

ANNEX 5

Financial and administrative implications for the Secretariat of resolutions and decisions adopted by the Executive Board

<p>1. Resolution EB134.R4 Global strategy and targets for tuberculosis prevention, care and control after 2015</p>
<p>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)</p> <p>Category: 1. Communicable diseases Programme area(s): Tuberculosis Outcome: 1.2 Output: 1.2.1</p> <p>How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?</p> <p>This resolution fully adopts the global strategy for tuberculosis prevention, care and control after 2015. It therefore supports a majority of the Secretariat's tuberculosis control efforts during the biennium, including: preparing normative guidance and operational tools for implementing the strategy; and providing support to Member States to develop and adapt their national plans in line with the strategy, and build country level capacity to implement the strategy, together with related monitoring and evaluation. The resolution and strategy will inform the preparation of future biennium work plans from 2016 to 2035.</p> <p>Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)</p> <p>Yes.</p>
<p>3. Estimated cost and staffing implications in relation to the Programme budget</p> <p>(a) Total cost</p> <p>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).</p> <p>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 2016–2017.</p> <p>(b) Cost for the biennium 2014–2015</p> <p>Indicate how much of the cost indicated in 3 (a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).</p> <p>A substantial amount of the work identified as deliverables in the Programme budget 2014–2015 will contribute to the development and future implementation of the post-2015 strategy, as there is continuity between the two approaches (current and new), and the transition work will start during the current biennium.</p> <p>Total: US\$ 98.5 million (staff: US\$ 52.0 million; activities: US\$ 46.5 million)</p> <p>Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.</p> <p>All levels of the Organization.</p> <p>Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)</p> <p>Yes.</p>

If “no”, indicate how much is not included.

(c) **Staffing implications**

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

Yes.

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.

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 Secretariat is currently undertaking a thorough analysis of available funding for the work related to the implementation of this resolution in 2014–2015 and will identify funding shortfalls. This funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan to resolve funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R5 Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention

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: 3. Promoting health through the life-course

Programme area: Health and the environment

Outcome: 3.5

Output: 3.5.1. 3.5.2 and 3.5.3

Category: 2. Noncommunicable diseases

Programme area: Noncommunicable diseases

Outcome: 2.1

Output: 2.1.1

Category: 5. Preparedness, surveillance and response

Programme area: Food safety

Outcome: 5.4

Output: 5.4.3

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

By facilitating the prevention of human exposure to mercury and mercury compounds the resolution would directly contribute to the outcomes for the programme areas listed, namely: reduced environmental threats to health; increased access to interventions to prevent and manage noncommunicable diseases and their risk factors; and all countries adequately prepared to prevent and mitigate risks to food safety.

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) A significant level of activities would be required from 2014 to 2020; activities would continue at a reduced level beyond that period (the Minamata Convention does not have an end-date).

(ii) Total (2014–2020): US\$ 9.03 million (staff: US\$ 2.68 million; activities: US\$ 6.35 million).

(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\$ 2.47 million (staff: US\$ 720 000; activities: US\$ 1.75 million).

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

All levels of the Organization.

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

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

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

Yes.

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.

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 estimated at US\$ 1.3 million. Potential sources of funds include: The Global Environment Facility, which is the financial mechanism for the Minamata Convention; and an Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R6 Traditional medicine

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: Access to medicines and health technologies and strengthening regulatory capacity	Outcome: 4.3 Output: 4.3.1
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How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

The objectives of the WHO traditional medicine strategy: 2014–2023 are in line with the vision and priorities set out in the Twelfth General Programme of Work, 2014–2019 and reflected in the Programme budget 2014–2015. The implementation of the traditional medicine strategy will contribute to the achievement of the outcomes of the programme areas for integrated, people-centred health services and access to medicines and health technologies and strengthening regulatory capacity, as described in the Programme budget 2014–2015.

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

Yes.

