Nobody expects an emergency, especially one that affects them, their employees and their business.

Yet the simple truth is that emergencies and disasters may strike anyone, anytime and anywhere.
Why do we need Business Continuity Planning?

To ensure we keep delivering in any context and conditions.

To enhance resilience of our offices and operations.
What are the objectives of Business Continuity Plans?

1. To protect staff, assets, premises
2. To maintain or swiftly restart essential services
3. To be ready to respond to a crisis
What are the risks to our offices functionality and operations?

<table>
<thead>
<tr>
<th>Classification of hazards</th>
<th>1. Natural</th>
<th>1.3 Biological</th>
<th>1.4 Extraterrestrial</th>
<th>2. Human-Induced</th>
<th>2.1 Technological</th>
<th>2.2 Societal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups</td>
<td>1.1 Geological</td>
<td>1.2 Hydro-meteorological</td>
<td>1.2.2 Meteorological</td>
<td>1.4 Extraterrestrial</td>
<td>2.1 Technological</td>
<td>2.2 Societal</td>
</tr>
<tr>
<td>Subgroups</td>
<td>Main Types - subtypes [sub-types]</td>
<td>1.2.1 Hydrological</td>
<td>1.2.2 Meteorological</td>
<td>1.3 Biological</td>
<td>1.4 Extraterrestrial</td>
<td>2.1 Technological</td>
</tr>
<tr>
<td></td>
<td>Liquefaction (G3)</td>
<td>Extreme temperature (M2): -Heatwave -Cold wave -Severe winter condition [e.g. snow, frost, freeze, dud 6]</td>
<td>Fog (M3)</td>
<td>Emerging diseases (B1)</td>
<td>Insect Infestation (B3): -Grasshopper -Locusts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Volcanic activity (G4): -Ash Fall -Lahar -Pyroclastic Flow -Lawa Flow</td>
<td>Glacial lake outburst (C3)</td>
<td>Foodborne outbreaks (B4)</td>
<td>Epidemics and pandemics (B2)</td>
<td>Foodborne outbreaks (B4)</td>
<td></td>
</tr>
</tbody>
</table>

World Health Organization
How do we calculate risks?

Risk = Impact X Likelihood

**Hazard**: Type, negative consequences, severity, frequency.

**Exposure**: Number of affected staff, assets and/or staff, assets at risks

**Vulnerabilities and capacities**: Structural, disabilities / trainings, SOPs, Simex
How to assess the risks to your office functionality?

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Probability (likelihood) (0–5)</th>
<th>Impact (0–5)</th>
<th>Consequences</th>
<th>Necessary risk management measures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff (S)</td>
<td>Premises (P)</td>
<td>Assets (A)</td>
<td>Operations (O)</td>
</tr>
<tr>
<td>Floods</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>Drowning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Premises</td>
<td>Flooding</td>
<td>Sandbags</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assets</td>
<td>Destruction</td>
<td>Alternative warehouse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operations</td>
<td>Reduced access</td>
<td>Pre-position boats</td>
<td></td>
</tr>
</tbody>
</table>
# Risk score matrix

<table>
<thead>
<tr>
<th>Probability</th>
<th>IMPACT</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Medium</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>High</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Very high</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRITICALITY</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very high</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Medium-High Risks:** Fire, Armed robbery
- **High Risks:** Terrorism, Political unrest
- **Low Risks:** Natural disasters
- **Medium-Low Risks:** Theft/Burglary, ICT services breakdown, Sustained power outage

**Impact** vs **Likelihood**

- **Medium-High Risks:** Fire, Armed robbery
- **High Risks:** Terrorism, Political unrest
- **Low Risks:** Natural disasters
- **Medium-Low Risks:** Theft/Burglary, ICT services breakdown, Sustained power outage
What do we need to have in place to ensure the safety and security of our staff, assets & premises?

