (likelihood) (0-5)	Impact (0-5)					Consequences	Required Risk Response Actions
		Staff (S)	Premises (P)	Assets (A)	Operations (O)			
Floods	3	1	3	3	2	Staff		
						Premises		
						Assets		
						Operations		



Figure 2: Risk scores

		IMPACT				
		Very low	Low	Medium	High	Very high
		1	2	3	4	5
PROBABILITY	Very low	1	2	3	4	5
	Low	2	4	6	8	10
	Medium	3	6	9	12	15
	High	4	8	12	16	20
	Very high	5	10	15	20	25
		1	2	3	4	
		Low	Medium	High	Very high	
		CRITICALITY				

⁸ For each risk, give a score for the probability (or likelihood) from 1 to 5. Do the same for impact on staff, premises, assets and programmes, giving each a score from 1 to 5, and calculate the average (by adding the scores for each element and dividing by 4) (scores of S + score of P + score of A + score of O / 4 = score of impact) between 1 to 5. Plug the results for probability and impact into the risk score matrix to determine the criticality of the risks to the functionality of the office. Preparedness and/or remedial measures should logically start for the most severe risks first (see figure 2, from the WHO corporate risks management policy).

Safety and security of staff, premises, assets and operations

Business continuity planning should comprehensively address the safety of WHO staff, premises, assets and operations. Identifying the priority risks and evaluating the risk response actions already in place allows for

planning of further actions that need to be taken. Country offices not directly benefitting from a WHO field security officer can seek the advice and assistance of WHO Staff Security Services⁹ (SEC).

Readiness measures include having the following information available and always up to date:

Staff	<ul style="list-style-type: none"> • Standard operating procedures (SOPs) for staff tracking, including list of staff with information on type of contract, dependents and contact details¹⁰ • SOPs for emergency communications including a communication tree (similar to the warden system) • List of security focal points and wardens (and alternates) with contact information • List of assembly points, evacuation routes and relevant procedures • List of approved health facilities to be used by staff, with addresses, and names of medical doctors • Specific memorandums of understanding (MoUs) with health facilities to avoid admission delays in emergencies • SOPs for medical evacuation including required documents • Proper security and safety training and certification of staff
Security	<ul style="list-style-type: none"> • Country and WHO offices specific security plans
Premises	<ul style="list-style-type: none"> • List of addresses and GIS coordinates of premises including warehouses and potential relocation sites • Regular assessment of office structural safety • SOPs for relocation
Assets	<ul style="list-style-type: none"> • List of critical and high value assets including information technology (IT) resources, warehouse inventories, list of all cars and number plates • List of critical records or documents (e.g. staff contracts, documents for banking, agreements with government) that, if destroyed, lost or damaged, would cause considerable inconvenience to the Organization; these records could be located elsewhere • List of confidential documents that need to be destroyed or taken away in the case of evacuation • SOPs for asset protection and recovery

Many elements for this part of the plan are available from the UN Minimum Operating Security Standards (MOSS)¹¹, and from reports on residential security measures and security risk management from the UN Department of Safety and Security. Any concerns on these may be channelled through WHO/SEC.

⁹ <https://intranet.who.int/homes/sec/>

¹⁰ Staff are encouraged keep an electronic copy of all important document such as identification cards, passports, birth certificates, driving licences

¹¹ UN security policy manual <https://dss.un.org/dssweb/policy/securitypolicymanual.aspx>

Identifying critical operations and functions that need to be continued

Critical operations need to be identified ahead of time. All operations need to be differentiated into three groups, based on whether they are:

- critical and need to be maintained in the country, or
- can be relocated or performed remotely, or
- can be temporarily suspended.

Identification of critical operations should be based on criteria such as:

- lifesaving activities
- maintenance of essential health services
- critical liaison with the ministry of health, host government and other partners
- vital enabling functions such as logistics and security.

In high to very high security risk countries, pre-identification of critical programmes may have been conducted through joint UN programme criticality assessments. In other settings, it is recommended that a similar methodology¹² be applied to pre-identify and agree on critical services.

