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

1. **Resolution** Relations with nongovernmental organizations

2. **Linkage to programme budget**

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Expected result</th>
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</thead>
<tbody>
<tr>
<td>Health and environment: World Plumbing Council</td>
<td>1. Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene …</td>
</tr>
<tr>
<td>Health system policies and service delivery: The International Society for Quality in Health Care Incorporated</td>
<td>4. Evidenced, knowledge-based guidance and technical support provided to countries for strengthening delivery of health services centred on quality, equity and efficiency</td>
</tr>
<tr>
<td>Human resources for health: The International Society for Quality in Health Care Incorporated</td>
<td>6. Effective guidelines on accreditation, licensing and certification to support mechanisms and frameworks that ensure good-quality preparation and practice of health professionals made available to countries</td>
</tr>
<tr>
<td>Reproductive health: World Association for Sexual Health</td>
<td>1. Adequate guidance and support provided to improve sexual and reproductive health care in countries through dissemination of evidence-based standards and related policy, and technical and managerial guidelines</td>
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1In accordance with resolution WHA40.25 and, inter alia, on the basis of a three-year mutually agreed plan for collaboration, the Executive Board may decide to admit a nongovernmental organization into official relations with WHO or discontinue such relations. Document EB120/41 contains a resolution expressing such decisions. The general costs connected with the implementation of WHA40.25, including informing nongovernmental organizations that relations have been discontinued, are subsumed under the area of work for external relations.

However, the costs, if any, of the collaboration plans are incurred by the technical department with which the plans were agreed. Therefore, this report refers to the relevant area of work for each nongovernmental organization that will be admitted into official relations with WHO if the Executive Board adopts the resolution set out in document EB120/41. The plans for collaboration appear in the restricted documents EB120/NGO/1-7.
<table>
<thead>
<tr>
<th>Communicable disease prevention and control: The International Federation of Anti-Leprosy Associations</th>
<th>2. Guidelines, policies and strategies developed for integrated prevention, control and elimination of endemic tropical diseases, including case management and surveillance</th>
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<td></td>
<td>3. Innovative partnerships developed and maintained to support health ministries for the control of targeted endemic tropical diseases</td>
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<tr>
<td>Human resources for health: International Association of Medical Regulatory Authorities</td>
<td>6. Effective guidelines on accreditation, licensing and certification to support mechanisms and frameworks that ensure good-quality preparation and practice of health professionals made available to countries</td>
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<tr>
<td>Health systems policies and service delivery: International Alliance of Patients’ Organizations</td>
<td>4. Evidenced, knowledge-based guidance and technical support provided to countries for strengthening delivery of health services centred on quality, equity and efficiency</td>
</tr>
<tr>
<td>Violence, injuries and disabilities: EuroSafe – European Association for Injury Prevention and Safety Promotion</td>
<td>2. Multisectoral interventions to prevent violence and unintentional injuries validated and effectively promoted in countries</td>
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<tr>
<td></td>
<td>7. Functional global and regional networks that effectively strengthen collaboration between health and other sectors, involving organizations of the United Nations system, Member States and nongovernmental organizations, including those of people with disabilities</td>
</tr>
</tbody>
</table>

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

World Plumbing Council – Cooperation with the Council will contribute to achieving the targets for the above-mentioned expected result, such as the number of countries using WHO guidance.

The International Society for Quality in Health Care Incorporated – Linked to the number of countries implementing strategies and organizational approaches aimed at strengthening the delivery of health services in order to ensure good technical quality, responsiveness to users and equity while making better use of available resources; and to the number of low-income countries where bottlenecks in access to care and treatment, and delivery of services have been identified.

World Association for Sexual Health – In keeping with the indicator for the above-mentioned expected result, the Association will contribute to the development and dissemination of a least one of the eight expected target documents.