<p>3. Estimated cost and staffing implications in relation to the Programme budget</p> <p>(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).</p> <p>(i) Ten years (covering the period 2014–2023) (ii) Total: US\$ 26.11 million (staff: US\$ 20.11 million; activities: US\$ 6.00 million)</p> <p>(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\$ 5.2 million (staff: US\$ 4.0 million; activities: US\$ 1.2 million)</p> <p>Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant. All levels of the Organization, including headquarters and all regional offices, with the involvement of country offices determined region by region.</p> <p>Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no) Yes.</p> <p>If “no”, indicate how much is not included.</p> <p>(c) Staffing implications Could the resolution be implemented by existing staff? (Yes/no) Yes.</p> <p>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.</p>
<p>4. Funding</p> <p>Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no) No.</p> <p>If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds). Funding gap: US\$ 1.97 million. Expected sources of funds: US\$ 1.10 million from the Government of China, the Government of Macao Special Administrative Region (China) and the Government of India; US\$ 866 000 through fund raising efforts and financial dialogue.</p>

<p>1. Resolution EB134.R7 Strengthening of palliative care as a component of integrated treatment within the continuum of care</p>
<p>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)</p> <p>Category: 2. Noncommunicable diseases Programme area: Noncommunicable diseases</p> <p style="text-align: right;">Outcome: 2.1 Output: 2.1.1</p> <p>How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)? It would support achievement because palliative care is part of the continuum of care required for tackling noncommunicable diseases, particularly cardiovascular disease, cancer, chronic respiratory disease and diabetes. It is one of the activities included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020. An indicator for tracking access to palliative care is also included in the action plan's global monitoring framework.</p>

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) Implementation would cover, and continue beyond, the seven remaining years of the global action plan for the prevention and control of noncommunicable diseases 2013–2020

(ii) Total: US\$ 20 million (staff: US\$ 10 million; activities: US\$ 10 million)

(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\$ 1 million (staff: US\$ 600 000; activities: US\$ 400 000)

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

All levels.

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

If “no”, indicate how much is not included.

(c) Staffing implications

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

No, but the cost of filling the necessary positions has been included in the programme budget.

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.

In the next biennium, at least one additional staff member at grade P.5 would be needed at headquarters together with one at grade P.4 in each of the regional offices.

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 funding gap is US\$ 640 000. It will be tackled through the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R8 Contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion)

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: 2. Noncommunicable diseases

Programme area: Noncommunicable diseases

Outcome: 2.1

Output: 2.1.1

Programme area: Mental health and substance abuse	Outcome: 2.2 Output: 2.2.1
Programme area: Nutrition	Outcome: 2.5 Output: 2.5.1
Category: 3. Promoting health through the life-course	
Programme area: Social determinants of health	Outcome: 3.4 Output: 3.4.1
Programme area: Health and the environment	Outcome: 3.5 Output: 3.5.2
Programme area: Gender, equity and human rights mainstreaming	Outcome: 3.3 Output: 3.3.1

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

This resolution would contribute to improved health and health equity and social and economic development through sustained action across sectors. It would further strengthen the health sector's role in working with other sectors to tackle health issues, particularly prevention and control of noncommunicable diseases. It will strengthen collaboration both within WHO and between WHO and its partners.

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) Three years (covering the period 2014–2016)
- (ii) Total: US\$ 1.45 million (staff: US\$ 790 000; activities: US\$ 660 000)

(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\$ 980 000 (staff: US\$ 530 000; activities: US\$ 450 000)

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

Staffing costs would be incurred at headquarters only; activity costs would be incurred at all levels of the Organization.

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

Yes.

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

Not applicable.

(c) Staffing implications

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

Yes.

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.

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).

US\$ 980 000; source(s) of funds: assessed contributions and core voluntary contributions, with resource mobilization efforts undertaken, especially through the financing dialogue.

1. Resolution EB134.R10 Implementation of the International Health Regulations (2005)**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: 5. Preparedness, surveillance and response

Programme area(s): Alert and response capacities

Outcome: 5.1

Output: 5.1.1

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

The resolution would sustain the Secretariat in its role of providing support to Member States in implementing the International Health Regulations (2005). The Strategic Advisory Group of Experts on immunization concluded recently that a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease and that a booster dose of yellow fever vaccine is not needed.¹ WHO has endorsed this conclusion and a number of Member States have requested guidance from the Secretariat on implementation of this advice under the International Health Regulations (2005).