As well as listing critical functions, the business continuity plan should provide information on:

- the minimum number of qualified staff required to continue the critical programmes/activities, and their roles and responsibilities. These staff need to be identified and briefed or trained beforehand on the functions they will perform.
- the minimum resources, including funds and assets, needed to accomplish these functions, such as office and meeting room space (if needed through relocation), information technology materials, communications systems, vehicles, emergency operations centre (EOC) kits, basic survival and health kits, and personal protection equipment. These resources should be identified beforehand.



Questions to help identify which technical programmes are critical

Is the programme considered lifesaving in the short term? (i.e. delivery of emergency kits)

What would be the impact of suspension for a week, a month or longer on the programme outputs and strategic results?

Are implementing partners available?

¹² United Nations System Programme Criticality Framework, 2016, <http://www.unsceb.org/CEBPublicFiles/Programme%20Criticality%20Framework%20FINAL%20HLCM%2025102016.pdf>

For remotely performed programmes similar arrangements need to be in place.

The plan should also identify partners from the public and private sectors and other UN agencies who can provide assistance if and when the business continuity plan is activated. All have specific strengths, assets or resources that could be pooled or used by the WHO office. For example, the International Committee of the Red Cross (ICRC) may have tents, medical equipment

and storage space; the World Food Programme (WFP) and UNICEF could provide vehicles or office space; the university hospital may have a pool of medical students who could function as translators for the incident management team.

A sample table is shown below:

Critical partner	Location/ contact details	Type of support/services	Type of agreement
WFP		Up to 3 vehicles without drivers, 3000m ³ warehouse space	Memorandum of understanding (MoU)
University		Emergency care for staff	MoU
BP, Shell		Stocked fuel and oil for x days, x litres	Existing contract needs addendum

Responding to a public health emergency

The third part of the business continuity plan (BCP) should ensure that, among the critical operations that need to be maintained or quickly re-initiated, all the measures needed to respond to a public health emergency are included into the business continuity plan. These measures will ensure the initiation of emergency response operations in line with the Emergency Response Framework 2017¹³.

This is in case the event which disturbed the functionality of the office is also an event that causes a public health emergency (i.e an earthquake can simultaneously damage the office and disturb its operations, as well as cause traumatism and other health damage to the population).

The business continuity plan should include, at least, SOPs¹⁴ on:

- performing rapid risks and needs assessments to inform grading
- activating the WHO incident management system (IMS)
- repurposing staff as per the six functions of the IMS
- reprogramming funding
- accessing new emergency funding, surge staff, prepositioned supplies, etc.
- communicating about the event and WHO actions to governments, donors, partners and the media.

