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**GLOBAL
INFLUENZA
PROGRAMME**

WHOLE-OF-SOCIETY PANDEMIC READINESS

***WHO guidelines for pandemic
preparedness and response in the non-
health sector***

(Geneva, July 2009)

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July 2009

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Foreword

This guidance was developed prior to the pandemic (H1N1) 2009 outbreak as a general framework of preparedness and response against an influenza pandemic using a whole-of-society approach. Some information and recommendations mentioned in the guidance may not be relevant to the current situation or to the actual needs and priorities of countries.

¹ Pandemic influenza preparedness and response: a WHO guidance document, World Health Organization, 2009. <http://www.who.int/csr/disease/influenza/pipguidance2009/en/index.html>

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1. AIM

1.1 These guidelines address the need to prepare the whole of society, beyond the health care sector, for pandemic influenza. The primary aim of this document is to support integrated planning and preparations for pandemic influenza across all sectors of society, including public and private sector organizations and essential services. These guidelines focus on non-health sector mitigation actions and aim to help WHO member states in the process of revising their existing national pandemic preparedness plans to better include all sectors of society.

2. RATIONALE

Why do pandemic planning beyond health care?

2.1 Given that a pandemic of any severity will have consequences for the whole of society, it is essential that all organizations, both private and public, plan for the potential disruption that a pandemic will cause, including the impact of staff absenteeism. While many countries have made substantial efforts to prepare for the health consequences of pandemics, not all countries have yet given sufficient attention to preparing for the economic, humanitarian and societal consequences.

2.2 In the absence of early and effective planning, countries may face wider social and economic disruption, significant threats to the continuity of essential services, lower production levels, distribution difficulties, and shortages of supplies. Individual organizations may suffer from the pandemic's impact on business and services. For example, if the electricity and/or water sectors are not able to maintain services, this will have grave implications for the ability of the health sector to function and will result in severe humanitarian consequences for vulnerable populations. The failure of businesses to sustain operations would add to the economic consequences of a pandemic. Some business sectors will be especially vulnerable (e.g. those dependent on tourism and travel) and certain groups in society are likely to suffer more than others.

2.3 Developing robust preparedness plans or updating current plans to adapt to the current pandemic is essential to ensure continuity of operations and significantly mitigate the economic and social impacts.

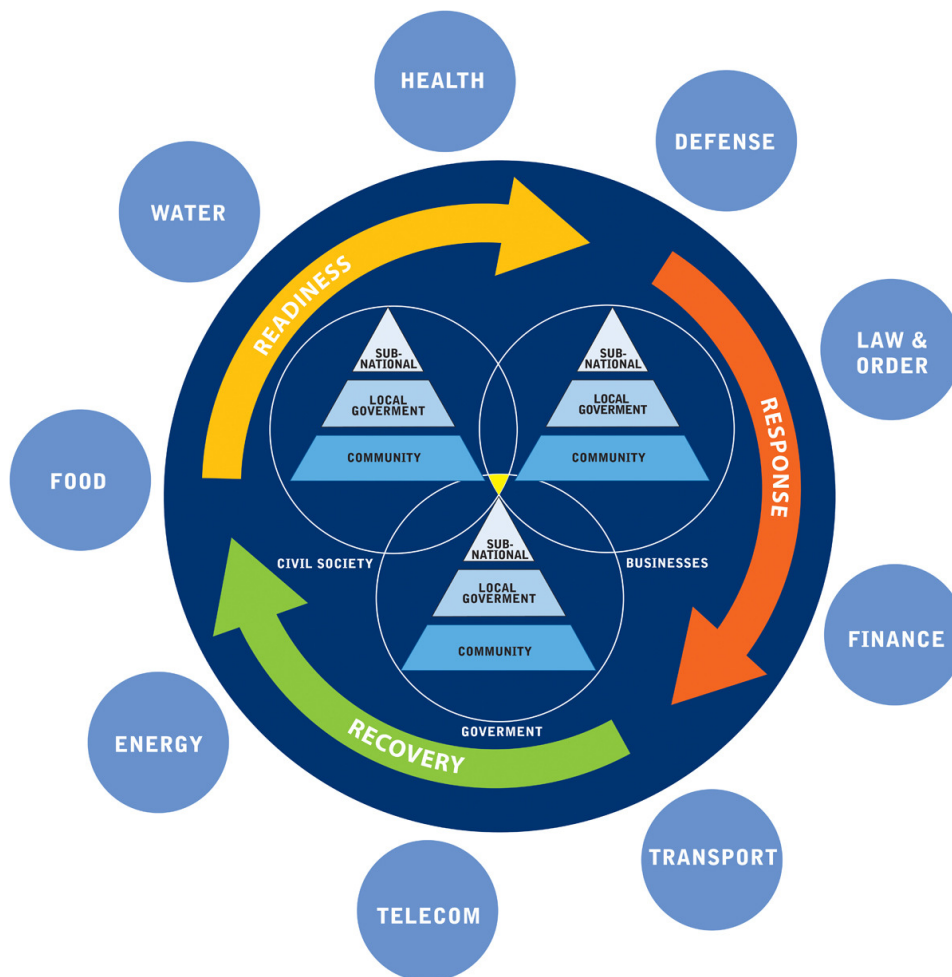
2.4 The whole-of-society approach to pandemic preparedness will have additional benefits as it will strengthen the resilience of communities to withstand other future threats to their health, security and wellbeing.

