

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

1. Resolution Progress in the rational use of medicines	
2. Linkage to programme budget	
Area of work	Expected result
Essential medicines	7. Awareness raising and guidance on cost-effective and sound use of medicines promoted, with a view to improving use of medicines by health professionals and consumers.
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
<p>The resolution is consistent with the expected result and will ensure that promotion of rational use of medicines is treated as a priority in all areas of WHO's work. Within this area of work it will enable Member States – as an essential part of providing adequate health care for their populations – to monitor medicines use and implementation of policies to promote rational use of medicines.</p> <p>The successful implementation of this resolution will assist in expanding the evidence base and strengthening provision of support and its coordination to Member States for promoting rational use of medicines. It will be measured through monitoring of medicines use and implementation of policies at country level. Additional work resulting from this resolution is consistent with work planned under strategic objective 12 in the Draft Medium-term strategic plan 2008–2013. In 2007 the additional work will be monitored by the indicator for measuring the percentage of prescriptions that are in accordance with national or institutional guidelines.</p>	
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) US\$ 30 million over six years.	
(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities) US\$ 1.5 million from June to December 2007.	
(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US\$ 500 000 from June to December 2007. Additional funding of US\$ 1 million is therefore required.	

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)

Normative, technical and coordinating work will be performed at headquarters, while the majority of the planning and implementation work will be carried out at regional and country levels. Overall, 77% of the financial and human resources will be allocated to regions and countries.

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

In order to establish a coordinated and integrated health-systems approach to promoting rational use of medicines, a global team will need to be established, comprising the following staff for each region: a regional adviser, a supporting technical officer and a secretary. At headquarters there will need to be a coordinating team comprising a medical officer, two technical officers and a secretary. An additional technical officer will be needed at headquarters to liaise with other programmes. Since almost no function can be subsumed under existing staff numbers, 23 additional staff will be needed for the posts mentioned above.

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

Monitoring of medicines use and implementation of medicines policy has already been established, a series of training programmes have been organized and a number of small projects supported, in both the current and previous bienniums. The establishment of a global team would enable full-scale implementation of activities in the biennium 2008–2009.

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