- List of staff & dependents: contacts, contracts, tracking procedures
- List of the security focal points, of assembly points, evacuation routes and relevant procedures
- List of approved health facilities and MOUs. Med Evac procedures
- First aid kits, fire extinguishers, safe rooms, survival supplies
- List of critical and high value assets: information technology, warehouse inventories, list of cars with number plates
- List of critical records/documents: staff contracts, banks documents, agreements with government for back-up/relocation or destruction if evacuation
- Assessment of Offices Structural Safety
- Identification of relocation, communication or energy supplies
How do we assess program/service criticality?

1. **High contribution to WHO objectives (CCS, UNDAF, HRP)**
   - Life saving
   - Other high impact (i.e. access negotiations)
   - Enablers (Logistic, drivers, security)
   - Others?

2. **Feasibility and/or likelihood of success**
   - Acceptance (government, community), etc.
   - Staff or implementing partner capacity,
   - Funding,
   - Logistics,
   - Physical access
What do we need to have in place to ensure the continuity of critical services?

- List of critical and non critical services (to be suspended or relocated)
- Number and qualification of staff / alternate to deliver services.
- Identify alternate means of delivery (from home, personal emails, new responsibilities, additional security measures)
- Resources, assets and premises needed to deliver critical services (GSM, purchase, travels, ITC, Vshoc).
- Identification of and MoU with partners who can help (WFP, Log, Shell for fuel, banking system).
How do we ensure initiation of Emergency Response
How do we ensure initiation of Emergency Response

- Repurposing of staff
  (Pre-identification, briefing/training, TORs & action sheets)

- Reprogramming of budget
  (Budget identification, negotiation with donors)

- Accessing funding
  (CFE, regional contingency funds, external appeal)

- Requesting and receive surge staff
  (IMS org chart with gaps, housing, office space, visa, briefings)

- Ensuring logistic
  (Transports, warehousing, additional or new sub-office)
Key Activation Steps

- Account for staff
- Determine and initiate relocation if needed
- Re-initiate critical activities and their enablers
- Start crisis response

Activating and deactivating the business continuity plan

- WR or alternate activates and notify staff according to predetermined triggers. (Emergency Management Team supports and advises)
- Procedures need to be in place in advance

Triggers for activation and deactivation should be based on the risk assessment and possible scenarios
How do we maintain Business continuity Plans?

- Exercise, test, validate plans through simulation
- Develop action plans for the implementation of all needed actions to implement the plan
- Monitor implementation
- Review the plan effectiveness after an emergency (after action review)
# Actions Planning to ensure Business Continuity

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action needed</th>
<th>Responsible</th>
<th>Budget required</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety – security (staff, premises and assets)</strong></td>
<td>Update communication tree</td>
<td>Name</td>
<td></td>
<td>Oct 2016</td>
</tr>
<tr>
<td></td>
<td>Purchase of Thuraya</td>
<td>Name</td>
<td></td>
<td>Sept 2016</td>
</tr>
<tr>
<td><strong>Continuation of critical/ remote programmes</strong></td>
<td>Identify critical programmes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify remote office location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Train staff for repurposed function</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Test relocation SOP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Response to emergency</strong></td>
<td>Find alternate location for EOC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Make MoU to insure access to future EOC location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Test use of EOC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Questions?
Program criticality : the UN framework.

**Programme Criticality Level**

- **N/A**
- **PC1** = - Life-saving activities (at scale) - or - - Any activity endorsed by the SG (Principal’s approval to implement in very high risk)
- **PC2**
- **PC3**
- **PC4**

2 rating criteria:
- Contribution to each in-country UN strategic result
- Likelihood of implementation

**Security Risk Assessment**

- **Present Risk**
- **Unacceptable**
- **Very High**
- **High**
- **Medium**
- **Low**