The International Federation of Anti-Leprosy Associations – Linkages, in the context of WHO’s support, to the number of countries implementing synergetic, intensified control of endemic tropical diseases and to the number of countries that have built effective partnerships. Specific linkages to the goals set out in WHO’s Global strategy for further reducing the leprosy burden and sustaining leprosy control activities (plan period 2006–2010) (document WHO/CDS/CPE/CEE/2005.53).

International Association of Medical Regulatory Authorities – The activities concern surveys conducted to map existing regulations in at least 100 countries and the development of guidelines and their eventual uptake in 20 countries.

International Alliance of Patients’ Organizations – The Alliance will support the patients for patient safety action area of the World Alliance for Patient Safety in order to improve health care through active patient engagement. This work will include developing evidence and guidance of effective patient engagement strategies; and providing technical support to countries on patient engagement, including support to country-based patient safety champions and advocates in all WHO regions.

3. Financial implications

(a) Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US$ 10 000, including staff and activities)

World Plumbing Council – US$ 320 000
The International Society for Quality in Health Care Incorporated – between US$ 1000 and US$ 4000 per person per year in respect of travel to the Society’s annual conferences (depending on travel distance)
World Association for Sexual Health – between US$ 10 000 and US$ 20 000 per year
The International Federation of Anti-Leprosy Associations – Nil
International Association of Medical Regulatory Authorities – less than US$ 30 000
International Alliance of Patients’ Organizations – Nil
EuroSafe – European Association for Injury Prevention and Safety Promotion – US$ 70 000

(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US$ 10 000, including staff and activities)

World Plumbing Council – US$ 20 000
The International Society for Quality in Health Care Incorporated – US$ 15 000
World Association for Sexual Health – US$ 40 000
The International Federation of Anti-Leprosy Associations – Nil
International Association of Medical Regulatory Authorities – US$ 20 000
International Alliance of Patients’ Organizations – Nil
EuroSafe – European Association for Injury Prevention and Safety Promotion – US$ 30 000

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?

World Plumbing Council – US$ 20 000 (US$ 300 000 to be provided by the World Plumbing Council to support a two-year secondment, expected to begin late 2006 or early 2007)
The International Society for Quality in Health Care Incorporated – 100% of the estimated cost
World Association for Sexual Health – US$ 20 000 (that is, 50% of the estimated cost)
The International Federation of Anti-Leprosy Associations – Nil
International Association of Medical Regulatory Authorities – 100% of the estimated cost
International Alliance of Patients’ Organizations – In respect of the Alliance, WHO will not incur any additional costs as a consequence of this resolution
EuroSafe – European Association for Injury Prevention and Safety Promotion – 100% of the estimated cost

4. Administrative implications

(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)

World Plumbing Council – WHO headquarters, in close contact with the regional offices
The International Society for Quality in Health Care Incorporated – WHO headquarters and, as appropriate, regional and country offices
World Association for Sexual Health – Some of the work will be performed at WHO headquarters; of the rest, much will be carried out in conjunction with regional and/or country offices, especially dissemination of guidelines
The International Federation of Anti-Leprosy Associations – This will involve work with the global leprosy programme and regional office focal points for leprosy. In addition, country offices in countries where the disease is highly endemic will oversee coordination with all partners.
International Association of Medical Regulatory Authorities – This will involve work with the Department of human resources for health at WHO headquarters, regional offices and selected countries.

International Alliance of Patients’ Organizations – This will involve work with the Patient safety programme at WHO headquarters and with regional office focal points for patient safety.

EuroSafe – European Association for Injury Prevention and Safety Promotion – This will involve work with the WHO Department of injuries and violence prevention at headquarters, regional office violence prevention focal points (in all regions) and selected countries.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)

World Plumbing Council – A seconded professional with the following skills profile: excellent understanding of the health aspects of plumbing, including safe drinking-water supply and liquid waste disposal; experience as a trainer; and exposure to water and sanitation in emergencies.

The other nongovernmental organizations – none.

(c) Time frames (indicate broad time frames for implementation and evaluation)

All the nongovernmental organizations – three years for implementation, after which the Executive Board will evaluate the relations, in accordance with resolution WHA40.25.