

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

1. Resolution WHO's role and responsibilities in health research

2. Linkage to programme budget

Strategic objective:

10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

Organization-wide expected result:

10.5 Better knowledge and evidence for health decision-making assured through consolidation and publication of existing evidence, facilitation of knowledge generation in priority areas, and global leadership in health research policy and coordination, including with regard to ethical conduct.

10.6 National health research for development of health systems strengthened in the context of regional and international research and engagement of civil society.

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

The resolution is fully consistent with both the expected results and the five indicators associated with them. Implementation of the strategy is expected to contribute to meeting the targets articulated under the expected results. Baselines will remain largely the same.

3. Budgetary implications

- (a) **Total estimated cost for implementation over the life-cycle of the Secretariat's activities requested in the resolution (estimated to the nearest US\$ 10 000, including staff and activities).**

US\$ 39 million will be required for the 10 year life-cycle of the resolution.

- (b) **Estimated cost for the biennium 2010–2011 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant).**

US\$ 3 million (US\$ 1.4 million for staff, US\$ 1.6 million for activities), mostly at headquarters but with activities extending to all regions, starting with the Regional Office for Africa and the Regional Office for the Americas, as regional research strategies/policies are already under development or consideration in these regions. Of the US\$ 1.6 million needed for activities, it is estimated that 60% will be spent in the regions and countries.

(c) Is the estimated cost noted in (b), included within the existing approved Programme budget for the biennium 2010–2011?

About US\$ 1.5 million of the proposed expenditure for the remainder of the current biennium can be absorbed under existing programmed activities. Additional funding of US\$ 1.5 million is therefore required.

4. Financial implications

How will the estimated cost noted in 3(b) be financed (indicate potential sources of funds)?

Resource mobilization strategies will be developed to raise the needed funding from sources interested in health research development (e.g. Bill & Melinda Gates Foundation, Wellcome Trust, bilateral and multilateral agencies). In addition, it is also expected that regional offices will help to mobilize funds to finance implementation of the strategy in various regions of WHO

5. Administrative implications

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

The strategy will be implemented at all levels of the Organization. Regional offices will play a central role in implementing regional research strategies, which will be developed with the global strategy as a guiding framework, taking into consideration country needs through incorporation into country cooperation strategies. Headquarters will play this role in relation to headquarters-based research activities; it will also be responsible for setting standards, providing guidance, convening research funders and gathering information on regional implementation, and will support the implementation of certain activities in the regions and countries.

(b) Can the resolution be implemented by existing staff? If not, please specify in (c) below.

No.

(c) Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile).

Four additional full-time equivalent staff members will be required at headquarters (three in the professional category and one in the general service category). The skills needed relate to health research systems, information technology/database management and communications. Each regional office should be strengthened with one additional full-time equivalent staff member (in the professional category) in order to help in the development of regional strategies and their implementation, and in intensifying collaboration with country offices to provide support to Member States in implementing the strategy.

(d) Time frames (indicate broad time frames for implementation of activities).

The strategy will be implemented in a phased manner within a broad time frame of 10 years. The first two years of the strategy will focus on establishing governance and coordination mechanism(s) at headquarters based on activities identified, and pursuing consultations with regional offices. Implementation at headquarters began in 2009; in the regions it began in late 2009 or 2010, starting with the African Region and the Region of the Americas. Implementation in the remaining four regions will take place after 2010. Within this 10-year time frame, there are also plans to perform periodic monitoring and to report on progress on a biennial basis, and to organize a four-yearly high-level consultation in order to define global research priorities.

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