



**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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## Acknowledgements

This guidance is a complementary document supporting Pandemic Influenza Preparedness and Response: a WHO guidance document published in April 2009.<sup>1</sup> This document provides detailed information on the whole-of-society approach to pandemic preparedness.

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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.

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<sup>1</sup> 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.

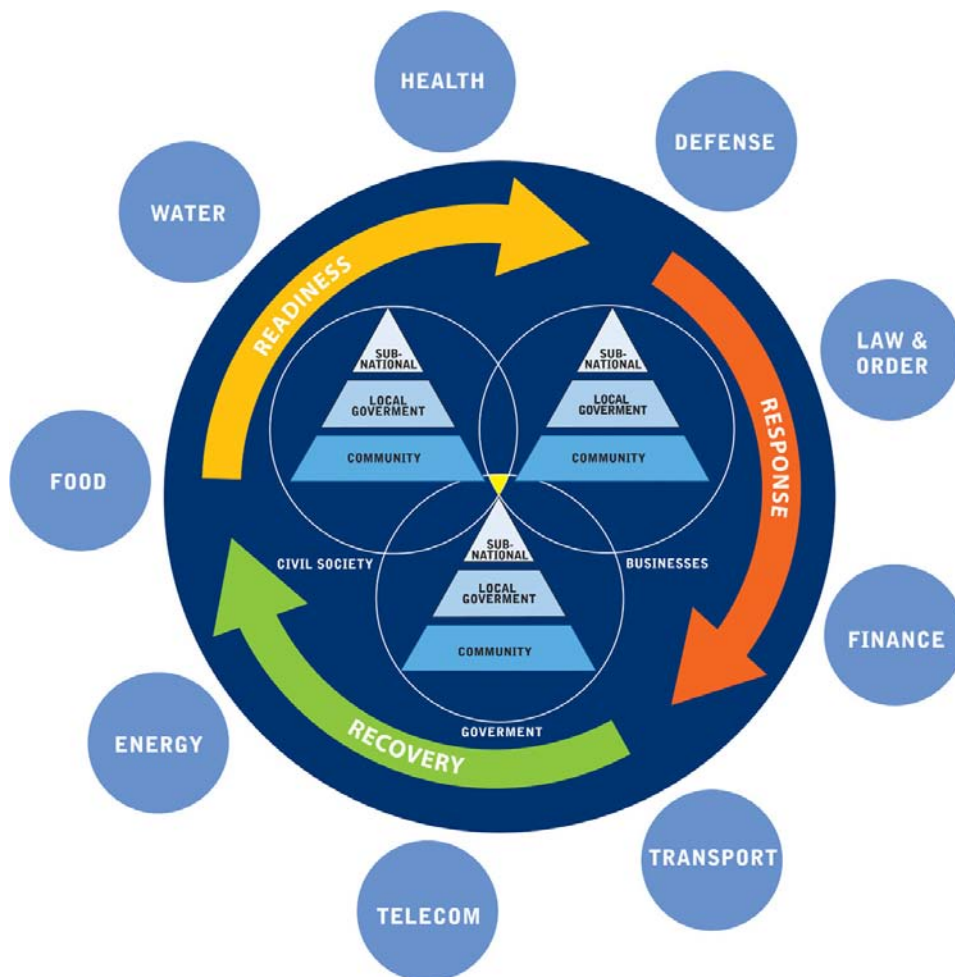
2.4 The whole-of-society approach to pandemic preparedness will have additional benefits as it will strengthen the resilience of communities to withstand other future threats to their health, security and wellbeing.

### 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

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