3. THE READINESS FRAMEWORK

3.1 A moderate or severe influenza pandemic will test the limits of resilience of nations, companies, and communities, depending on their capacity to respond. No single agency or organization can prepare for a pandemic on its own. Inadequate or uncoordinated preparedness of interdependent public and private organizations will reduce the ability of the health sector to respond during a pandemic. A comprehensive approach to pandemic preparedness is required.

3.2 The 'Readiness Framework' is one approach that emphasizes the interdependence of all sectors of society. The framework suggests **five key principles**: (1) a whole-of-society approach, (2) preparedness at all levels, (3) attention to critical interdependencies, (4) a scenario-based response, and (5) respect for ethical norms.

The diagram below seeks to illustrate the whole-of-society approach. It is represented by the three circles in the middle of the diagram: government, civil society, and business. The pyramids inside each of the circles represent the levels within each sector (including sub-national, local government, and community). The nine circles around the disaster management continuum of readiness, response, and recovery represent **nine key essential services**).



A whole-of-society approach

3.3 The economic and social consequences of the pandemic will be greater if governments, businesses, and civil society have not developed plans as to how they can continue to deliver key services in a pandemic. That is why all sectors of society should be involved in pandemic preparedness and response.

3.4 It will require a concerted and collaborative effort by different various government ministries, businesses and civil society to sustain essential infrastructure and mitigate impacts on the economy and the functioning of society. The government should help other agencies and organizations by providing guidance on measures that should be taken, making appropriate modifications to the law or regulations to facilitate pandemic response, and making appropriate modifications to monetary policy to mitigate the economic impact of a pandemic.

Preparedness at all levels

3.5 All levels (local, national, regional, and global) should prepare for response to the pandemic and for subsequent early recovery. The global and national levels should provide leadership and the regional and local levels should be ready to take specific actions. Pandemic preparedness should be integrated into national, regional and local disaster management plans, processes and structures. Planning should be based around three crisis management stages (readiness, response, and recovery). Individual organizations should incorporate pandemic preparedness into existing crisis and continuity management systems.

3.6 As the impact and duration of pandemic waves are unpredictable and the characteristics of all previous influenza pandemics were different, local communities should develop flexible plans to support the full spectrum of their needs over the course of a few months. Governments should provide clear guidance to local communities on the planning that is needed, including planning assumptions based on the available data.

Critical interdependencies

3.7 If widespread illness hits a society, this could result in sudden and significant shortages of personnel to provide essential services. The effect of influenza on individual communities could be prolonged, as it is possible that the current influenza pandemic may have more than one wave. Staffing is the critical element in business continuity plans.

3.8 Providers of essential services (e.g. water and energy) depend on critical goods and services to maintain their operations. These goods and services are supplied by other providers that in turn depend on others to operate.

3.9 Each of the providers needs to map out these critical interdependencies and plan to address possible disruptions in the supply of critical goods and services.

A scenario-based response

3.10 The impact of an influenza pandemic on specific communities will vary from mild to severe, depending on vulnerability and capacity to respond. Therefore, it is appropriate to

develop and plan for different scenarios that may arise, using clearly defined planning assumptions. Plans should consider what actions would be implemented in the event of these different scenarios. It is important to be clear what actions will be taken should the worst case scenario materialize. It is prudent to plan for the worst, while hoping for the best.

