Health Service Continuity Planning

An essential tool for continuous and sustainable HIV response in Eastern Europe and Central Asia (EECA)

DISCLAIMER

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INTRODUCTION

INCREASING THREATS IN ALREADY CHALLENGING ENVIRONMENT

Emergencies, like pandemics, disasters, military conflicts, and other catastrophic events, pose significant threats to the ability of health facilities to maintain operational capabilities and provide essential and basic health services for the public or community. Some causes of routine health service disruption during an emergency include overwhelmed health services because of increased demand, a shortage of health workers because of fear, sickness or death, diversion of essential medical supplies to the emergency response, damage to health facilities, etc.

In recent years, region of Eastern Europe and Central Asia has been hit by two major crisis, COVID-19 pandemic and Russia's full-scale invasion of Ukraine. These events have negative impact on political and economic stability of the countries, including huge impact on health and social protection systems, and countries' ability to sustain essential health services. Among other essential health services, HIV response in countries have been affected. Most countries of the EECA region has been in the process of transition from donor to state funding of HIV response measures. This, standalone was already an significant burden to national systems and budgets, while effects of pandemic and war, put the sustainability and continuity of HIV services under the risk.

The war in Ukraine has resulted in the destruction and disruption of health services and logistical supply chains that hundreds of thousands of people living with and affected by HIV depend on for survival. More than a quarter of a million Ukrainians are living with HIV, and lack of access to antiretroviral therapy and prevention services would mean a wave of deaths and risks a resurgence of Ukraine's AIDS pandemic. More than 40 health facilities that offered HIV treatment, prevention and care services before the war are now closed and there are various levels of service disruption at other sites.

Moreover, the war impacted not only the Ukraine, but also its neighboring countries and whole EECA region. The war has caused significant migration - more than 7.9 million Ukrainians have fled to other countries.

Waves of refugees are putting pressure on the capacities and economies of countries in the EECA region that have already been hit by the effects of the COVID-19 pandemic.

Countries across the EECA region are experiencing significant economic losses, including trade, finance and migration. The sharp economic downturn will affect countries due to disruptions in trade, financial and money flows, disruption of supply chains and transport link, impact on digital communications and related services, as well increased risk perception by investors.

Furthermore, there is increasing threat of the conflict escalation and spread beyond the borders of Ukraine, that causes significant uncertainties and affects economy and political situation in the countries.

All mentioned, substantially affects countries ability to sustain health systems, including ensure continuous nature of HIV response and access to essential life-saving services.

Considering described challenges, with purpose to contribute to sustainability of national HIV responses and ensure unniterrapted access to essntial services for key populations across countries of EECA region, we promote introduction of **Business Continuity Management** (BCM) approaches.

Continuity of essential health services during an emergencies is vital for regional, national and local health security, as well as for the achievement of universal health coverage objectives.

When health services are disrupted during an emergencies, there are far-reaching and devastating consequences, including increased morbidity and excess mortality from emergency-related conditions and other health problems and increased risk of secondary emergencies as seen in recent public health events. It is therefore critical that countries develop capacity to ensure the maintenance of routine and essential health services during an emergencies.

In the health sector, service continuity planning is a proactive process that identifies and prioritizes the critical functions of a health facility, evaluates the potential impact of various types of hazards and analyses and identifies actions to ensure continuity of critical functions (i.e. essential health services) during crises.

In this document, we present general approaches to Business Continuity, as well as unpack our vision and position in regard to emerging need of its introduction in the EECA countries.

UNDERSTANDING BUSINESS CONTINUITY

What is business continuity?

Business continuity reflects an organization's ability to maintain essential functions during and after a disaster. An organization manages business continuity by planning how it will maintain key business functions or quickly resume them after a disaster has occurred, and by making the necessary preparations to do so. The main goal of business continuity management is to protect people, property and assets.

Business continuity planning establishes risk management processes and procedures that prevent interruptions to mission-critical services and reestablish full operations as quickly and smoothly as possible. A business continuity plan (BCP) includes a procedure with instructions to continue a critical activity in case of a major disruption of the resources on which it depends. It is based on an organizational risk assessment that identifies key risks to business operations and a business impact analysis that outlines the potential impacts of disaster situations on business operations.

Continuity planning

Business continuity management is an ongoing process supported by senior management and funded to ensure that the necessary steps are taken to identify the impact of potential losses and maintain continuity of services and viable recovery strategies. In the public sector, it is also known as planning for continuity of operations or continuity of governance.

