

Papers

Is there a business continuity plan for emergencies like an Ebola outbreak or other pandemics?

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ABSTRACT

During emergencies, the health system will be overwhelmed and challenged by various factors like staff absenteeism and other limited resources. More than half of the workforce in Liberia has been out of work since the start of the Ebola outbreak. It is vital to continue essential services like maternal and child health care, emergency care and others while responding to emergencies like an Ebola outbreak other pandemic or disaster. Having a business continuity

plan (BCP) and involving various sectors during planning and implementing the plan during a crisis will assist in providing essential services to the public. An established BCP will not only help the continuity of services, it also assists in maintaining achievements of sustainable development. This applies to all sectors other than health, for instance, energy sectors, communication, transportation, education, production and agriculture.

Keywords: *business continuity plan, emergency, Ebola outbreak, pandemic*



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INTRODUCTION

Emergencies like epidemics/pandemics, disasters and other catastrophic events pose significant threats to the ability of national public health agencies to maintain operational capacities and provide essential health services to the public. Healthcare facilities have been overwhelmed during emergencies, seriously affecting the delivery of basic health services. This is further aggravated when emergencies like an outbreak of Ebola virus disease (EVD) affect healthcare workers,¹ which can further compromise delivery of essential health services.

For instance, the current outbreak of EVD in West Africa has affected around 18,000 cases and resulted in around 6,000 deaths to date.¹ Among them, over 600 cases are healthcare workers, over half of which are succumbing to the disease.¹ This outbreak has severely affected three West African countries (Guinea, Liberia and Sierra Leone). Human-to-human transmission of this virus happens through direct contact with blood, secretions, organs or other body fluids of infected persons, putting healthcare workers and the community at risk.² During EVD outbreaks, only strict compliance with appropriate laboratory practices, infection prevention and control practices, appropriate use of personal protective equipment by healthcare workers handling patients, disinfection of contaminated objects and areas and safe burials can prevent the epidemic from spreading and reducing the number of victims.²

WHY IS A BUSINESS CONTINUITY PLAN NEEDED?

The current outbreak has shown that around 4 per cent of cases are health care workers. In a cumulative number, this figure may not look significant; however, absenteeism of health care workers can be very high. Recently, the World Bank has reported that nearly half of Liberia's workforce are no longer working since the start of the Ebola crisis and it may equally apply in other affected countries. Usually, during this kind of outbreak, absenteeism of healthcare workers can be categorised into four groups: (1) fear of getting the disease; (2) sickness (they themselves become sick — over 600 health care workers are reported); (3) deaths of health care workers (over half of them died); (4) when they have to take care of sick family member/s.³ These countries have limited human resource capacities and these kinds

of absenteeism will further compromise response to the outbreak plus other routine essential health services. As of now, there is no evidence on the actual proportion of absenteeism of healthcare workers; however, it can reach more than the system can cope with and could lead to a reduction on essential service deliveries.

Because of this, national public health agencies may have to divert their limited workforces to contain the outbreak and compromise with some of the essential health services. For instance, it is already evident that in some of the countries affected by Ebola, immunisation rates have been dropping due to the loss of healthcare workers and reluctance of the population to visit health facilities.⁴ The long planned measles campaign in one of the countries has been postponed until after the Ebola epidemic is over. Some evidence has shown the collapse of routine healthcare as both patients and providers have avoided clinics for fear of infection.⁵ It has also highlighted that the malaria control effort has been affected and likely to linger long after the outbreak ends. Important progress (eg malaria deaths have fallen by about 30 per cent in African countries since 2000) is at stake in these countries.⁵

Local endemic disease surveillance and laboratory confirmation have been challenged and case reporting is already declining. A similar situation prevails in the area of maternal health services, where pregnant women cannot get assistance delivering babies. Due to ignorance in some places, some pregnant mothers are visiting Ebola treatment centres with a view to receiving better services. Patients who need routine but lifesaving emergency surgeries like appendectomies, C-sections and others are at risk due to the limitation of surgical capacity as well as the risk of being turned away if they have signs of vomiting or fever.

During the time of emergency, national

public health agencies have to continue essential services like immunisation, maternal and child healthcare, control of local endemic diseases and other emergency care and services. The inability to provide these services not only has an impact on the health of people but also affects the overall development of the country, which can compromise the achievement of Millenium Development Goals and sustainable development. The World Bank's latest report on 'The Economic Impact of the 2014 Ebola Epidemic' suggests that in West Africa alone, the economic impact could be as high as US\$32bn. In addition, these countries have recently established peace after a decade of conflict. This kind of situation and chaos may lead to newer forms of conflict or a revival of hostilities. In order to maintain and continue these essential services during the Ebola response or other emergencies, it is imperative that national public health agencies have in place a business continuity plan (BCP).

Most national public health agencies have some form of emergency preparedness and response plan for these kinds of emergencies or outbreaks and some countries may have already developed an emergency preparedness and response plan specific to an EVD outbreak. Such business continuity planning augments an existing preparedness and response plan and strengthens scaling capacities during an outbreak. This planning is a proactive process that identifies and prioritises the critical functions, applications and the evaluation of the impact to those functions so that the processes, techniques, training and testing of the plans provide business continuity for essential functions. At the same time, it is important to train the essential service provider to manage or guide cases of Ebola or acute febrile illness as they may present while they are providing services.

Plans alone are nothing; planning is everything. A vital element is to involve stakeholders in the planning process and identify their roles and responsibilities. People must understand their vulnerabilities, threats and most of their overall risk and risk management strategies. The BCP process itself is a dynamic tool to be used in events where healthcare workers are overwhelmed and affected. The ultimate goal of business continuity is to continue essential services as normal during the affected period. During planning it should be assumed that an outbreak like EVD will overwhelm the health services and affect the availability of healthcare workers. The ministry must be prepared to respond to a potential outbreak by preventing essential health services from being affected. Healthcare workers will be absent due to a number of causes of absenteeism. Saving life, reducing morbidity and mortality and decreasing the impact on socio-economy are high priorities. Maintaining critical and essential services during an outbreak is a priority. During an outbreak, healthcare workers are essential staff and can be mobilised to respond to other essential services. Sharing resources between departments, hospitals and other partners is essential to the success of this kind of emergency response.

The following important elements should be considered while developing a BCP. It starts with the establishment of a governing mechanism and committee, business impact analysis to identify essential services or functions, identifying required skillsets and a staff allocation and reallocation plan, identifying relevant issues and implications, documenting essential services and functions and their action plans. It is essential to compare the plan with the emergency preparedness and response checklist. Last but not least, once the plan is in place, it has to be tested and revised accordingly.

By ensuring a well-developed (tested and reviewed) BCP, national public health agencies not only ensure the operation of essential health services during a crisis, but also contribute to maintaining the development and socio-economy of the entire nation. The need for a BCP is not limited to health sectors, but also required for other sectors that have to continue essential services during a crisis, such as energy sectors, communication, transportation, education, production, agriculture, etc.

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