

Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Health Assembly

Resolution: Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth
A. Link to the general programme of work and programme budget
<p>1. Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this resolution would contribute if adopted.</p> <p>Twelfth General Programme of Work, 2014–2019 outcome(s): Policies, financing and human resources are in place to increase access to people-centred, integrated health services.</p> <p>Programme budget 2016–2017 output(s):</p> <p>Output 4.2.2. Health workforce strategies oriented towards universal health coverage implemented in countries.</p> <p>The action plan will also support outputs across other categories, for example:</p> <p>Output 1.1.1. Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support;</p> <p>Output 2.1.3. Countries enabled to improve health care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors through strengthening health systems;</p> <p>Output 3.3.2. Countries enabled to integrate and monitor gender, equity and human rights in national health policies and programmes;</p> <p>Output 3.5.1. Countries enabled to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks;</p> <p>Output 5.1.1. Implementation and monitoring of the International Health Regulations (2005) at country level and training and advice for Member States in further developing and making use of core capacities required under the Regulations;</p> <p>Output 6.1.1. Effective WHO leadership and management in accordance with leadership priorities.</p>
<p>2. Brief justification for considering the draft resolution, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.</p> <p>Not applicable.</p>

3. Estimated time frame (in years or months) for implementation of any additional deliverables.

The draft five-year action plan for health employment and inclusive economic growth covers the period 2017–2021 and provides further support towards the implementation of the Global Strategy on Human Resources for Health: Workforce 2030, adopted by the Sixty-ninth World Health Assembly in resolution WHA69.19 (2016).

The draft action plan is consistent with the Organization's response to the Sustainable Development Goals. It incorporates a broad-based approach that impacts Goals 3, 4, 5, 8 and 17.

The action plan will be implemented in collaboration with Member States, ILO, OECD and relevant regional and specialized entities. It focuses on instruments of change and enabling factors, such as: intersectoral action involving multiple stakeholders; strengthening health systems for universal health coverage; respect for equity and human rights; sustainable finance; scientific research and innovation; and monitoring and evaluation. Its implementation will make contributions across the category/programme areas of communicable diseases, noncommunicable diseases, promoting health through the life course and the WHO Health Emergencies Programme.

B. Budgetary implications**1. Estimated total cost to implement the resolution if adopted, in US\$ millions:**

US\$ 70.0 million (over the five years), of which US\$ 45.0 million would be for WHO.

The indicative budget for staff and activities reflects the combination of country work and global public goods in the action plan. Key actions on the intersectoral agenda and global public goods, integrating the recommendation of the Joint Inspection Unit of the United Nations System for WHO to mainstream full and productive employment and decent work into its programme, will engage the regional offices and headquarters. Focused work on education and employment is anticipated in the 15–20 countries where progress towards universal health coverage is furthest behind. About 50% of the WHO costs will resource staffing and activities at the regional and country levels.

2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:

US\$ 1 million.

The additional activities and deliverables in the remaining six months of the biennium are feasible within the category 4 budget space.

2.b. Resources available during the current biennium**– Resources available in the current biennium to fund the implementation of the resolution if adopted, in US\$ millions:**

US\$ 0.5 million in category 4, output 4.2.2, to implement the priority activities in the remaining six months of the biennium.

– Extent of any financing gap, in US\$ millions:

US\$ 0.5 million.

– Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:

WHO, ILO and OECD will jointly coordinate resource mobilization in support of the action plan.

3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:

US\$23.0 million, to be accommodated within the Proposed programme budget 2018–2019.

Has this been included in the Proposed programme budget 2018–2019?

The five-year action plan, developed in consultation and collaboration with Member States, ILO, OECD and relevant regional and specialized agencies over the period December 2016–April 2017, will be accommodated within the Proposed programme budget 2018–2019, supported by additional resource mobilization activities.

4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:

US\$ 21.0 million.

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