Legal and ethical considerations

3.11 Pandemic influenza preparedness and response should be based on and consistent with ethical norms and reflect fundamental human rights considerations. Governments should identify and protect vulnerable groups who tend to be overlooked, (such as refugees, migrants, the disabled, prison populations, etc.) and incorporate their interests in planning.

4. BUSINESS CONTINUITY MANAGEMENT

4.1 Business continuity plans are at the heart of preparing the whole of society for a pandemic. Business continuity management focuses on the analysis of risks and the potential effects of such risks on an organization. Business continuity management looks at an organization's departments, processes and functions, including inputs and outputs. Business continuity management processes are documented in business continuity plans. These can be used to manage business interruptions, including loss of staff or disruption of supplies. The objective of a plan is to make an organization less vulnerable to and reduce the impact of a crisis or emergency. Pandemic preparedness should be an integral part of any organization's business continuity management. Plans should be subjected to regular review, as planning is a continuous rather than a static process.

4.2 Thorough plans look at vital components outside the organization (e.g. transportation, water, and the resilience of suppliers of these services).

Planning assumptions

4.3 Business continuity plans should be based on explicit assumptions that characterize the parameters of the emergency and its expected impacts. These vary from country to country based on levels of preparedness and available medical counter-measures. Public health authorities should communicate the current planning assumptions and guidance to other sectors of society. In general, the assumptions should cover the following:

- Attack and fatality rates;
- Population susceptibility;
- Worker absenteeism levels;
- Duration of the pandemic; and
- Possible multiple waves of illness.

Core preparedness actions for all sectors

4.4 Employers need to take responsibility for ensuring that their business continuity plans address the following areas:

- Identify the critical functions that will need to be sustained and those that can be stopped for a period.
- Identify the personnel, supplies, and equipment vital to maintain essential functions.
- Consider how to deal with the anticipated level of staff absenteeism and minimize its impact on activities,
- Provide clear command structures, delegations of authority, and orders of succession for workers.
- Assess the need to stockpile strategic reserves of supplies, material, and equipment, including those that will be necessary to protect the health of employees.
- Identify who is going to do what, when, and how.
- Identify units, departments, or services that could be downsized or closed to reallocate human and material resources.
- Assign and train alternates for critical posts.
- Establish guidelines for priority of access to essential services.
- Plan for security risks to operations and supply chain.
- Train staff on infection control and communicate essential safety messages.
- Consider whether there are ways of reducing social mixing (e.g. telecommuting or working from home and reducing meetings and travel) and test these.
- Consider the need for family and childcare support for essential workers.
- Consider the need for psychosocial support services to help workers remain effective.
- Consider and plan for the recovery phase.

Interoperability of pandemic preparedness plans

4.5 It is desirable to share business continuity plans with key partners to ensure consistency and interoperability. Local government plans should be aligned with central government strategic directives. National plans should be shared with neighbouring countries. Particular attention should be paid to plans in neighbouring border areas.

5. CRITICAL INTERDEPENDENCIES

Major critical interdependencies among essential services

5.1 While the specific set of essential services varies from country to country, there is a core set of essential services present in many settings: water and sanitation; fuel and energy; food; health care; telecommunications; finance; law and order; education; and transportation. The failure of one or more of these services can have major economic and social consequences, as well as impacting other essential services.

5.2 Public and private providers of essential services are interdependent and rely on the goods and services of other sectors in order to sustain their operations. For example, the water sector remains indispensable to all citizens living in urban and many rural settings; it is also indispensable to most other services. The water sector relies on other sectors for many critical functions, including the energy sector to power its equipment, the chemical sector to provide materials to treat water, the transportation sector to deliver supplies, and the food and healthcare sectors to protect the health of its workforce. In whatever way the sectors define themselves, these critical interdependencies constitute complex vulnerabilities.

5.3 Interdependencies need to be identified by each of the essential service providers. Issues that need to be clarified in the process of identifying interdependencies include:

- Critical goods and services required in order for the organization to provide its essential services.
- Key interdependencies for each critical good or service.
- The impact of the loss or reduction of any of the critical goods and services to the customers/beneficiaries.
- Critical employee groups.
- The impact of the loss or reduced availability of critical employee groups.
- Likely points of failure.