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) No Secretariat activities are required for implementation of this resolution

(ii) Total: US\$ nil (staff: US\$ nil; activities: US\$ nil)

(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\$ nil (staff: US\$ nil; activities: US\$ nil)

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

Not applicable.

¹ Meeting of the Strategic Advisory Group of Experts on immunization, April 2013 – conclusions and recommendations. Weekly epidemiological record. 2013;88(20):201–216.

(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\$ 20 000 (staff: US\$ 20 000; activities: US\$ nil)

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

All levels of the Organization.

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

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

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

Yes.

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.

4. Funding

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

Yes.

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

US\$ n/a; source(s) of funds: n/a.

1. Resolution EB134.R13 Combating antimicrobial resistance, including antibiotic resistance**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: 5. Preparedness, surveillance and response

Programme area: Epidemic-prone and pandemic-prone diseases

In addition, combating antimicrobial resistance involves, and has implications for, a broad range of categories and programme areas.

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

The resolution is of direct relevance to the outcome “Increase the number of countries with a national antimicrobial resistance (AMR) action plan”.¹ The resolution will ensure global commitment by Member States and other organizations to achieve this outcome. The cross-cutting nature and health impacts of antimicrobial resistance mean that the resolution is also of direct relevance to outcomes and deliverables in other categories and programme areas.

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

Yes. However, the Programme budget 2014–2015 does not cover the implementation of the draft global action plan mentioned in operative subparagraph 2(5).

¹ As shown on WHO’s Programme budget web portal.

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) Two years (covering the period 2014–2015)

(ii) Total: US\$ 9.6 million (staff: US\$ 7.4 million; activities: US\$ 2.2 million)

(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\$ 9.6 million (staff: US\$ 7.4 million; activities: US\$ 2.2 million)

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

At headquarters and in the six regional offices. All activity costs will be implemented through headquarters; staff costs will be US\$ 4.6 million at headquarters and US\$ 470 000 in each regional office.

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

No, it is only partially included.

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

Total: US\$ 7.8 million (staff: US\$ 6.6 million; activities: US\$ 1.2 million)

(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.

Under the assumption that existing staff will continue to be assigned to the activities planned under the current Programme budget, including those on antimicrobial resistance, additional full-time equivalent staff members will be required in order to implement this resolution, comprising one full-time equivalent at each of the regional offices and four to six full-time equivalents at headquarters (staff in professional and higher category posts with expertise in health policy, communications and project management).

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 funding gap is estimated at US\$ 8.8 million. It will be tackled through the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R14 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 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, those relating to instruments and tools) for implementation of 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 funding gap is currently estimated at US\$ 13.6 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R15 Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards 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: Integrated people-centred health services Outcome: 4.2
Output: 4.2.2

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

It would contribute to supporting countries to plan and implement strategies in line with WHO’s global strategy on human resources for health.

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) Four years (covering the period 2014–2017)

(ii) Total: US\$ 18.8 million (staff: US\$ 13.0 million; activities: US\$ 5.8 million)

(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\$ 9.4 million (staff: US\$ 6.5 million; activities: US\$ 2.9 million)

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

Country offices, 30%; regional and subregional offices, 40%; and headquarters, 30%.

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

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

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

Yes, provided that current vacancies at headquarters and the regional offices are filled.

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.

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 funding gap is estimated at US\$ 3.8 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R16 Access to essential medicines**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: Access to medicines and health technologies and strengthening regulatory capacity

Outcome: 4.3

Output: 4.3.3

Additional links 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)?

It would support achievement of improved access to and rational use of safe, efficacious and quality medicines and health technologies through: the development and implementation of national policies and best practices; regional approaches for sharing of information and experience; and provision by the Secretariat of support and guidance to countries for increasing and monitoring access to essential medicines.

