

# WHO guidance for business continuity planning



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WHO/WHE/CPI/2018.60

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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, 2015<sup>1</sup>) and the WHO corporate risk management policy and process.

It also encompasses WHO responsibilities under the International Health Regulations<sup>2</sup> (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.

<sup>1</sup> 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)

<sup>2</sup> [http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf)

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# 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

## Accountability<sup>3</sup>

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.

<sup>3</sup> 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](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 elements<sup>4</sup> of the United Nations Organizational Resilience Management System (ORMS 2015), under which policy<sup>5</sup>, 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.



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