**Likelihood**
- Very likely
- Likely
- Moderately likely
- Unlikely
- Very unlikely

**Impact**
- Negligible
- Minor
- Moderate
- Severe
- Critical

**Program criticality : the UN framework.**

balancing risks and programme criticality
The WHO Office repurposing process

1. Rapid analysis of crisis, health priorities
2. Review WHO critical functions and ERF Performance Standards
3. Country Office capacity analysis
4. WCO staff briefing on humanitarian/sectoral response & WHO Critical Functions
5. WCO repurposing proposal & adoption
6. Assignment of new TORs & capacity building (coaching on tasks & key products)
7. Estimation of required resources and gaps to fulfill WHO Critical Functions & Performance Standards through WCO operational plan
8. Request surge team to help in delivering WHO critical functions
9. In-country & external resource mobilization

Start with WR briefing & agreement on process
Readiness: WHO definition

**WHO capacity to manage risks and respond to emergencies and disasters in a timely, predictable and effective manner**

- Common Organizational approach and procedures:
  - across all hazards;
  - at each level of the Organization.

- WHO’s responsibilities:
  - United Nations organization, member of the UN (H) country team,
  - Health Cluster LEAD agency
  - International Health Regulations, other treaties (2005).
Risk management and readiness to respond

IASC emergency response preparedness 2015.
# Key elements of readiness and response

<table>
<thead>
<tr>
<th></th>
<th>All countries</th>
<th>High risks and vulnerability countries</th>
<th>Country responding to a crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk identification and monitoring</strong></td>
<td>Strategic risk profile</td>
<td>Regular risks monitoring</td>
<td>Public health risks linked to the crisis</td>
</tr>
<tr>
<td><strong>WHO Readiness Actions</strong></td>
<td>Business continuity plan</td>
<td>Maintenance and test of business continuity plan</td>
<td>Activation: Staff, assets, safety and security</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maintenance of critical services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Emergency Response</td>
</tr>
<tr>
<td><strong>Minimum readiness actions</strong></td>
<td></td>
<td>Advanced readiness actions</td>
<td>Response actions</td>
</tr>
<tr>
<td><strong>Risk mitigation activities</strong></td>
<td>Contingency plan</td>
<td>Regular adjustment of contingency plan</td>
<td>Strategic Response Plan</td>
</tr>
</tbody>
</table>

**Table:**

- **All countries**
- **High risks and vulnerability countries**
- **Country responding to a crisis**
WHO Risk Assessments for NEW EVENTS and emergency grading

1. Triage
   - Discard

2. Verification
   - Discard

3. Risk and Needs Assessment
   - Confirmed as event
   - Close event

4. Intensive follow-up: readiness, contingency planning, mitigation, prevention and control, and more information gathering

5. Emergency Committee (potential PHEIC)

6. Grading process
   - Ungraded
   - Graded

Sustainable core resources for staff and activities required
Contingency Fund for Emergencies (CFE) available
Grade = IMS activation and emergency response with continual risk and needs assessment
From Risks to Actions: Contingency Planning!
What is risk-based contingency planning?

1. Collection of
   - all mitigations activities
   - all activities that can be done in advance to be ready to respond. (objectives)

2. Organization into a plan of WHO actions
   - Prioritization - 1. criticality, 2. feasibility, 3. timing
   - Functions: technical, administrative, logistic etc… (outputs)

3. Determination of necessary means for implementation (inputs)
   - Staff,
   - Logistic,
   - Time
   - Money

CONTINGENCY PLAN

Country name:
Risk covered

[DD Mmm YYYY]

Prepared by Humanitarian Country Team

STRATEGIC SUMMARY

Text

$ XXX million funding estimate (US$)

Estimated requirements by cluster

- Agriculture and Livelihoods
- Food Assistance
- Nutrition
- Water, Sanitation and Hygiene
- Health
- Protection
- Shelter and NIFs
- Education
- Logistics
- Other

XX
Est. number of people in need of humanitarian assistance as of Mmm YYYY

33% of total population

XX
Preliminary number of people targeted as of Mmm YYYY

27% of total population

Source: XXXX

☑️ Provide a short executive summary outlining the situation and risk analysis, the response objectives and intended operational delivery.