¹³ Currently being revised and updated

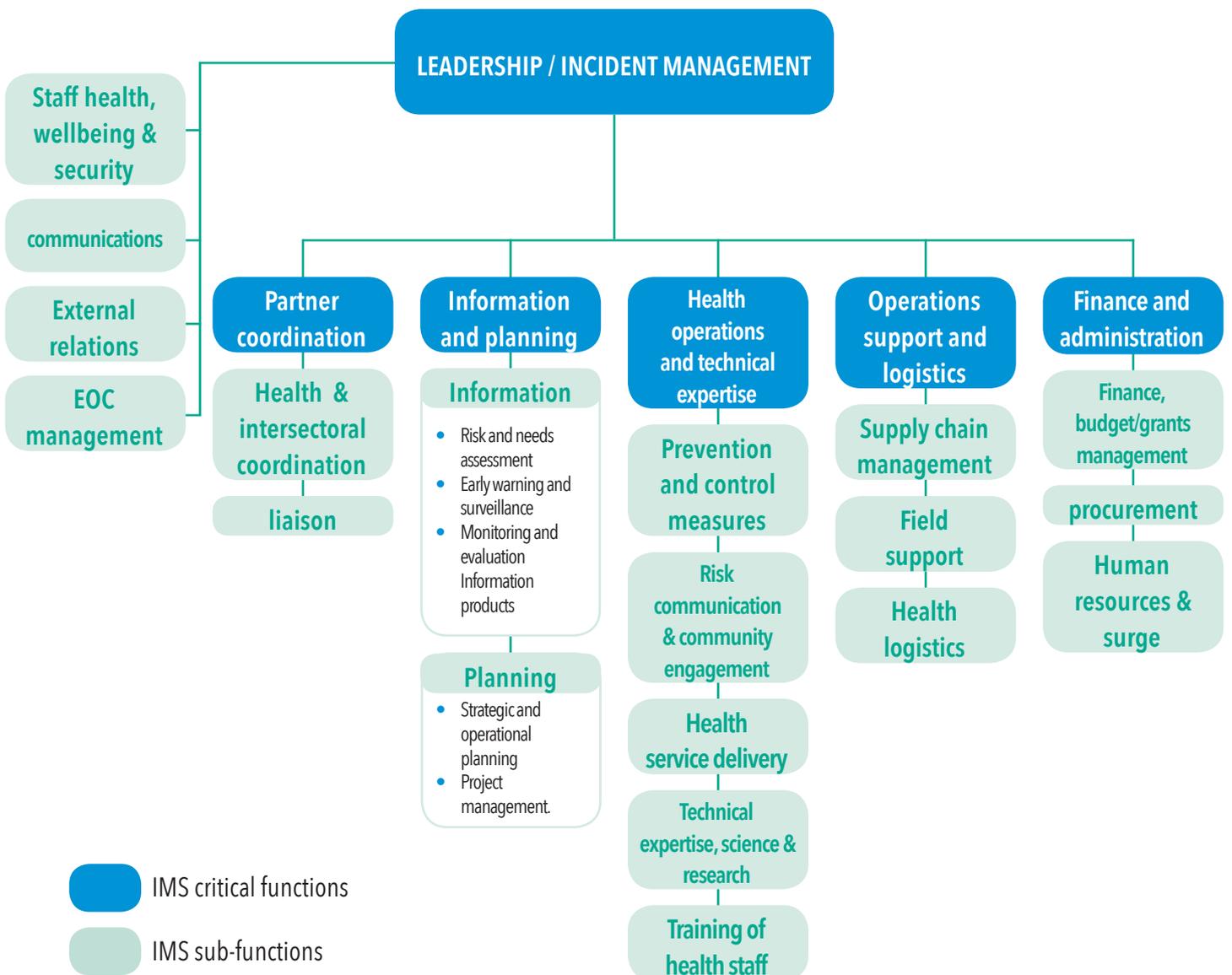
¹⁴ See <https://emanual.who.int/p17/Pages/default.aspx> (this site and related SOPs are under revision to accord with the reformed WHO emergency programme)

The BCP should also include:

- the addresses of back-up locations and description of available facilities (workstations, IT, communications equipment, etc.);
- the identification and set up of a potential emergency operation centre (EOC);
- a list of assets that need to be transferred to the relocation facility; and
- pre-arrangements and memorandums of understanding (MOUs) to facilitate rapid access to e.g. office space in hotels, additional transport and accommodation, internet connectivity solutions.

The IMS will guide the repurposing of staff once the risks and needs assessment has been performed and the emergency has been graded (see figure below). WHO staff need to be identified and trained for the functions they will perform during an emergency, at least until the arrival of surge staff; this includes appropriate security training and certification if needed.

WHO's IMS Organizational Structure Critical and Sub Functions



Activating and deactivating the business continuity plan

The head of the WHO office will activate and deactivate the business continuity plan based on clear criteria and procedures. Depending on the situation s/he will decide whether all or only part of the plan is activated.

Triggers for activation and deactivation should be based on the risk assessment and possible scenarios.