5.4 Pandemic plans should take into account potential failures generated by interdependencies. These include failures of individual businesses or small numbers of businesses representing the sole providers of an essential good or service.

Key health care sector interdependencies

5.5 The health care sector always faces especially severe challenges during a pandemic. In the pandemic plans of some countries, the relationship between the health care sector and other sectors has not yet been fully considered and the complexity and interdependency of systems on which health care settings rely has not yet been fully taken into account.

5.6 Healthcare institutions depend on goods and services that are delivered by the following sectors:

- **Transportation** for the movement of supplies, personnel, and patients;
- **Telecommunications** to support patient care, provide teletriage, and maintain business processing;
- **Energy** to power facility, clinical, and security systems;
- **Water** for healthcare facilities, pharmaceutical operations, and sanitation services;
- **Pharmaceuticals**, including consumables, for treatment of patients; and

- **Finance** to ensure the supply chain.

6. GOVERNMENT LEADERSHIP ROLE

6.1 Central governments should provide the information and framework for the planning which must take place across all sectors of society. While all sectors of society are involved in pandemic preparedness and response, central governments are responsible for leadership, communication, and coordination. National inter-ministerial pandemic preparedness committees should map out the central government's roles, responsibilities, and **chain of command** and designate lead agencies. Governments should actively promote the preparedness of the private sector. Plans should build on existing national disaster management approaches and institutions and be regularly revised as circumstances change and new information becomes available.

6.2 Central governments should define, oversee, and coordinate key preparedness actions. **Standard operating procedures** (SOPs) are helpful in generating common understanding and coordinated implementation. National governments should advise local governments on best practices in pandemic preparedness planning and implement a quality control system to regularly monitor and evaluate the operability and quality of local and regional plans.

6.3 Governments should develop a **detailed communication strategy**, including how to stimulate appropriate pandemic responses from relevant agencies and organizations.

6.4 **Key line ministries** need to develop business continuity plans to limit disruption. For some ministries, these plans should be both inward-looking (to ensure the ministries themselves can deliver their key functions) and outward-looking (ensuring that planning is taking place across their sector).

- **Ministries of Defence** should consider what military assets should be brought to bear in the event of a pandemic and how to mobilize them.
- **Ministries of Transportation** should minimize infection risks and staff absences in vital transportation, air, and sea ports and loading and unloading facilities, to enable continued supply of medicines and food.
- **Ministries of Finance** should plan to maintain essential cash, credit, banking, payment, international funds transfers, salary, pension, and regulation services in the face of significant absenteeism, and conduct testing of systemic resilience to pandemic risk.
- **Ministries of Justice** should consider what legal processes could be suspended during the pandemic and make alternative plans to operate courts during pandemic. They should also consider measures to minimize the spread of infection in prisons and other institutions under their authority.

6.5 Table-top and **simulation exercises and drills** at all levels are the best way to test, validate, and improve pandemic preparedness plans. Tools developed by WHO or international organizations and adapted to local circumstances may be useful for a quick review to identify gaps during the pandemic response mode.

6.6 **Critical transborder issues** should be identified and addressed at a bilateral or regional level. Interoperability of plans across borders should be considered. Plans should be developed to cope with possible external and internal displacement of people during the pandemic and to address the needs of displaced populations. Governments should coordinate activities in border areas and be ready to explain differences in mitigation actions between neighbouring countries.

7. THE ROLES OF OTHER AGENCIES AND ORGANIZATIONS

7.1 It is essential that all institutions are prepared to respond to the pandemic in order to mitigate its economic and societal impact. This requires a shift in thinking for some entities. Governments should provide guidance on how to accomplish this. The private sector should develop sound business continuity plans, because the survival of the private sector is essential to a society's economy and provides many goods and services which are critical to the welfare of many vulnerable people and the functioning of key infrastructure. Many private sector companies already have **business continuity plans** and should incorporate pandemic-specific measures into their plans.

