

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

Resolution: Cancer prevention and control in the context of an integrated approach

A. Link to the general programme of work and programme budget

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.

Twelfth General Programme of Work, 2014–2019 outcome(s):

Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors;

Additionally related to:

- Increased vaccination coverage for hard-to-reach populations and communities;
- Increased access to interventions for improving health of women, newborns, children and adolescents;
- Gender, equity and human rights integrated into the Secretariat's and countries' policies and programmes;
- Reduced environmental threats to health;
- All countries have comprehensive national health policies, strategies and plans updated within the last five years;
- Policies, financing and human resources are in place to increase access to people-centred, integrated health services;
- Improved access to, and rational use of, safe, efficacious and quality medicines and health technologies;
- All countries have properly functioning civil registration and vital statistics systems.

Programme budget 2016–2017 output(s):

Output 2.1.3. Countries enabled to improve health care coverage for management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors through strengthening health systems.

Additionally related to:

Output 1.5.1. Implementation and monitoring of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines;

Output 3.1.2. Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions;

Output 3.1.3. Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health;

Output 3.3.1. Gender, equity and human rights integrated in WHO's institutional mechanisms and programme deliverables;

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;

Output 4.1.1. Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, and "health in all policies" and equity policies);

Output 4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public-health approaches strengthened;

Output 4.2.2. Health workforce strategies oriented towards universal health coverage implemented in countries;

Output 4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification.

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.

Not applicable.

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

It is proposed to implement the resolution from June 2017 to December 2023.

B. Budgetary implications

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

US\$ 63.0 million.

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

No additional costs to be accommodated within the approved programme budget for the current biennium.

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:**

Level	Staff	Activities	Total
Country offices	0.4	0.9	1.3
Regional offices	1.9	3.0	4.9
Headquarters	1.2	1.9	3.1
Total	3.5	5.8	9.3

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

There is no financing gap for the current biennium.

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

Not applicable.

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

Level	Staff	Activities	Total
Country offices	1.0	3.3	4.3
Regional offices	3.3	4.8	8.1
Headquarters	2.7	4.0	6.7
Total	7.0	12.1	19.1

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:

Estimated budget requirements for cancer control in biennium 2020–2021 are US\$ 20.1 million and in biennium 2022–2023 are US\$ 21.1 million, each with a 5% increase each biennium from 2018–2019. These estimated budget requirements will be taken into account during subsequent proposed programme budgets.

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