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\$ 18 million (staff: US\$ 8 million; activities: US\$ 10 million)

(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\$ 8.6 million (staff: US\$ 3.6 million; activities: US\$ 5.0 million)

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

Headquarters and all regional offices.

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

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications**Could the resolution be implemented by existing staff? (Yes/no)**

No, but recruitment will take place against approved positions that are included in the approved Programme budget.

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.

Eight full-time equivalent staff would be required in the professional and higher categories (two at headquarters and six in the regional offices). The staff members concerned would have expertise in pricing, procurement and supply and rational use of medicines and health products.

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 funding gap is estimated at US\$ 5.6 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R17 Regulatory system strengthening for medical products**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(s): Access to medicines and health technologies and strengthening regulatory capacity	Outcome: 4.3 Output: 4.3.3
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Additional links with Categories 1, 2, 3 and 5

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

This resolution would enhance strengthening of regulatory capacity worldwide to ensure the quality, safety and efficacy of medicines and other health technologies, through: improving assessment tools and their implementation; providing technical support and training to regulatory bodies; providing guidance on evaluation of new product classes; supporting and fostering regional and subregional networks and convergence of regulatory requirements; and strengthening of pharmacovigilance systems. It would also strengthen the WHO prequalification programme and allow prequalification of new classes of medicines.

Safe, effective and affordable medicines and health products are an essential element of: universal health coverage; attainment of the Millennium Development Goals; dealing with the growing burden of noncommunicable diseases; and fighting epidemics and pandemics.

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).**

Current estimates are for a duration of 10 years (2014–2024) for a total cost of up to US\$ 250 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\$ 30.0 million (staff: US\$ 11.5 million; activities: US\$ 18.5 million)

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

Costs will be incurred at headquarters, all WHO regional offices and certain country 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\$ 25 million would be required to implement the full scope of this resolution, taking into account, for example, the increased breadth and depth of support to be provided to regional regulatory networks and for global collaboration and information exchange, prequalification of essential new classes of medicines and strengthening of pharmacovigilance.

(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 18 additional full-time equivalent staff members in the professional and higher categories would be needed (headquarters: three full-time equivalents; regional and subregional offices: two full-time equivalents; regional offices: two full-time equivalents per office; and in the three Intercountry Teams in the African Region: one per team). These staff should have a background in regulatory expertise, experience working in developing countries and some experience in working in an international environment.

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 funding gap is currently estimated at US\$ 25 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R18 Hepatitis**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: 1. Communicable diseases

Programme area: HIV/AIDS

Outcome: 1.1

Output: 1.1.2

Programme area: Vaccine-preventable diseases

Outcome: 1.5

Output: 1.5.2

Category: 4. Health systems

Programme area: Integrated, people-centred health services

Outcome: 4.2

Output: 4.2.3

Programme area: Access to medicines and health technologies and strengthening regulatory capacity	Outcome: 4.3 Output: 4.3.1
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Category: 5. Preparedness, surveillance and response

Programme area: Alert and response capacities	Outcome: 5.1 Output: 5.1.1
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Programme area: Epidemic-prone and pandemic-prone diseases	Outcome: 5.2 Output: 5.2.1
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How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

The key actions called for in the resolution directly support attainment of outputs formulated in the above-mentioned programme areas, particularly by increasing commitment and capacities for an appropriate hepatitis prevention and treatment response.

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) The resolution is not time-bound and it is anticipated that many activities outlined in the resolution will be ongoing.

(ii) An overall costing for the full implementation of the resolution across the Organisation will be completed in the process of preparation of the programme budget for 2016–2017.

(iii) The resolution includes elements that go beyond the previously-agreed framework for action on hepatitis, particularly with regard to accelerating access to hepatitis treatment and the assessment of the economic impact and burden of the disease at global and regional levels.

(iv) An indicative costing for the biennium 2016–2017 currently estimates the work to be performed by the secretariat of the Global Hepatitis Programme at headquarters at US\$ 7.4 million (staff: US\$ 5.8 million; activities: US\$ 1.6 million). It does not include yet costs incurred at regional and national levels.