Phase I - activation

The head of the WHO office or his/her designate:

- activates the BCP and/or gets approval if needed
- notifies the whole staff of the activation of the business continuity plan
- address security of staff, premises and assets appropriately
- announces relocation if needed
- announces repurposing of staff to cover both the emergency response and all operations identified as critical.

The assigned incident manager, in collaboration with the WHO head of office, initiates both the setting up of the incident management system from the pre-identified EOC, and the response activities.

Phase II - operations

The head of the WHO office:

- supervises the re-initiation of critical operations
- provides guidance on critical processes and functions, and maintains contact with other WHO offices
- activates the communications SOP to notify partners and government about WHO actions in response to the incident.

The appointed incident manager leads the response operation in close cooperation with the head of the WHO office¹⁵.

In a Grade 2 or 3 emergency, surge staff may be called in to assist in the response; the office prepares to receive these additional staff.

Phase III - return to normal operations

- The head of the WHO office officially deactivates the business continuity plan.
- Staff return to their respective functions and restart suspended activities.
- The IMS is terminated and the remaining emergency operations are absorbed into the office work plan.

Phase IV - after action review

As soon as possible after resuming normal operations, the WHO office conducts a full review of implementation of the business continuity plan to identify gaps, areas for improvement, and needs for adjustment.

A full report of the after action review is submitted to the Regional Director, Regional Director Administration and Finances, Regional Director of Program Management, Regional emergency director (RED) or executive director of the WHO health emergency programme, as appropriate, within 21 days of deactivation of the BCP.

¹⁵ See the Emergency Response Framework and the Standard Operating Procedures on delegation of authority for roles and responsibilities.

Exercising and maintaining the business continuity plan

As per the United Nations Organizational Resilience Policy,¹⁶ regular review is a crucial element in assessing an office's resilience. In order to be effective and reliable, the business continuity plan needs to be subject to constant improvement, and tested to ensure emergency management procedures are consistent with business priorities and policy.

Exercising is therefore an integral part of planning. Selection, planning and costing of exercises are well explained in section 3 of the WHO exercise manual and the related exercise planning tool¹⁷. The head of the WHO office ensures testing of the business continuity plan before approval; business continuity capability is then maintained and enhanced through yearly updates, reviews and exercises.

It is also important that WHO offices keep their risk registers (through the Risk Management Tool) updated on an ongoing basis, including those risks that could be threatening to the functioning of the office in case of serious incidents.

Exercising enables:

- validation of the adequacy of emergency plans, systems and procedures
- familiarization of all staff with the plan, its procedures and systems
- enhancement of the functioning of the office during an emergency
- identification and remedy of deficiencies in the above
- maintenance and updating of the BCP.

¹⁶ See <http://www.unsceb.org/CEBPublicFiles/High-Level%20Committee%20on%20Management/Document/ORMS%20-%20Maintenance%2C%20Exercise%20and%20Review%20%28ME%26R%29%20Regime.pdf>

¹⁷ The WHO exercise manual, July 2016, and the exercise planning tool, November 2016, will soon be available online.

3 TEMPLATE BUSINESS CONTINUITY PLAN

Current situation

Title: WHO Office [name of country/region]
 Business Continuity Plan
 Date of approval
 Signed by [name]

Short description of WHO office specificities

Please provide:

- a description of programmes
- an organigram including number of staff
- a list of key assets
- a list of offices and their localization.

Results of risk assessment

From the risk assessment and criticality scoring performed, extract the most critical risks identified as per their impact on office functioning and operations and their likelihood of occurrence. Describe in more detail the hazards that may contribute to these risks as well as their consequences on staff, premises, assets and operations.

Evaluate for each risk whether the necessary risk response actions are in place and are sufficient, or need to be improved or installed.

Priority hazard	Consequences	Necessary risk response actions	<ul style="list-style-type: none"> • Sufficient • To be improved • To be installed
	Staff		
	Premises		
	Assets		
	Operations		
	Staff		
	Premises		
	Assets		
	Operations		
	Staff		
	Premises		
	Assets		
	Operations		

Risk response actions for ensuring the safety of staff, premises and assets

Use the evaluation of risk response actions currently in place to plan further actions needed to strengthen or

implement the necessary risk response actions (see action plan below).

