



# WORLD HEALTH ORGANIZATION

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## Report on administrative and financial implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly

<b>1. Resolution</b> Eradication of poliomyelitis	
<b>2. Linkage to programme budget</b>	
<b>Area of work</b>	<b>Expected result</b>
Immunization and vaccine development	Effective coordination and support provided to interrupt circulation of any reintroduced poliovirus, to achieve certification of global poliomyelitis eradication, to develop products for the cessation of oral poliovirus vaccine and to integrate the Global Polio Eradication Initiative into the mainstream of health delivery systems
<b>(Briefly indicate the linkage with expected results, indicators, targets, baseline)</b>	
Linkage to third indicator: 100% of suspected poliomyelitis cases investigated and responded to.	
<b>3. Financial implications</b>	
(a) <b>Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)</b> The total cost is estimated to be US\$ 61 million. US\$ 40 million will be for the operational costs of supplementary poliomyelitis immunization campaigns. US\$ 20 million will go through UNICEF for vaccine procurement. US\$ 1 million will be for expert technical assistance to Member States.	
(b) <b>Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities)</b> US\$ 61 million for 2006-2007	
(c) <b>Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?</b> 100%	
<b>4. Administrative implications</b>	
(a) <b>Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)</b> This will involve work across the Organization. The regions and countries involved will be those in which circulating poliovirus is detected (imported wild-type poliovirus or circulating vaccine-derived polioviruses).	
(b) <b>Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)</b> No additional full-time staff will be required. A maximum of 20 full-time equivalents, including a combination of epidemiologists, logistical support specialists and administrators, will be needed depending on the number of importations and circulating vaccine-derived polioviruses (55 staff were used in 2004-2005).	
(c) <b>Time frames (indicate broad time frames for implementation and evaluation)</b>	

2006-2008 “mop-up and certification” phase of the Global Polio Eradication Initiative.