7.2 In many countries, **national and international civil society and community-based organizations** will have a key role in meeting the basic needs of vulnerable populations. It is therefore critical that these organizations have in place plans regarding how they will continue their essential services during pandemic. Governments should involve civil society and local communities in developing pandemic preparedness and response plans and should work with local and international humanitarian agencies and organizations to identify who has the capacity where to meet which basic needs of vulnerable populations (food, health, shelter, water, and sanitation). Doing so clarifies responsibilities, identifies gaps, and avoids duplications in planning and implementation.

7.3 **Community-based organizations** represent large networks that can translate scientific and government messages and recommendations, which otherwise may be met with mistrust or scepticism by parts of populations. Community leaders can build public confidence, disseminate information, and identify people at risk. Such organizations can also provide community-based services to meet the needs of the vulnerable during a pandemic.

7.4 It is important that planning extends to a local level, including **local governments**. Central authorities should provide advice to local authorities. Local governments should coordinate with non-governmental agencies and organizations. Local authorities and community groups should plan for how to cope with large numbers of ill people requiring help in their communities. Coordination committees that bring together all local agencies and organizations can provide a central focus for cross-agency cooperation to deal with disruptive challenges. They can coordinate decision-making across departments at the local level.

7.5 **Employers** in the public and private sector have an important role to play both in providing appropriate information to staff to protect staff health and safety and reduce the spread of infection in the workplace and during travel to work, and in maintaining business continuity through contingency planning. Labour unions are important participants in making sure that employers honour their obligations toward staff health and safety and in making sure that staff receive the information and advice that they need.

8. ETHICAL AND LEGAL ASPECTS

Ethical aspects

8.1 Pandemic influenza planning and response should be based on sound scientific and public health principles, and should respect ethical and human rights norms. As far as is practical, equitable access to health care and other vital services should be ensured. In particular, the needs and rights of the vulnerable should be considered, and they should be included in planning and response processes through which their preferences and interests can be articulated and incorporated. Vulnerable groups should be specifically identified based on local circumstances and include refugees, internally displaced persons, migrants, ethnic minorities, the poor, the elderly, the physically and mentally disabled, people confined to prisons, the homeless and visiting foreign nationals.

8.2 Governments, intergovernmental and non-governmental organizations should take into account the interests of vulnerable groups in pandemic influenza planning and response.

- All people should have ready access to accurate, up-to-date and easily understood information about human pandemic influenza, public policy responses, and appropriate local and individual actions.
- Communications should be tailored to overcome obstacles that vulnerable groups face in accessing such information.
- Public health strategies should foster wide engagement in planning for and responding to the pandemic influenza.
- Civil society, community-based organizations and the private sector should be involved in helping to overcome barriers to effective engagement by disadvantaged groups.
- The impact and effectiveness of interventions and policies needs to be evaluated and monitored, especially with respect to prospects for providing fair benefits to, and avoiding undue burdens on, disadvantaged groups, so that corrective adjustments can be made in a timely manner.
- Governments should ensure access to the best available scientific and socio-economic data and analyses to inform pandemic influenza planning and response, including information on the particular burdens and secondary harms that pandemic and pandemic responses may inflict on vulnerable groups.

8.3 Public health measures, such as quarantines and school and business closures might place serious burdens on society and individual liberties, especially if they are implemented on a wide scale. Governments should carefully weigh the risks and benefits of far-reaching restrictions on movement and implement these measures in a way that respects individual rights.

8.4 Health care and other essential workers have a moral obligation to provide essential services to society. Employers have a reciprocal obligation to protect the health of their staff and their families, in particular in high-risk work areas.² A careful balance needs to be struck between the safety of staff and delivery of services to vulnerable beneficiaries.

Legal aspects

8.5 In a pandemic situation, governments may need to enact regulatory measures in three main areas:

- health policy and organization;
- public order and individual liberties; and
- labour and economic issues.

8.6 It is recommended that governments should lead a cross-sectoral process to identify the legal issues related to a pandemic and should mobilize relevant participants to undertake four sets of actions:

- Identify the relevant existing measures and regulations and how they need to be modified for a pandemic.
- Identify the gaps in the existing legal system with regard to coping with a pandemic or other similar major crisis.
- Prepare in advance necessary legal texts, with a view to either implementing them in advance or having them ready in the event a pandemic starts. Plans should be made for when such new regulations would need to be ratified and implemented.
- Develop the mechanisms to be able to implement and comply with the International Health Regulations.