The process often results in the development of a business continuity plans for the facility or operation. Business continuity plans (a term not limited to the health context) are always required by public and private institutions to ensure that vital functions and services continue throughout an emergency. Business continuity plans have three key elements: resilience, recovery, and contingency. Organizations

can increase resilience by designing critical functions and infrastructures with various disaster possibilities in mind. Likewise, setting recovery time objectives for different systems, networks or applications can help prioritize which elements must be recovered first. Contingency plans set procedures into place for a variety of scenarios.

Health service continuity planning

This is a type of business continuity planning specifically for health-related services. Health service continuity planning is a process with the purpose of maintaining the continuity of health services that are routinely provided, in order to protect lives and health of the population affected by potentially disruptive emergencies, including disasters, disease outbreaks, etc.

This process often results in the development of a health service continuity plan, which is a collection of actions, procedures and information that is developed and maintained for use in the event of a potential service interruption. Health service continuity plan are important for public and private health services providers to ensure continued delivery of routine health services delivery in the face of public health emergencies or shocks to the health system.

Preparedness

The knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from, the impacts of likely, imminent or current hazard events or conditions. Preparedness action is carried out within the context risk management and aims to build the capacities needed to efficiently manage all types of emergencies and achieve orderly transitions from response through to sustained recovery. Preparedness is based on a sound analysis of risks and good linkages with early warning systems and includes such activities as contingency planning, stockpiling of equipment and supplies, the development of arrangements for coordination, evacuation and public information and associated training and field exercises. These must be supported by formal institutional, legal and budgetary capacities. The related term “readiness” describes the ability to quickly and appropriately respond when required.

Recovery

The restoration and improvement where appropriate, of facilities, livelihoods and living conditions of disaster-affected communities, including efforts to reduce public health emergency risk factors. The recovery task of rehabilitation and reconstruction begins soon after the emergency phase has ended and should be based on pre-existing strategies and policies that facilitate clear institutional responsibilities for recovery action and enable public participation. Recovery programs, coupled with the heightened public awareness and engagement after a disaster, afford a valuable opportunity to develop and implement public health emergency risk reduction measures and to apply the “build back better” principle.

Business Continuity Management System

“Part of the overall management system that establishes, implements, operates, monitors, reviews, maintains & improves business continuity”

Business Continuity Plan

“Documented information that guides an organization to respond to a disruption and resume, recover, and restore the delivery of products and services consistent with its business continuity objectives”

ELEMENTS OF BUSINESS CONTINUITY MANAGEMENT

A well-thought-out Business Continuity Management (BCM) program allows an organization to continue functioning during a disaster and, ultimately, to fully recover normal business operations in a timely manner afterward.

Through the process of business continuity planning, an organization identifies its main risks, processes and IT systems, and it then creates plans for remediation should a disaster occur. Though they may intersect with emergency management plans, which are concerned with keeping patients and staff safe from harm during a disaster, business continuity plans (BCPs) are focused on continuing operations when main systems are down. Central elements of a BCM program include:

Business Impact and Risk Analyses

Within a BCMS risk appreciation is performed by identifying the threats and their likelihoods during the risk assessment and determining the corresponding impacts through a Business Impact and Risk Analysis (or more simply, BIRA).

One element of a BIRA comprises a systematic and documented process performed by BC practitionners to understand and assess the chief risks to an orgnization’s key operations while the other evaluates the potential effects of a disruption to critical business operations following a disaster. The BIRA is the cornerstone on which BC solutions are designed and associated BC plans and disaster recovery plans built.

The analysis underlying the BIRA is based on 3 fundamental assumptions:

- Disruption sensitivity: all the business processes are important but their interruption will have varying consequences depending on their direct and/or immediate contribution to the corporate objectives
- Time criticality: the consequences of a disruption vary over time and worsen dramatically as the time passes
- Interdependencies: an organization operates a collection of interdependent business processes and the vast majority of these are reliant upon the normal and continued functioning of all the others

The results of the analysis describe how specific disruptions scenarios would affect the business operations. Traditionally, the business impact analysis is performed on a process by process basis and the corresponding results aggregated by departments and ultimately for the entire organisation. It is best

practice to proceed by analyzing core processes and progressively extend the analysis to the entire organization.

Conducting a BIRA helps an organization prioritize recovery of each business process and define what those processes need from the following three perspectives:

- **People**: What are the minimum personnel requirements needed to conduct the business process?
- **Technology**: What IT resources (for example, software applications or systems) are required and considered critical to execute that business process?
- **Process**: What non-IT tools, such as patient care instruments and paper charting, are needed to support the process?