Update photo credit.
Step 1: Risk and impact assessment:

Public Health Impact Scale
Capacities and vulnerabilities Gaps.

example: Hydrological disaster.
Public Health impact & Risks

**Main cause of morbidity & mortality**

**Immediately**
- Drowning
- Injuries
- Electroshocks
- Animal bite (snakes)
- Environmental risks (physical, chemical, biological & radiological factors): poisoning
- Traumas (cyclones)

**Later on**
- Disease outbreak (context, mainly water and vector borne)
- Malnutrition (food insecurity)
- Mental distress
- ↑ Child diseases (living cond.)
- Pregnancy/birth complications
- Chronic disease complications

**Impact on the health system**
Damage to lifelines fct to scale (disrupted Svcs for hosp. running)
Damages to health facilities & supplies/equipment
Losses of medical staff (fct to scale)
⇒ Interruption of health care services when needed most.
Changing needs and priorities over time.
<table>
<thead>
<tr>
<th>Health response domain</th>
<th>Service delivery (mobile clinics, temporary structures, field hospitals, etc.)</th>
<th>Governance (includes establishing HC, DRM capacity)</th>
<th>Health Information Systems (incl. surveillance and EWARN)</th>
<th>Human resources for health</th>
<th>Health financing (suspension user fees...)</th>
<th>Pharmaceuticals and technology (kits &amp; supplies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreaks</td>
<td>Insufficient vaccination outreach</td>
<td>No IPC regulation for private hospitals</td>
<td>Fragmented HIS. No EWARS</td>
<td>No RRTs in place</td>
<td>Availability of contingency funds for OB response</td>
<td>Insufficient numbers of RDT for cholera Not enough PPE</td>
</tr>
<tr>
<td>Traumas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Reproductive health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Communicable Diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**FLOODS & Tropical cyclones**

- Environmental impact
- Infra-structure
- Disruption of essential health services
- Loss of asset
  - Displacement
  - Loss of shelter
  - Lack of access to food
- Socio-economic impact
- Lack of clean water (polluted)
- Stagnated water
- Water/vector borne diseases (context-based):
  - Cholera/diarrhea
  - Typhoid
  - Malaria
  - Epizoonosis
- $\uparrow$ Maternal/Neonatal & Child Risks
- Chronic diseases
- Other Prevalent diseases
- High risk of morbidity & mortality
- $\uparrow$ ARI
- Measles
- Malnutrition
- MHPSS/SGBV
Step 2: Objectives and Interventions

Risks Mitigations
(Risk communication, EWARS, Vaccination)

Readiness to respond:
(Training, Prepositioning Partners Agreements, SOPs...)

Example.
Food insecurity
Public Health intervention areas

- Initial emergency care; Access to essential health care
- EWARS & communicable disease control (water & vector borne)
- Water quality control
- Environmental health with vector control
- Health, hygiene & infant feeding risk communication campaigns
- Rehabilitation / temporary measures: field hospitals; Coordination: planning; response and M&E
- MHPSS / SGBV
- Prevention and treatment of malnutrition
Hydrological disaster

Additional Public Health Considerations

- Highest demand for health services in the first 72 hours (mainly for cyclone type disasters): Mass casualty management (above)
- May require long term treatment and rehabilitation for injured.
- Restoration functionality of damaged/destroyed health facilities and referral mechanisms
  - Short term and long term mental health
  - Military medical and logistic assets can help

Restoration of primary and secondary care & referral service:
- HR, Supplies, Equipment
- Preventive Imm. campaign & risk communication
- Continuous assessment & EWARS & response system (diseases, nutritional & environmental threats)

Multisectoral approach to address main causes of morbidity and mortality (strong cluster & inter-Cluster coord.)