² More information can be found in the WHO guidance document "Ethical considerations in developing a public health response to pandemic influenza" WHO, Geneva, 2007. Available at: http://www.who.int/csr/resources/publications/WHO_CDS_EPR_GIP_2007_2/en/index.html

Annex A: Whole-of-society pandemic readiness checklist for central governments

	Yes	No
Institutional arrangements		
1. Establish a cross-government committee or task force to coordinate national planning and response.		
2. Establish a forum involving civil society and the private sector.		
3. Assign one agency , department or ministry to lead coordination of the various multi-sectoral agencies or organizations engaged in preparedness.		
4. Integrate pandemic preparedness into national disaster management processes, plans, and committees.		
5. Develop explicit legal and ethical frameworks to govern policy implementation during pandemic.		
6. Develop clear pandemic plans, including chain of command and what human, material, and financial resources are required and where they will come from.		
7. Establish the locations, structures and standard operating procedures of crisis command and control centres .		
8. Differentiate the actions that will be taken at different phases and in different pandemic scenarios.		
9. Align pandemic plans with neighbouring countries. They should be consistent and as similar as possible.		
Harmonization of national plans and roles of different agencies and organizations		
10. Promote the preparedness of the private sector.		
11. Share pandemic preparedness plans in order to facilitate public understanding and cross-border consistency.		
12. Consult with neighbouring countries about aspects of their pandemic preparedness plan that have regional or cross-border implications. These consultations may include meetings, workshops, and joint simulation exercises .		
13. Identify which groups in society are likely to be most vulnerable and most severely affected and establish measures to protect them .		
14. Determine what agencies and organizations will deliver services most appropriate to each vulnerable population in all targeted locations.		

	Yes	No
Coordination and communication		
15. Stipulate which level of government (national, regional, local, and community levels) is responsible for each preparedness action.		
16. Provide advice to local authorities on preparedness planning and conduct necessary training for effective dissemination at all levels.		
17. Involve national and international organizations and designate a coordination body .		
18. Conduct drills, simulations, or table-top exercises at least annually to test the robustness of the established plan, identify gaps, and revise the plan accordingly.		
19. Involve the private sector, civil society and international organizations in simulation exercises.		
20. Prepare to evaluate the lessons learned from the pandemic influenza response.		

Annex B: Pandemic influenza business continuity management checklist for businesses and government organizations

	Yes	No
Plan for impact on your organization		
1. Identify a pandemic coordinator for preparedness and response planning.		
2. Identify the critical activities and functions that must continue during a pandemic, as well as resources needed.		
3. Assess the need to stockpile strategic reserves of supplies, and equipment.		
4. Establish clear command structures, delegations of authority, and orders of succession for workers and identify who is going to do what, when, and how .		
5. Assign and train alternate personnel for critical posts.		
6. Identify units or services that need to be downsized or closed to reallocate human and material resources.		
7. Develop standard operating procedures (SOPs) , and identify when they should be implemented and suspended.		
8. Determine financial risks in the event of an influenza pandemic.		
9. Identify customer needs during a pandemic and review your business model.		
10. Determine the ability of the organization to continue operations if critical infrastructure services become unavailable.		
11. Determine the financial consequences of fluctuations in the supply and demand of your products and/or services during a pandemic.		
12. Plan for security risks to operations and supply chains.		
13. Conduct an exercise to test and update your plan periodically.		
14. Conduct a quick review during the pandemic to identify gaps.		
Establish policies to be implemented during a pandemic		
15. Establish a personnel policy , addressing sickness, absenteeism, and when to return to work.		
16. Assess a need for continued face-to-face contact with other employees / customers / suppliers and modify as needed.		

	Yes	No
17. Develop social distancing protocols that may be used during a pandemic.		
18. Establish guidelines for priority of access to essential services .		
Allocate resources to protect employees and customers		
19. Implement hand hygiene in the workplace .		
20. Procure adequate infection control supplies .		
21. Develop a plan for family and childcare support for critical workers.		
22. Develop a plan for psychosocial support services to help workers.		
Communicate with and educate employees		
23. Develop a system of communication with employees, customers, and suppliers in the event of a pandemic.		
24. Ensure that information about measures your business is implementing during a pandemic is available to employees.		
25. Train staff on infection control and communicate essential safety messages.		