(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\$ 3.3 million (staff: US\$ 2.1 million; activities: US\$ 1.2 million)

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

In support of the initial implementation of the resolution, priority will be given to covering core activities at headquarters, including the elaboration of diagnostic and treatment guidelines, reporting, support to national strategy development, and the initiation of an access initiative.

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

Yes.

If “no”, indicate how much is not included.

(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.

For the biennium 2014–2015, existing staff within the Global Hepatitis Programme and other departments, together with colleagues in the regional offices, will initiate implementation of the resolution. However, this will not be sufficient and, in the medium term, additional staff needs will be determined in collaboration with regional offices.

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).

Funding gap: US\$ 1.7 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan for making good funding shortfalls in the Programme budget 2014–2015.

1. Resolution EB134.R19 Access to biotherapeutic products and ensuring safety, quality and efficacy**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: Access to medicines and health technologies and strengthening regulatory capacity	Outcome: 4.3 Output: 4.3.3
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Additional links to Category 2. Noncommunicable diseases

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

Biological medicines that treat a wide range of noncommunicable diseases are currently unaffordable for the majority of the world’s population. The implementation of the resolution would facilitate access to biologicals of assured quality, safety and efficacy by those who need them most, thus supporting the outcome mentioned above.

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) Ten years (covering the period 2014–2023)

(ii) Total: US\$ 25.0 million (staff: US\$ 12.5 million; activities: US\$ 12.5 million)

(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\$ 3.0 million (staff: US\$ 1.5 million; activities: US\$ 1.5 million)

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

Headquarters and three regional offices.

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

If “no”, indicate how much is not included.

(c) Staffing implications

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

No, but recruitment will take place against positions that are already included in the approved Programme budget.

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 1.5 full-time equivalent staff would be required in the professional and higher categories (full-time equivalents in individual regions: 0.5, the Americas; 0.5, South-East Asia; and 0.5, Western Pacific). Staff members would need expertise and experience in biological regulation.

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 funding gap is currently estimated at US\$ 2.5 million. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.

1. Decision EB134(1) Follow-up to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases

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: 2. Noncommunicable diseases

Programme area: Noncommunicable diseases

Outcome: 2.1

Outputs: 2.1.1, 2.1.2 and 2.1.3

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

The second formal meeting of Member States will enable the Secretariat to conclude the work on the development of terms of reference for the global coordination mechanism on noncommunicable diseases.

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) One year (covering the period 2014–2015)

(ii) Total: US\$ 300 000 (staff: US\$ 30 000; activities: US\$ 270 000)

(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\$ 300 000 (staff: US\$ 30 000; activities: US\$ 270 000)

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

Headquarters.

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

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

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

Yes.

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.

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).

US\$ 300 000. This funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan to make good funding shortfalls in the Programme budget 2014–2015.

1. Decision EB134(2) Maternal, infant and young child nutrition**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: Noncommunicable diseases

Programme area: Nutrition

Outcome: 2.5

Output: 2.5.1

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

The decision would allow the Secretariat to complete three pending tasks relating to the comprehensive implementation plan on maternal, infant and young child nutrition: developing multisectoral policies on food and nutrition (through the Second International Conference on Nutrition), providing guidance on the marketing of complementary foods and developing an accountability framework (through work on the global monitoring framework for maternal, infant and young child nutrition).

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

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget**(a) Total cost**

Indicate (i) the lifespan of the decision 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) Two years (covering the period 2014–2015)

(ii) Total: US\$ 1.87 million (staff: US\$ 690 000; activities: US\$ 1.18 million)

(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\$ 1.87 million (staff: US\$ 690 000; activities: US\$ 1.18 million)

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

Headquarters.

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

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

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

Yes.

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.

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 funding gap is estimated at US\$ 780 000. It will be tackled as part of the Organization-wide coordinated resource mobilization plan to deal with funding shortfalls in the Programme budget 2014–2015.