

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

Decision: Public health dimension of the world drug problem
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 decision would contribute if adopted.</p> <p>Twelfth General Programme of Work, 2014–2019 outcome(s):</p> <ul style="list-style-type: none"> – Increased access to key interventions for people living with HIV; – Increased access to services for mental health and substance use disorders; – Improved access to, and rational use of, safe, efficacious and quality medicines and health technologies. <p>Programme budget 2016–2017 output(s):</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 1.1.2. Increased capacity of countries to deliver key hepatitis 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 2.2.3. Expansion and strengthening of country strategies, systems and interventions for disorders caused by alcohol and other psychoactive substance use enabled;</p> <p>Output 4.3.1. Countries enabled to develop or update, implement, monitor and evaluate national policies on better access to medicines and other health technologies; and to strengthen their evidence-based selection and rational use.</p>
<p>2. Brief justification for considering the draft decision, 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>
<p>3. Estimated time frame (in years or months) for implementation of any additional deliverables.</p> <p>June 2017–May 2022 (5 years).</p>

B. Budgetary implications	
1. Estimated total cost to implement the decision if adopted, in US\$ millions:	US\$ 12.85 million.
	Biennium 2016–2017: US\$ 1.35 million
	Biennium 2018–2019: US\$ 5.75 million
	Biennium 2020–2021: US\$ 5.75 million
	Total: US\$ 12.85 million
2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:	US\$ 1.35 million.
	With the following additional deliverables, scaling up WHO–UNODC–INCB collaboration responding to increased country needs with effective coordination and implementation mechanisms, US\$ 0.3 million can be accommodated within the existing ceiling budget.
2.b. Resources available during the current biennium	
– Resources available in the current biennium to fund the implementation of the decision if adopted, in US\$ millions:	US\$ 0.3 million.
– Extent of any financing gap, in US\$ millions:	US\$ 1.05 million.
	Cost: US\$ 1.35 million
	Available resources: US\$ 0.30 million
	Financing gap: US\$ 1.05 million.
– Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:	US\$ 1.05 million.
3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:	US\$ 5.75 million.
	Has this been included in the Proposed programme budget 2018–2019?
	Yes.
4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:	US\$ 5.75 million.

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