Output from the BIRA should show how important each business process is to supporting the organization overall and help the organization prioritize where it should focus its time, attention and resources in the critical period following a disaster.

Business Continuity Planning

A Business Continuity Plan (BCP) is a strategic plan that positions an organization's high-risk business processes to be able to function should a disaster occur and major systems shut down.

The plan should focus on how impact to the organization should be minimized and continue operating at an acceptable level during an event.

Disaster Recovery

As a result of conducting a BIRA and developing a BCP, the organization should have a comprehensive list of applications and systems needed to continue operations and a prioritization plan for how quickly the IT department needs to be able to recover those applications and systems. This is known as a disaster recovery plan. While business continuity plans focus primarily on operations, disaster recovery plans largely are an IT endeavor to support operations.

VISION TOWARDS ENSURING CONTINUITY OF HIV RESPONSE ON HEALTH SYSTEMS LEVEL

Health service continuity planning can follow various frameworks and service continuity plans have diversified structures and technical areas depending on context, types and levels of health facilities, priority hazards of concern, etc.

The building blocks of the health system provide a framework for identifying key elements of health service continuity planning.

Health system functions are key areas to consider in service continuity planning. These cut across the health systems building blocks and highlight additional important considerations.

Health System Functions:

- Service Delivery
- Leadership and Governance
- Health Workforce
- Health Financing
- Inputs (Medical supplies, equipment and infrastructure)
- Health Management Information Systems

Additional considerations of HIV response:

- Community Engagement
- Vulnerability of Key Populations
- Advocacy
- Community-Led Monitoring
- Policy and Legal Environment

Thus, we believe that to ensure continuity of HIV response on national level, it is essential to implement business continuity planning across major health system functions. National authorities, including Ministries of Health, Centers of Disease Controls and other entities engaged in policymaking and managing national HIV response measures should take leadership in running these processes.

Figure 1. Health System Building Blocks

<table>
<tr><td>Leadership and Governance</td><td rowspan="5">Service Delivery (Individual and Population Level Services)</td></tr>
<tr><td>Health Workforce</td></tr>
<tr><td>Health Financing</td></tr>
<tr><td>Medical Supplies, Equipment and Infrastructure</td></tr>
<tr><td>Health Management Information Systems</td></tr>
</table>

1. **Governance and coordination:** this involves having a clear chain of communication and a coordination structure in place, clearly defining the roles and responsibilities of all facilities, agencies and personnel involved. The organizational structure of a coordination system covers operations, planning, logistics and administration/ finance. A well-functioning coordination mechanism is essential for the effective management of service continuity planning process and all activities in service continuity plans. Partnerships with the private sector (within and outside the health sector), the military and other non-health organizations are crucial to various aspects of health services continuity planning, including stockpiling, infrastructure, security and surge capacity.
2. **Information management:** planning priorities that fall into this programming area include information technology or equipment, information exchange mechanisms and protocols and data management. These issues should be considered in the context of both internal information, which is used within the planning structure, organization or team to improve operational

deliverables, and external information, which is shared with partners to coordinate activities. The effective exchange of information can provide the details needed to identify the extent of the impact on health services and inform timely decisions and actions to ensure, as far as possible, continuity of service delivery within the health facility and alternative settings. Systematically gathering and sharing information can also support assessment of the quality of services and actions to improve care and document and share knowledge and lessons learned. It is also important to use information to coordinate activities in collaboration with local health authorities and other stakeholders (such as other health care facilities, general practitioners, practitioners of traditional, complementary and integrative medicine, health workers at alternative treatment sites, emergency medical services, private sector entities and nongovernmental organizations). Whatever the context of internal or external information, transparency should always be emphasized.