Linking to the risk management tool

Once the risks have been identified, assessed and response actions developed, the risks should be registered accordingly in the Risk Management Tool, where

they can be continuously monitored, and if necessary, escalated to senior management.

Critical operations

Make a list of all WHO office operations, sorted into three groups:

- are critical and need to be maintained in the country
- can be relocated or performed remotely
- can be temporarily suspended.

For each programme that needs to be maintained, whether remotely or not, provide the following information:

- a list of staff required and their qualifications
- a list of identified office staff who can be repurposed, and their training needs in order to perform the assigned tasks
- a list of resources required to perform the operations
- a list for each programme of where the operations will be carried out, including possible relocation places.

Make sure that relevant SOPs are attached to the BCP.

Programme	Critical, re-mote or suspended	Inputs needed			
		Staff	Assets	Location	Budget

Response to a public health emergency

- Make a list of existing staff who will be assigned and repurposed to:
 - » perform the risks and needs assessments
 - » populate the IMS.
- Annex job action sheets and terms of reference (TOR) for IMS functions and train staff accordingly.
- Identify gaps in staffing, and make a list of surge staff needed, with generic job descriptions.
- Prepare for the EOC and its alternates (premises, assets, communications, IT)¹⁸.
- Make a list of expected logistics needs with reference to the list of prepositioned assets.
- List the budget lines that can be reprogrammed for the response.
- Make a list of donors who could fund emergency operations, with their contact details and templates for proposals.
- Make a list of contacts who need to be notified.
- Make sure that the relevant SOPs are available in the annex to the BCP.

¹⁸ WHO Framework for a public health emergency operations centre (Nov 2015)

3

Activation and deactivation of the business continuity plan

- List the triggers that will activate/deactivate the BCP.
- Annex procedures/SOPs for activation/deactivation.

Exercising and maintenance of the business continuity plan

Exercise calendar

Date	Objective of test	Type of exercise	Responsible

Exercise calendar

Date	Change description	Change entered by (name)	Approved (WHO representative)
January 2015	First plan	XX, Security Officer	XX, WHO representative
September 2015	Update (new staff)	XX, Emergency Coordinator	XX, WHO representative
Etc.			

Action plan

List the actions needed to address insufficient capacities to execute the business continuity plan, in a structured fashion.

Objective	Action needed	Responsible	Budget required	Deadline
Safety - security (staff, premises and assets)	Update communication tree	Name		Oct 2016
	Purchase of Thuraya	Name		Sept 2016
Continuation of critical/ remote programmes	Identify critical programmes			
	Identify remote office location			
	Train staff for repurposed function			
	Test relocation SOP			
Response to emergency	Find alternate location for EOC			
	Make MoU to insure access to future EOC location			
	Test use of EOC			

4 BUSINESS CONTINUITY PLAN GLOSSARY

Term	Definition	Source
Accountability	<p>The obligation of every member of the Organization to be answerable for his/her actions and decisions, and to accept responsibility for them.</p> <p>The result of the process which ensures that health actors take responsibility of what they are obliged to do and are made answerable for their actions</p>	WHO Accountability Framework (2006)
After action review	<p>Qualitative review of actions taken to respond to an emergency as a means of identifying best practices, gaps and lessons learned. A space for collective learning by bringing together the relevant individuals involved in the emergency response to critically and systematically analyse actions taken to respond. The process involves a structured facilitated discussion to review what should have happened, what actually happened, why, and how to improve.</p>	After Action Review Framework for a Public Health Emergency Operations Centre (WHO, 2015)
Crisis	An abnormal situation, or perception, which threatens the operations, staff, customers or reputation of an organization. It has the potential to negatively affect the smooth running of an office/ organization's operations, its image and credibility.	WHO Business Continuity Management XV.3.3_BCM Framework_Dec09
Emergency	A situation impacting the lives and well-being of a large number of people or a significant percentage of a population and requiring substantial multi-sectoral assistance. An event or threat that produces or has the potential to produce a range of consequences that require urgent, coordinated action.	WHO ERF framework, 2017 And WHO Strategic Framework of emergency preparedness, 2017
Emergency operations centre (EOC)	The facility from which a jurisdiction or agency coordinates its response to major emergencies/disasters.	Framework for a Public Health Emergency Operations Centre (WHO, 2015)
Event	A manifestation of disease, or an occurrence that creates a potential for disease. (public health event—"any event that may have negative consequences for human health. The term includes events that have not yet lead to disease in humans but have the potential to cause human disease through exposure to infected or contaminated food, water, animals, manufactured products or environments."	International Health Regulations, 2005 And WHO Emergency Response Framework (2017)
Hazard	A process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation.	United Nations General Assembly 2016.

