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

1. Resolution Tuberculosis control: progress and long-term planning

2. Linkage to programme budget

Area of work	**Expected result**
Tuberculosis	1. A global plan for DOTS expansion, geared to reaching Millennium Development Goal 6, implemented
	2. Implementation of long-term national plans for DOTS expansion and sustained tuberculosis control supported through functional national partnerships
	3. Global TB Drug Facility and the Green Light Committee maintained and expanded access to treatment and cure supported
	4. Political commitment sustained and mobilization of adequate resources ensured through nurturing of the Stop TB partnership and effective communication of the concept, strategy and progress of the Global Plan to Stop TB
	5. Surveillance and evaluation systems at national, regional and global levels maintained and expanded to monitor progress towards targets, resource allocations for tuberculosis control, and impact of control efforts.
	6. Adequate guidance and support provided to countries to tackle multidrug-resistant tuberculosis and to improve tuberculosis-control strategies in countries with high HIV prevalence.
	7. Better tuberculosis case-detection and cure rates promoted and supported through all public and private providers and community-based services, and integrated respiratory care implemented at primary level.

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

The resolution, which builds on the Stop TB Partnership's Global Plan to Stop TB 2006–2015 and progress achieved towards the targets set in resolution WHA58.14 on Sustainable financing for tuberculosis prevention and control, provides the framework for achieving the tuberculosis control-related expected results and targets outlined in strategic objective (2) in the Draft Medium-term strategic plan, 2008–2013.

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)

In order to fulfil WHO's leadership role in supporting implementation of the Global Plan to Stop TB 2006–2015, an estimated US$ 1800 million will be required over the 10-year period (including the 2006–2007 biennium). These costs are in line with the current biennium workplan, increase in activities foreseen under the Global Plan and the strategic objectives in the Draft Medium-term strategic plan 2008–2013.

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

US$ 250 million: this includes the revised budget of US$ 233.5 million for the Tuberculosis area of work, and an additional US$ 15 million now required for global support of national responses to the emergence of extensively drug-resistant tuberculosis in 2007.

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

All actions to be pursued are included under the Programme Budget 2006–2007, except the additional actions now required in 2007 in response to extensively drug-resistant tuberculosis.

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)

The response includes actions by all levels of the Organization, including all regions and most country offices. All WHO core functions will be involved for each level of the Organization.

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

During the remainder of this biennium, no absolute growth is expected in headquarters staffing. In the African Region, additional staff will be required in 2007 to cope with extensively drug-resistant tuberculosis and implement the associated increase in tuberculosis and tuberculosis/HIV interventions, including urgent support for laboratory strengthening (e.g. 2 full-time equivalents), and country-based medical officers and national professional officers for technical cooperation, capacity building and surveillance (e.g. at least 15 full-time equivalents). From 2008 to 2015, some growth in staff numbers in all regions is planned, especially to strengthen technical cooperation in more extensive impact evaluation and tuberculosis/HIV and multidrug-resistant tuberculosis interventions. Full-time equivalent estimates are being developed under the Draft Medium-term strategic plan, 2008–2013.

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

2006–2015. Evaluation of progress made on 2015 targets will continue to the end of 2017 at least.

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