3. **Human resources:** identification of human resources needs is mainly addressed at the stage of capacity assessment. It refers to the availability of mechanisms to ensure human resources (clinical and nonclinical staff) and surge capacity to provide essential health services. It is important to ensure that hospitals and associated health care facilities, such as alternative care sites, are adequately staffed, with respect to numbers of personnel and required competencies, to deliver high-quality care and perform other hospital services, as well as to ensure that hospitals make the necessary arrangements to acquire the staff needed to respond to the increased demands of an emergency. Health facilities can also benefit from multisectoral engagement in the event of emergencies, such as private-sector engagement and collaboration between military health and civilian health services. Training of health workers, ensuring safety, well-being and mental health of health workers and measures to ensure health worker retention are also paramount.
4. **Essential medical supplies and equipment:** essential medical supplies and equipment needs are also identified at the stage of capacity assessment. This usually involves ensuring availability of and access to medicines, medical equipment and supplies that are listed as essential for maintaining basic health services for the population being served. This also requires functional supply chain mechanisms, using both traditional and innovative options, to mitigate the risks for disruption in supply during emergencies.
5. **Infrastructure and amenities:** this refers to creating safe and adequate physical space for the provision of essential health services, with safe patient flow and referral. It includes the space and facilities to provide services e.g. screening and triage areas, isolation spaces, inpatient and outpatient facilities and sanitation and hygiene facilities such as toilets and bathrooms. If space and facilities cannot be made available within the health facility, alternative settings will be required to provide services in collaboration with local health authorities, e.g. other health facilities, home settings, tents and other makeshift facilities in the community. Irrespective of the location of services, the space and environment should allow for safe patient flow and high-quality service provision. Infrastructure also includes supporting amenities that are essential for health services delivery; these include electricity, water supply, water purifiers, waste management, ventilation, central supply rooms, etc.
6. **Administration, finance and logistics:** this refers to financing and budgetary aspects to meet additional demands on routine health services. Mechanisms to prevent potential financial barriers to accessing essential health services during public health emergencies should also be considered in planning. Logistics can provide the right resources, at the right time, in the right quantities and

in the right places to satisfy the increased demands being made on the hospital by an emergency and to do so without compromising the normal functioning of the hospital, as well as to support management of hospital operations and the need for personnel, supplies, equipment and transportation. If the affected population has trouble reaching health service locations, transport should be provided in line with the referral plan and service pathways.

7. **Risk communication and community engagement:** this involves ensuring participation of the community or public (including indigenous peoples as partners in maintaining the functionality of the health system and continuity of services, through a variety of context-appropriate methods. It is the opportunity to build, maintain or regain the communities' trust in health services and facilitate their contributions towards minimizing the impacts of public health emergencies on health services. Regarding risk communication, real-time access and exchange of information, advice and opinions are vital so that all partners can make informed decisions and take action to ensure seeking, accessing and provision of essential health services. Public information activities should be coordinated among stakeholders in order to avoid the dissemination of conflicting information and tailor the information to the risks facing and needs of at-risk and vulnerable populations.
8. **Provision of prioritized essential health services:** for situations where it is not possible to maintain all routine health services delivered pre-emergency; service continuity planning also entails identification of services that must be maintained to meet the health needs of the population as much as possible. Initial and ongoing assessment of population health needs should be conducted, and essential services identified. The aim should be to maintain the routine services and package of essential health services as far as possible. However, the routine health services may be reprioritized to identify the most critical services to be maintained during public health emergencies. This prioritization is usually based on the country's package of essential health services and guidelines for essential service prioritization in an emergency context. Alternative models for providing essential health services and mechanisms for ensuring that health services remain at adequate levels of quality should be explored and ensured, including clear referral pathways.
9. **Adaptations for vulnerable populations:** vulnerable populations include those who need special medical attention. They tend to have extra medical needs or be at greater risk of poorer outcomes than the general population affected by emergencies. Vulnerable populations may also include racial or ethnic minorities, children, elderly, uninsured and socioeconomically disadvantaged people, populations who have no access to care, internally displaced persons, refugees, nomads, etc., who are at higher risk of poor health because of barriers to accessing health services. Planning for service continuity includes special considerations to meet the health needs of these populations, since general measures may not be adequate to reach them. Safety and security: this area includes additional actions, not only for staff safety, but also for the safety of patients and the community (e.g. infection prevention and control, medication safety, waste management, infrastructure safety). Security issues (e.g. bioterrorism, attacks on health workers) may also lead to or arise during public health emergencies. It is important to ensure the safety and security of the facility, its occupants (staff, patients, visitors) and the systems and assets essential for its ability to function safely and effectively during an emergency.
10. **Monitoring and evaluation:** mechanisms for monitoring and evaluating the service continuity planning process (e.g. regular testing of the plan) and implementation of the plan during emergencies are vital for effectiveness of the plan in achieving its aim. The monitoring and

evaluation framework should be developed along with the plan (before implementation), based on the objectives of the plan. This involves identifying indicators and modalities that would be used to monitor progress, implementation or achievements related to the plan.

VISION TOWARDS ENSURING CONTINUITY OF ESSENTIAL SERVICES ON A PROVIDER LEVEL

The steps to be taken and the key areas of service continuity planning for health services in the public an emergency context are based on the general principles of emergency and service continuity planning.

Like other emergency preparedness activities, business continuity planning should not wait until an actual emergency occurs. Business continuity plans can be developed by health facilities, civil society and community-based providers.

