

Recommendations to Governments on the prioritisation of “other essential services personnel” for H1N1 vaccine

This paper was prepared by the Pandemic Influenza Coordination team, UN Office for the Coordination of Humanitarian Affairs, Geneva (www.un-pic.org). For further information, contact Miro Modrusan (modrusan@un.org) or Michael Mosselmans (mosselmans@un.org)

1. Introduction:

To assist the needs of developing countries in responding to the H1N1 Influenza Pandemic, the World Health Organization (WHO) is providing access to Influenza H1N1 vaccine to 95 countries identified as having insufficient capacity for their procurement.

WHO’s Strategic Advisory Group of Experts (SAGE) identifies 3 objectives that countries could adopt as part of their vaccination strategy: (i) protecting the integrity of the health-care system and the country’s critical infrastructure; (ii) reducing mortality and morbidity; and (iii) reducing transmission of the pandemic virus within communities. SAGE recommends that health-care workers should be the first priority for vaccination. SAGE also recommends that countries should consider prioritising pregnant women; and individuals with one of several chronic medical conditions, including asthma and morbid obesity. SAGE recommends that countries need to determine their priorities based on country-specific conditions.

The joint WHO/UN System Influenza Coordination/Office for the Coordination of Humanitarian Affairs report of 1 October on ‘Urgent support for Developing Countries’ responses to the H1N1 influenza pandemic’ appealed to donors for “vaccines to protect health care workers and other essential services personnel.”

Depending on country-specific conditions, after vaccinating health sector workers, and after considering the needs of pregnant women, young children and individuals with chronic medical conditions, in order to pursue the SAGE objective of “protecting the integrity of the country’s critical infrastructure”, some countries will choose to vaccinate some essential services personnel. The purpose of this paper is to provide guidance on issues Governments might wish to take into account if they are considering and planning for providing vaccine to “other essential services personnel”.

Given that there are limited quantities of vaccines available, there is a need for Governments to conduct a thorough prioritisation of vaccination groups. There are difficult trade-offs.

2. Essential Services:

Whilst the specific set of essential services varies from country to country, there is a core set of essential services present in many settings:

- *Health:* maintenance of essential health services for emergency and life-threatening chronic health conditions, as well as for response to H1N1 influenza pandemic
- *Energy:* provision of electricity and fuel
- *Transportation:* public transport, transport of food supplies and other goods and services
- *Food:* stocks and distribution of staple foods, food access to the most vulnerable
- *Water and sanitation:* potable water, waste disposal
- *Emergency services:* fire fighters, police, law and order
- *Financial services:* banking, financial payments,
- *Telecommunications:* mobile and landline telephone networks, IT services.

The failure of one or more of these services can have economic and social consequences, as well as impacting on other essential services. Public and private providers of essential services are interdependent and rely on the goods and services of other sectors in order to sustain their operations..

For example, the water sector remains indispensable to all citizens living in urban and many rural settings. It is also indispensable to most other services. The water sector relies on other sectors for many critical functions, including the energy sector to power its equipment; the chemical sector to provide materials to treat water; the transport sector to deliver supplies; and the food and healthcare sectors to protect the health of its workforce.

When deciding on access to H1N1 vaccines, it is important that both private and public sector staff is considered. Some key services are provided by the private sector.

3. Principles underpinning the criteria for prioritising essential services and essential personnel:

In the process of considering which ‘other essential services personnel’ should be prioritised for H1N1 vaccination, it is recommended that Governments take into consideration the following 7 parameters.

3.1 Identifying which services are essential from an emergency perspective:

A distinction can be made between critical societal functions from a general perspective and critical functions from an emergency preparedness perspective. A large number of societal functions are critical from a general perspective (eg schools, old people’s homes and prisons). Critical functions from an emergency management perspective should fulfil one of the following conditions:

- (i) A severe disruption in the function will rapidly lead to a serious emergency in society
- (ii) The function is important for responding to an existing emergency and minimising its consequences.

For example, functioning of schools is highly important for societies, but their disruption is not life-threatening. On the other hand, the water and sanitation sector is critical for provision of clean water, and consequently in preventing deterioration in the health of communities and reducing mortality and morbidity.

3.2 *Identifying services that are important to the functioning of health institutions:*

The sector that is under most stress under the current H1N1 pandemic is the healthcare sector. Therefore, in prioritising amongst other essential services personnel, priority should be given to those personnel who provide services that are essential to the effective functioning of health settings and institutions.

The interdependency of systems on which health settings rely varies from country to country. But healthcare institutions often depend on goods and services that are delivered by the following sectors:

- *Energy* to power facility, clinical, and security systems
- *Water* for healthcare facilities, pharmaceutical operations, and sanitation services
- *Pharmaceuticals*, including consumables, for treatment of patients
- *Transport* for movement of supplies, personnel, patients and food
- *Telecommunications* to support patient care, provide teletriage, and maintain business processing
- *Finance* to ensure the supply chain.

