

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

**1. Decision:** 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola

**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](http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf))**

Programme areas: Health systems information and Outcomes: 4.4, 5.1, 5.6  
evidence; alert and response capacities; outbreak and Outputs: 4.4.1, 4.4.4, 5.1.1, 5.6.1  
crisis response

**How would this decision contribute to the achievement of the outcomes of the above programme areas?**

This decision implements the requests of the Executive Board in the resolution it adopted in its Special Session on Ebola, held on 25 January 2015. The foundation for building WHO's capacity to respond to emergencies with health consequences will be in: (a) the work of the Ebola Interim Assessment Panel; (b) the creation of a contingency fund; (c) the establishment, coordination and management of the Global Health Emergency Workforce; (d) the evaluation provided by an IHR Review Committee focused on the International Health Regulations (2005) in the context of the Ebola response; (e) a framework for advancing research and development of medical products for infectious diseases of epidemic potential; and (f) enhancing the work of the Organization in supporting Member States to be better prepared to respond to emergencies with health consequences by strengthening national health systems.

**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) The elements of the decision cover varying time frames (in order of date of completion):
- WHO support to national administrations as they prepare for the United Nations Secretary General's 10 July 2015 high-level pledging conference on Ebola will be completed in the 2014-2015 biennium;
  - The Ebola Interim Assessment Panel's work will be concluded in the 2014-2015 biennium;
  - The IHR Review Committee under the International Health Regulations (2005) will begin its work in the 2014-2015 biennium, and complete its work in the 2016-2017 biennium;
  - Development of a framework for advancing research and development of medical products for other infectious diseases of epidemic potential will begin in the 2014-2015 biennium, and continue into the 2016-2017 biennium;

- e. Support to west and central African States and other at-risk States to achieve full implementation of the International Health Regulations (2005) by 2019 will take place in three bienniums: 2014–2015, 2016–2017 and 2018–2019;
- f. Continuation and enhancement of WHO's support to Member States to be better prepared to respond to emergencies with health consequences by strengthening national health systems will continue indefinitely;
- g. Establishment, coordination and management of the Global Health Emergency Workforce will be initiated in the 2014–2015 biennium and will continue indefinitely;
- h. Establishment, management and maintenance of the contingency fund will be initiated in the 2014–2015 biennium and will continue indefinitely.

(ii) The costs of implementing the decision

The costs of the outcomes and outputs in Categories 4 and 5 will fall within the Programme budget 2016–2017, as approved by the Health Assembly in resolution WHA68.1. A thorough operational planning exercise will be undertaken in the last half of 2015 and the results, including staffing and budget implications, will be reported.

The work taking place in the 2014–2015 biennium under outcomes 4.4 and 5.1 fall within the Programme budget 2014–2015. Under outcome 4.4, the costs are minimal; under outcome 5.1, the work supporting west and central African States and other at-risk States to achieve full implementation of the International Health Regulations (2005) will cost US\$ 1 000 000.

The total cost for 2014–2015 is as follows:

- Supporting Member States to prepare for the July 2015 pledging conference: US\$ 1 000 000
- The remainder of the Ebola Interim Assessment Panel's work: US\$ 500 000
- Establishing the contingency fund and developing the report on its performance for consideration by the Executive Board at its 138th session in January 2016: US\$ 300 000
- Establishing and staffing the secretariat of the Global Health Emergency Workforce: US\$ 1 000 000
- Establishing and supporting the IHR Review Committee under the International Health Regulations (2005): US\$ 500 000.

**(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\$ 4.3 million (staff: US\$ 2.7 million; activities: US\$ 1.6 million).

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

All three 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 decision be implemented by existing staff?**

Though much of the decision will be implemented by existing staff, starting in biennium 2014–2015, four additional staff positions will be required for the secretariat of the Global Health Emergency Workforce.

For the remainder of the decision, additional staffing will be required for next biennium. The number of positions is to be determined as part of the operational planning exercise mentioned above.

**4. Funding**

**Is the estimated cost for the biennium 2014–2015 indicated in 3(b) fully funded?**

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\$ 4.3 million, which will be mobilized from those donors who: have contributed to WHO’s work in outbreaks and emergencies with health consequences; have expressed interest in doing; and are yet to be identified through concerted resource mobilization efforts.

Capitalizing the contingency fund will also require resource mobilization, to an initial US\$ 100 000 000 with continuous mobilization to replenish the fund when monies have been drawn down to support emergency response. Two Member States have announced pledges that amount to US\$ 11 000 000.

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