The following steps are recommended for business continuity planning:

- Form a collaborative planning team.
- Conduct risk assessment and prioritize risks.
- Determine overall objectives and operational priorities.
- Conduct capacity assessment.
- Develop the service continuity plan.
- Test and update the plan.
- Implement the plan and monitor implementation.
- Conduct post-event review and update/improve the plan.

We promote strengthening health facilities, civil-society and community-based service providers of HIV services, to build their business continuty systems in order to ensure their capabilities to mitigate negative influence of current cirsis, as well as ensure their readiness for all types of disruptive incidents and their consequences.

To avoid possible disruptions in service provision and ensure smooth transition to the recovery period service providers should become familiar with the **business continuity approach**, which will provide for their capability to continue the delivery or services during disruptions within acceptable timeframes at predefined capacity.

RECCOMENDED ACTIONS FOR EECA COUNTRIES

- To conduct **National Dialogues** on emerging need to introduce Business Continuity Management on all levels.

- To integrate Business Continuity Management component into the Global Fund Funding Requests.

- State authorities (e.g. Ministries of health, centers of disease control, etc.) to undergo process of Business Continuity Planning across Health System Functions/Building Blocks.

- To provide capacity building and system strengthening interventions to service providers (health facilities, CSO and CBO providers).

- To provide Business Continuity Certification training to stakeholders on all levels, including service managers, health facility managers, programme management and leadership.

- Service providers to undergo Business Impact Analyses (BIA) and elaborate Business Continuity Plans (BCP) and Disaster Recovery (DR) plans.

- Where necessary and possible HIV programme governance and management units (e.g. Ministries of Health, centers for disease controls, etc.) as well as service providers/health facilities, to undergo Certification in ISO 22301 business continuity management standard.

- The Global Fund and other donors and development partners, to provide technical assistance and allocate funding for implementation of business continuity planning in countries.

MATRIX FOR IDENTIFYING KEY ACTIONS IN HEALTH SERVICE CONTINUITY PLANNING PROCESS

Planning Component	Prevention/Preparedness Activities	Activities during Public-Health Emergency (response)/service continuity plan implementation	Post-Public Health Emergency (recovery) activities
Governance and coordination	Conduct risk assessment to develop or update facility risk register Assess available resources and capacities to address risks and vulnerabilities Set up planning/ oversight team with terms of reference	Activate the plan Provide oversight for implementation Deactivate the plan when returning to normality	Organize an evaluation of plan implementation Provide oversight for review and improvement of all parts of the plan, as needed

	Lead development of the plan Test the plan with simulation exercises		Provide feedback for all stakeholders
Information management	Record and disseminate the plan	Track indicators to monitor and evaluate plan implementation Produce regular situation reports to inform plan implementation	Document and disseminate lessons and best practices Keep track of improvements made in the plan post-emergency
Human resource	Train staff in the plan Identify appropriate incentive approaches	Position responsible/ trained staff to implement the plan	Ensure staff involved in implementation are also engaged in the evaluation
Essential medical supplies and equipment	Identify emergency suppliers Pre-position supplies Train responsible persons in supply chain management in emergencies	Ensure timely availability of additional supplies in facilities as required	Account for available supplies (e.g. from existing response supplies) in the updated plan
Infrastructure	Identify additional facilities/space for potential surge in number of patients Identify of additional isolation facility for potential cases of infectious diseases	Set up additional space as needed	Account for current infrastructure situation in the updated plan
Administration, finance and logistics	Identify sources of funds for the plan Make prior arrangements for ambulance services	Release funds for plan implementation	Provide funds and other resources for plan evaluation and revision
Community engagement and risk communication	Community engagement for community participations Orient communities in alternative service platforms which may be	Ensure community participation in plan implementation Include messaging for service continuity and utilization in	Engage community representations in evaluation of plan implementation

	used during emergencies for services continuity	emergency risk communication	
Delivery of essential services	Identify essential services that must be maintained	Implement planned alternative service platforms e.g. telemedicine, as appropriate	Ensure that evaluation and revision processes do not disrupt routine functions and services Adopt service delivery innovations in the updated plan
Security	Identify communication channels security alerts Put security measures such as fencing in place	Invite security agencies for additional security as needed	Update security actions in plan based on lessons learned
Additional considerations for vulnerable population	Identify marginalized and vulnerable populations to be covered by the plan	Pay special attention to marginalized and vulnerable populations including monitoring of service provision to these groups	Include best practices and lessons on equity in revised plan