Term	Definition	Source
Incident Management System	The standardized structure and approach that WHO has adopted to manage its response to public health events and emergencies, and to ensure that the Organization follows best practice in emergency management. WHO has adapted the Incident Management System to consist of six critical functions: Leadership, Partner Coordination, Information and Planning, Health Operations and Technical Expertise, Operations Support and Logistics, and Finance and Administration.	WHO ERF framework, 2017
Preparedness	The knowledge and capacities of governments, response and recovery agencies, communities and individuals to effectively anticipate, response to, and recovery from the impacts of a wide range of likely, imminent or current events.	Framework for a Public Health Emergency Operations Centre (WHO, 2015)
Readiness	The ability to quickly and appropriately respond when required. The outcome of planning, allocation of resources, training, exercising and organizing to build, sustain and improve operational capabilities based on risk assessment.	UN General Assembly Report of the open-ended intergovernment expert working group (UNGA, 2016)
Recovery	The restoring or improving of livelihoods and health, as well as economic, physical, social, cultural and environmental assets, systems and activities, of a disaster-affected community or society, aligning with the principles of sustainable development and "build back better", to avoid or reduce future disaster risk.	UN General Assembly Report of the open-ended intergovernment expert working group (UNGA, 2016)
Resilience	The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and	Terminology on Disaster Risk Reduction, UNISDR, 2009
Response	The provision of emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected.	Disaster Risk Reduction, UNISDR, 2009
Risk	The expression of the likelihood and impact of an event that would affect the Organization's ability to achieve its objectives. If it occurs, the event may have a positive (opportunity) or negative (threat) impact on the achievement of the Organization's political, strategic and operational objectives. The potential loss of life, injury, or destroyed or damaged assets which could occur to a system, society or a community in a specific period of time, determined probabilistically as a function of hazard, exposure, vulnerability and capacity	EC 133/10, 17 May 2013 Corporate risk register And UNGA 2016

5 REFERENCES AND GOOD PRACTICES

- Non Stop Service: Continuity management guidelines for public sector agencies. Emergency Management Australia.
- WHO HQ business continuity management governance framework, 2009.
- UN framework for crisis and continuity management, 2009.
- Business continuity planning white paper: description and framework
- WHO HQ Geneva Business Recovery Green Pack 2014.
- WHO Corporate Risk Management Policy, 2015.
- WHO accountability framework, 2015.
- WHO Risk Management Tool, 2017.
- UN Organizational Resilience Management System and Policy, 2016.
- UN Organizational Resilience Management System: Crisis Management Playbook, Oct 2015.
- <http://www.phac-aspc.gc.ca/influenza/bcp-eng.php>.
- WHO. An approach for the integrated and strategic risk assessment of public health threats.
- United Nations System, Programme Criticality Framework.
- WHO BCP samples of good practices:
 - » 00088_73_WCO RWANDA BCP Final Feb2016.
 - » 00064_51_Updated 2015 PNG BCP.
 - » 00042_26_PAHO Business Continuity Plan 10th revision MAY 2016 HWJ ECB.



