

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

Resolution: Rheumatic fever and rheumatic heart disease

A. Link to the programme budget

1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted

Programme area: Communicable diseases

Outcome: 1.4. Increased and sustained access to neglected tropical disease control interventions.

Noncommunicable diseases

Outcome: 2.1. Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors.

Promoting health through the life course

Outcome: 3.1. Increased access to interventions for improving health of women, newborns, children and adolescents.

Outcome: 3.5. Reduced environmental threats to health.

Health systems

Outcome: 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies.

Output(s):

- Output 1.4.2. Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support.
- 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, including in crises and emergencies.
- Output 3.1.1. Countries enabled to improve maternal health through further expansion of access to, and improvement in the quality of, effective interventions for ending preventable maternal deaths from pre-pregnancy to postpartum and perinatal deaths (stillbirths and early neonatal deaths), with a particular focus on the 24-hour period around childbirth.
- Output 3.5.2. Norms and standards established and guidelines developed for environmental and occupational health risks and benefits associated with, for example, air and noise pollution, chemicals, waste, water and sanitation, radiation, and climate change and technical support provided at the regional and country levels for their implementation.
- Output 4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools.

<p>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:</p> <p>Not applicable.</p>
<p>3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</p> <p>Not applicable.</p>
<p>4. Estimated implementation time frame (in years or months) to achieve the resolution:</p> <p>A process to set appropriate targets and develop a comprehensive plan of action will be developed by the Secretariat during the biennium 2018–2019. Other activities referred to in the resolution will be carried out during the bienniums 2020–2021, 2022–2023 and 2024–2025.</p>
<p>B. Resource implications for the Secretariat for implementation of the resolution</p>
<p>1. Total resource requirements to implement the resolution, in US\$ millions:</p> <p>US\$ 13.75 million.</p>
<p>2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</p> <p>US\$ 0.05 million was planned and the requirements are US\$ 0.6 million.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</p> <p>Not applicable.</p>
<p>3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</p> <ol style="list-style-type: none"> 1. To assess and report on the magnitude and nature of the problem of rheumatic heart disease according to agreed targets, and monitor efforts for the prevention and control of rheumatic heart disease: <ul style="list-style-type: none"> – staff at P3 level at headquarters to support work on rheumatic heart disease at headquarters: US\$ 0.45 million. 2. To provide support to Member States in implementing national programmes on rheumatic heart disease and strengthening health systems through: improved disease surveillance; increased availability and training of the community and primary health care workforces; and ensuring reliable access to affordable prevention and treatment tools: <ul style="list-style-type: none"> – updating technical guidelines on primary and secondary prevention of rheumatic heart disease: US\$ 0.50 million – providing country technical support: US\$ 3.50 million. <p>Total: US\$ 4.45 million</p>

4. Estimated resource requirements in future programme budgets, in US\$ millions:Biennium 2022–2023

1. To assess and report on the magnitude and nature of the problem of rheumatic heart disease according to agreed targets, and monitor efforts for the prevention and control of rheumatic heart disease:
 - staff at P3 level at headquarters to support work on rheumatic heart disease at headquarters: US\$ 0.45 million
 - activities: US\$ 0.40 million.
2. To provide support to Member States in implementing national programmes on rheumatic heart disease and strengthening health systems through: improved disease surveillance; increased availability and training of the community and primary health care workforces; and ensuring reliable access to affordable prevention and treatment tools:
 - providing country technical support: US\$ 3.50 million.

Total: US\$ 4.35 million

Biennium 2024–2025

1. To assess and report on the magnitude and nature of the problem of rheumatic heart disease according to agreed targets, and monitor efforts for the prevention and control of rheumatic heart disease:
 - staff at P3 level at headquarters to support work on rheumatic heart disease at headquarters: US\$ 0.45 million
 - activities: US\$ 0.40 million.
2. To provide support to Member States in implementing national programmes on rheumatic heart disease and strengthening health systems through: improved disease surveillance; increased availability and training of the community and primary health care workforces; and ensuring reliable access to affordable prevention and treatment tools:
 - providing country technical support: US\$ 3.50 million.

Total: US\$ 4.35 million

The total additional costs for these two bienniums (US\$ 8.70 million) are to be planned within the respective proposed programme budgets.

5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions**– Resources available to fund the resolution in the current biennium:**

US\$ 0.05 million.

– Remaining financing gap in the current biennium:

US\$ 0.55 million.

– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:

US\$ 0.55 million.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	0.30	–	–	–	–	–	–	0.30
	Activities	0.20	0.10	–	–	–	–	–	0.30
	Total	0.50	0.10	–	–	–	–	–	0.60
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	0.45	0.90	–	–	–	–	0.70	2.05
	Activities	0.50	1.00	–	0.40	–	–	0.50	2.40
	Total	0.95	1.90	–	0.40	–	–	1.20	4.45
Future bienniums 2022-2023 resources to be planned	Staff	0.45	0.90	–	–	–	–	0.70	2.05
	Activities	0.40	1.00	–	0.40	–	–	0.50	2.30
	Total	0.85	1.90	–	0.40	–	–	1.20	4.35
Future bienniums 2024-2025 resources to be planned	Staff	0.45	0.90	–	–	–	–	0.70	2.05
	Activities	0.40	1.00	–	0.40	–	–	0.50	2.30
	Total	0.85	1.90	–	0.40	–	–	1.20	4.35

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