3.3 *Interdependency to critical health sector functions:*

In the context of the current H1N1 pandemic, Intensive Care Units are the component within the health sector that is often facing the highest levels of stress, pressure and overstretch. Within the health sector interdependencies described above, Governments should prioritise those services that are particularly critical to the most stressed and critical parts of their essential health infrastructure. In particular, this would tend to include Intensive Care Units.

3.4 *Analysing how vulnerable sectors are to different levels of absenteeism:*

There is a risk that H1N1 causes significant absenteeism for a few weeks when it is at its peak. Some organisations, sectors, services and suppliers will be able to continue to deliver their most critical services in spite of significant absenteeism, owing to their staffing structure and operating modalities. Others may find it much more difficult to perform effectively with significant absenteeism. It is important to assess the ability of individual sectors/services to continue to perform critical functions with different degrees of absenteeism. Depending on the result of this assessment, priority for vaccinating essential personnel should be given to services that would experience a higher degree of operational problems in the event of high absenteeism.

3.5 *Pinpointing the most critical staff within the most essential services:*

A key consideration is to assess what the negative economic, governance, humanitarian or social impact would be if a given service or sector were to suspend or significantly reduce its services for a period of a few weeks owing to significant staff absenteeism. Which sectors and services are most critical to the lives and livelihoods of vulnerable people?

Given that the quantity of vaccines available will cover a relatively small proportion of the population, the prioritisation process will need to identify only the most critical staff in each of the most essential services, whose continued wellbeing is key to ensuring continuity of critical functions in these services.

Actual service providers within a given sector might be more essential than administrative offices and departments dealing with regulatory issues. Systems may need to operate in pared-down fashion during a pandemic. Strategic decisions should be taken related to the importance of facilities and locations within a network, possibly leading to a temporary sacrifice of some in order to ensure maintenance of operations in others.

3.6 *Preparedness at all levels:*

The prioritisation process should consider the provision of services at all levels of society – national, sub-national and community – so as to ensure the continuation of minimum functions in the whole of society.

3.7 *Role of national humanitarian sector:*

In specific humanitarian contexts, at community levels, local humanitarian organisations such as NGOs and Red Cross/Crescent Societies are sometimes a key service provider to vulnerable communities, playing a significant role in meeting the basic needs – food, health, shelter, water and sanitation - of vulnerable populations, (such as refugees, internally displaced persons, migrants, ethnic minorities, the poor, the elderly, the mentally and physically disabled, people confined to prisons and the homeless). First responders in organisations meeting the needs of the most vulnerable groups in society would be a candidate for vaccination.

Informal carers of those with high care needs should also be considered for vaccination. If informal carers are taken sick, this could compromise the care of those that they care for, and those that they care for could place additional burdens on health care.

4. *Business Continuity Planning*

H1N1 vaccination is just one part of ensuring that essential services and critical infrastructure continue to operate should the impact of the pandemic become more severe. *Business Continuity Plans (BCPs)* are at the heart of preparing critical infrastructure organisations for pandemic. Business continuity plans should be developed for essential services and sectors. Business continuity plans will help to identify critical staff for vaccination.

Business continuity management focuses on the analysis of risks and the potential effects of such risks on an organisation. Business continuity management looks at an organisation's departments, processes and functions. Business continuity plans can be used to manage business interruptions, including loss of staff or disruption of supplies. The objective of a plan is to make an organisation less vulnerable to and reduce the impact of shocks. Plans should be subject to regular review, as planning is a continuous rather than static process. Business continuity plans should address the following areas:

- a. Identify the critical functions that will need to be sustained and those that can be stopped for a period
- b. Identify the personnel, supplies and equipment vital to maintain essential functions
- c. Consider how to deal with the anticipated level of staff absenteeism and minimise its impact on activities
- d. Provide clear command structures, delegations of authority and orders of succession for workers
- e. Assess the need to stockpile strategic reserves of supplies, material and equipment
- f. Identify who is going to do what, when and how
- g. Identify units, departments, services or whole facilities that may need to be downsized or closed to reallocate human and material resources
- h. Assign and train alternates for critical posts
- i. Establish guidelines for priority of access to essential services
- j. Plan for security risks to operations and supply chain, (including identifying alternative providers of identical supplies)
- k. Train staff on infection control and communicate essential safety messages
- l. Consider whether there are ways of reducing social mixing (e.g. home working and reducing meetings and travel) and test these
- m. Consider the need for family and childcare support for essential workers
- n. Consider the need for psychosocial support services to help workers to remain effective
- o. Consider and plan for the recovery phase