Use where possible local health capacities and coord. field hospital with FMTs & strengthen national health syst.
# Commonalities and synergies

<table>
<thead>
<tr>
<th>Effect</th>
<th>Earthquakes</th>
<th>High winds (without flooding)</th>
<th>Tidal waves and flash floods</th>
<th>Slow-onset floods</th>
<th>Landslides</th>
<th>Volcanoes and lahars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths*</td>
<td>Many</td>
<td>Few</td>
<td>Many</td>
<td>Few</td>
<td>Many</td>
<td>Many*</td>
</tr>
<tr>
<td>Severe injuries requiring extensive treatment</td>
<td>Many</td>
<td>Moderate</td>
<td>Few</td>
<td>Few</td>
<td>Few</td>
<td>Few</td>
</tr>
<tr>
<td>Increased risk of communicable diseases**</td>
<td><strong>Potential risk following all major disasters (probability rising with overcrowding and deteriorating sanitation)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damage to health facilities</td>
<td>Severe (structure and equipment)</td>
<td>Severe</td>
<td>Severe but localized</td>
<td>Severe (equipment only)</td>
<td>Severe but localized</td>
<td>Severe (structure and equipment)</td>
</tr>
<tr>
<td>Damage to water systems</td>
<td>Severe</td>
<td>Light</td>
<td>Severe</td>
<td>Light</td>
<td>Severe but localized</td>
<td>Severe</td>
</tr>
<tr>
<td>Food shortage</td>
<td>Rare (may occur due to economic and logistic factors)</td>
<td>Common</td>
<td>Common</td>
<td>Rare</td>
<td>Rare</td>
<td></td>
</tr>
<tr>
<td>Major population movements</td>
<td>Rare (may occur in heavily damaged urban areas)</td>
<td>Common (generally limited)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic impact</td>
<td>Severe</td>
<td>Severe</td>
<td>Severe but localized</td>
<td>Moderate</td>
<td>Severe but localized</td>
<td>Severe but localized</td>
</tr>
</tbody>
</table>
## Work plan

<table>
<thead>
<tr>
<th>Objective one:</th>
<th>WHO</th>
<th>When</th>
<th>Resources needed</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish EWARS System</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthen collection of information enabling to take timely actions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop Case definition</td>
<td>CSR</td>
<td>June</td>
<td>One consultant</td>
<td>6 000</td>
</tr>
<tr>
<td>Identify sentinel sites</td>
<td>CSR</td>
<td>June</td>
<td>Field visits</td>
<td>1000</td>
</tr>
<tr>
<td>Train STaff</td>
<td>CSR</td>
<td>August</td>
<td>Training room</td>
<td>3500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Training facilitator</td>
<td></td>
</tr>
<tr>
<td>Initiate HeRAMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adapt questionnaire</td>
<td>EHA</td>
<td>May</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Train staff</td>
<td>EHA</td>
<td>June</td>
<td></td>
<td>3500</td>
</tr>
<tr>
<td>Objective Two</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase operational readiness through exercises</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop scenarios</td>
<td>EHA</td>
<td>August</td>
<td>One consultant</td>
<td>4000</td>
</tr>
</tbody>
</table>
### Step 3: Work Plan

<table>
<thead>
<tr>
<th>Readiness preparation</th>
<th>WHO Activities</th>
<th>Priority</th>
<th>Timing Onset</th>
<th>Resources Needed</th>
<th>Responsible WHO Staff</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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Exercise:

1. Choose one risk (it can be limited in time and scope)

2. Identify key health impact

3. Assess current capacity, vulnerability and gaps

4. Identify actions to be undertaken by WHO to support risk mitigation and increase readiness to respond
Delivering despite the Risks: Business Continuity Planning!
What is Business Continuity Planning?

Ensuring we keep delivering in any context and conditions.

1. Protecting staff, assets and premises
2. Maintaining or swiftly restarting essential services
3. Being ready to respond to a crisis

Identify all actions that need to be undertaken to reach the above objectives.

