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The H1N1 Virus: Lessons Learnt for Business Continuity Management

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Evolution of Pandemic Preparedness Planning

It was as early as December 2003 when the financial sector initiated pandemic planning as an integral part of the Business Continuity Management (BCM) practice in Singapore. Although BCM had become a key business practice in 2003, there was some resistance to extend BCM to pandemic preparedness due to insufficient awareness amongst top managerial staff, and the common perception that 'it will not happen to me'. Unfortunately this perception has, so far, persisted as many businesses still do not have BCM plans in place, much less pandemic preparedness plans. This is despite the current H1N1 pandemic outbreak and the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 where, according to official numbers, countries in Asia suffered 729 fatalities.

Taking Singapore as a case study, cooperation within the financial sector has been positive thus far, promoting cooperation rather than competition. Within the BCM task force developed under the auspices of the Association of Banks in Singapore, many practitioners have invested precious time in building capacity within the industry and reaching out to other sectors. To date, this task force has initiated two Industry Wide Exercises, code-named Exercise Raffles I and II, which are aimed at the response and management of regional pandemic outbreaks. The latest exercise was held between August and September 2008.

Currently, the World Health Organization phase of pandemic alert is at level 6 - the highest level. The plans prepared and put in place since late 2003 were effective only to a certain extent. Since the H1N1 pandemic surfaced in March 2009 when the first outbreak occurred in Mexico, BCM planners have had to update their response plans, trigger points and most importantly, review communications plans to better manage people's anxiety and panic as assumptions of pandemics documented earlier are now outmoded. There is still much to be done; more resources, effective and transparent information flow and, most importantly, better cooperation between the public and private sectors will be needed.

It is always important to plan for war during peace, and this is exactly how BCM awareness sessions have been planned in order to draw the attention of key stakeholders, including top management. A common question that attracts greater attention and investment in BCM from top management is: In a worst-case scenario where half of the critical work force is absent from work, how would the company continue operations? One of the key challenges of BCM initiatives is the general belief that 'it will never happen to me'.

Where We Are Today

Building a pandemic framework, taking H1N1 as an example, is never an easy task due to the 'unknown'. However, businesses should not cut back on their contributions to pandemic preparedness as they cannot afford to lose their business, customers and reputations. Although there may be low probability of an outbreak, the impact will be severe when it hits. Hence mitigation measures that are based on a fundamental risk management concept need to be put in place.

The current pandemic outbreak has flagged the need for a concentrated effort at multi-disciplinary collaboration. We first witnessed this in April 2009 with the outbreak in Mexico and the worldwide reaction that followed; some will argue that the Mexicans have suffered unjust discrimination. Many lessons have been

learnt over the past several months, with the emergence of new measures or practices that BCM planners had never thought of earlier due to the unknowns. The key lessons are described in greater detail below:

- Pandemic trigger points;
- Guidance from Health authorities; and
- Availability of Personal Protective Equipment (PPE).

All along, BCM planners have been preparing pandemic plans based on highly pathogenic types of viruses that result in high mortality, such as the H5N1 influenza strain. The trigger point was straightforward, where businesses will execute and invoke their BCM plans at pandemic alert level 4; however the H1N1 strain has been relatively mild and is considered a lowly pathogenic strain. Additionally, in planning for BCM, practitioners did not sub-categorize actions and situations within each alert phase, such as mitigation and containment, which determine pandemic management strategies. Today, even at level 6, pandemic plans have not been fully executed, with the focus still being on preparation and readiness to deploy resources at short notice.

Currently, different countries also have different levels of interpretation of the pandemic outbreak. As of July 2009, Australia and Singapore for example, have ceased the process of H1N1 testing and are focusing only on high-risk cases, such as individuals who are more vulnerable to the virus. Others who show flu-like symptoms have been asked to stay at home, while the uninfected population is encouraged to practise good personal hygiene. In the United Kingdom on the other hand, the number of confirmed cases increased by the thousands on a daily basis in July this year, which led to strict handling of cases.

The availability of PPEs is also a key issue to many businesses. There should be a process within government agencies that is able to manage the situation and ensure PPE stocks are readily available for deployment. Some of us may also recall that thermometers were not easily available during the outbreak, and even when thermometers were available, prices would be at least three times higher than usual. Therefore, there are varying standards between different sectors within a country.

Recommendation and Conclusion

Past and current global pandemic outbreaks illustrate the importance of a robust public health infrastructure for disease surveillance, and the need for international efforts and multi-disciplinary collaboration to address the threat of influenza pandemics.

The challenge of pandemic preparedness changes frequently. The framework that had been developed and refined post-SARS is no longer applicable and needs to be revised, given the current developments with the outbreak of H1N1. The framework was originally developed with just one strain in mind, but it is clear now that there are many strains potentially, each with different characteristics. Therefore the system needs to be more fluid and adaptable to reflect the changing needs. One way of doing so is to focus on developing the underlying bases of a strong framework. We can no longer have a 'one size fits all' type of approach; instead the framework must be risk-based so that resources can be allocated appropriately. The issue of 'flu fatigue' now is in equipping ourselves, also the first responders, with the energy to continue learning and developing new measures to deal with the changing situation. This understanding of 'flu fatigue' is different from its earlier connotations.

In Singapore, apart from the financial sector, there are noteworthy initiatives from the food industry, medical agencies, government agencies, telecommunications, public utilities and notably, non-profit organisations. However most of these efforts have been made in isolation and do not address the interdependencies to a great extent. An example is the need to re-assess the capability of telecommunications service operators to support the national broadband requirement.

Pandemic planning can no longer be seen as simply a project. It is a management programme and a life-cycle that needs revising when the parameters and planning assumptions change. The financial sector is fortunate as it is well-regulated sector and has a developed pandemic framework. With increasing cooperation and the concept of 'One World–One Health', it is time to exchange ideas and information, and refine existing framework. For less prepared sectors, they can leverage on the financial sector's working model, adopt the minimum standard and build resiliency. This approach could also help in addressing the challenge of limited resource in developing countries.

There is still a long way to go in winning this battle. The situation will worsen before it improves, and the world is preparing for a second wave of influenza pandemic later this year, which is expected to develop in the northern hemisphere during winter. But as the health authorities have reiterated constantly, our best defence is to maintain the highest levels of personal hygiene and be responsible towards our own communities, before it is too late.

Image source: Centers for Disease Control and Prevention (<http://www.cdc.gov>)

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