World Health Organization

EXECUTIVE BOARD
134th session
Agenda item 9.6

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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: Health intervention and technology assessment in support of universal health coverage

2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)

Category: 4. Health systems

Programme area: National health policies, strategies and plans	Outcome: 4.1 Output: 4.1.2
Programme area: Access to medicines and health technologies and strengthening regulatory capacity	Outcome: 4.3 Output: 4.3.1

Also contributes to Categories 1, 2, 3 and 5

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

The resolution would directly contribute to the outcomes mentioned above as it would support increased capacity in countries to assess the cost–effectiveness of health interventions as well as of medicines and other health technologies, using an evidence-based and transparent approach. This would allow policy-makers to prioritize investment in health and support the progress towards sustainable universal health coverage.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US$ 10 000).

(i) Six years (covering the period 2014–2019)

(ii) Total: US$ 28 million (staff: US$ 12 million; activities: US$ 16 million)

Current estimates are for a duration of six years (2014–2019) for a total cost of up to US$ 28 million. Costs and staffing in relation to this strategy will be included in each of the biennial budgets during the lifespan of the strategy based on a realistic costing of outputs and deliverables related to the work planned for each of the respective programme budget periods starting with the programme budget for the biennium 2016–2017.

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3(a) is for the biennium 2014–2015 (estimated to the nearest US$ 10 000).

Total: US$ 13.6 million (staff: US$ 6.6 million; activities: US$ 7.0 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

Headquarters and all six regional offices.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)

No.

If "no", indicate how much is not included.

US$ 5 million would be required to implement the full scope of this resolution, taking into account the need to increase capacity across the relevant programmatic areas to apply health intervention and technology assessment, as well as the start up costs (for example, instruments and tools) for implementing the resolution.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No.

If "no" indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

A total of eight full-time equivalent staff would be required in the professional and higher categories (two at headquarters and one at each of the regional offices. These staff should have expertise in doing cost–effectiveness analysis or health intervention and technology assessment.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If "no", indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

The gap is currently estimated at US$ 13.6 million. This funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

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