Related to risk for office or staff.
Activation

1. Account for staff
2. Determine and initiate relocation if needed
3. Re-initiate critical activities and their enablers
4. Start crisis response

- WR or alternate activates and notify staff according to predetermined triggers. (EMT supports and advises)
- Procedures need to be in place in advance
Exercise:

3 groups. : One facilitator, one rapporteur, one time keeper

Group 1: Which procedures have to be in place to assure staff safety and security in case of an hurricane threatening the office

Group 2: Which procedures have to be ready to restart critical programs in case of fire at the office

Group 3: Which procedures have to be in place to response to an outbreak of highly pathogenic and transmissible disease with the capital exposed (Grade 2 or 3)
Objective 1: Safety and security of staff & assets

- **List of staff** & dependents: contacts, locations, type of contracts
- **Staff tracking** procedures
- List of the **security focal points** with contacts
- List of **assembly points, evacuation routes** and relevant procedures
- List of **approved health facilities**. MoUs with hospitals. Med Evac procedures in place

- Identification of recovery/ **back-up location or communication or energy supplies**
- List of **key assets**. Most critical / to be transferred in case of relocation
- List of **critical records and back-ups**

(i.e: working records and documents, financial and administrative records, personal files, contracts, etc.)
Objective 2: Continuity of critical services

- List of critical and non critical services (to be suspended or relocated)
- Number and qualification of staff/alternate to deliver services.
- Identify alternate means of delivery (from home, personal emails, new responsibilities)
- Resources, assets and premises needed to deliver critical services
- Identification of and MoU with partners who can help (WFP, Log. Shell for fuel).
Program criticality: the UN framework.

Security Risk Assessment

Present Risk

Unacceptable

Very High

High

Medium

Low

Programme Criticality Level

N/A

PC1 =
- Life-saving activities (at scale) - or -
- Any activity endorsed by the SG

(Principal’s approval to implement in very high risk)

PC2

PC3

PC4

2 rating criteria:
- Contribution to each in-country UN strategic result
- Likelihood of implementation

balancing risks and programme criticality
Program criticality: some criteria

1. High contribution to WHO objectives (CCS, UNDAF, HRP)
   - Life saving
   - Other high impact (i.e. access negotiations)
   - Enablers (Logistic and security)
   - Others?

2. Feasibility and/or likelihood of success
   - Acceptance (government, community), etc.
   - Staff capacity,
   - Partner implementing capacity,
   - Funding,
   - Logistics,
   - Physical access
Objective 3: Initiation of Emergency Response (grade)

WHO’s IMS Organizational Structure Critical and Sub Functions
Objective 3: Initiation of Emergency Response

Grade one: WCO
Grade 2 and 3: WCO + Surge capacity

1. Repurposing of staff
   (pre-identification, briefing/training, TORs and action sheets)
2. Reprogramming of budget
   (budget identification, negotiation with donors)
3. Access CFE, other contingency funds, external funds - appeal)
4. Request and receive surge staff
   (org chart with gaps, housing, office space, visa, briefing, TORs)
5. Logistic
   (Transports, warehousing, additional or new decentralised sub-office)
1. Rapid analysis of crisis, health priorities
2. Review WHO critical functions and ERF Performance Standards
3. Country Office capacity analysis
4. WCO staff briefing on humanitarian/sectoral response & WHO Critical Functions
5. WCO repurposing proposal & adoption
6. Assignment of new TORs & capacity building (coaching on tasks & key products)
7. Estimation of required resources and gaps to fulfill WHO Critical Functions & Performance Standards through WCO operational plan
8. Request surge team to help in delivering WHO critical functions
9. In-country & external resource mobilization

Start with WR briefing & agreement on process
Remarks.

1. One contingency plan for each priority risks identified. But commonalities will arise which will need to be aggregated for synergy and efficiency.

2. A contingency plan is a dynamic document: Adjust as per risks, capacity, and vulnerability changes.

3. A business continuity plan is need to be maintained and updated.

3. Accountability: the WR is the ultimate responsible for WHO readiness activities within his/her office.

4. Donors are ready to support - External resources mobilization is possible if needed.

5. Master your plans and be ready: Test, exercise, simulate!