

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

### 1. Resolution Female genital mutilation

#### 2. Linkage to programme budget

Strategic objective 4:

To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.

Organization-wide expected result 4.2:

National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health; and

Organization-wide expected result 4.7:

Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.

**(Briefly indicate the linkage with expected results, indicators, targets, baseline)**

Continued research will contribute to enhance the knowledge base and develop more effective interventions, leading to the ultimate elimination of female genital mutilation and improved sexual and reproductive health. Further strengthening of country-level activities to end female genital mutilation will contribute significantly to accelerating progress towards attainment of the Millennium Development Goals relating to gender equality and women's empowerment, reducing child mortality, and improving maternal health. Increased advocacy at regional and international levels will support these efforts.

### 3. Financial implications

**(a) Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)**

The target of the resolution is to eliminate the practice of female genital mutilation within one generation. For practical budgetary purposes, however, costs of staff and activities to implement the resolution are estimated for three bienniums, and amount to a total of **US\$ 25 280 000**.

**(b) Estimated cost for the current biennium (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant)**

Total of US\$ 8 430 000, which breaks down as follows:

Country offices in the: African Region (12) US\$ 3 210 000; Eastern Mediterranean Region (5) US\$ 1 360 000; South-East Asia Region (1) US\$ 280 000

Regional Office for: Africa US\$ 930 000; the Eastern Mediterranean US\$ 710 000;

Europe US\$ 160 000; South-East Asia US\$ 90 000

Headquarters: US\$ 1 690 000 (including research that is coordinated by headquarters but for which money is transferred to country researchers)

**(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities for the current biennium?**

Between US\$ 1.5 million and US\$ 2 million can be absorbed under the budget for 2008–2009. Thus, additional funding of US\$ 6.4–6.9 million is required in the current biennium.

**(d) For the amount that cannot be subsumed under existing programmed activities, how will the additional costs be financed? (indicate potential sources of funds)**

Bilateral donors; private foundations; private individuals.

### 4. Administrative implications

**(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)**

Action will need to be taken at all levels of the Organization, although a large proportion of the work will need to take place in those countries/regions where female genital mutilation is most prevalent: the African Region, with a focus on 12 priority countries and the Eastern Mediterranean Region with a focus on five countries. One country in the South-East Asia Region and some countries in the European Region are concerned, but the focus here is on providing technical assistance with regard to health aspects of laws concerning female genital mutilation.

**(b) Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile)**

At present, there is a serious lack of staff in country and regional offices to undertake the needed activities. Implementing the resolution will require additional professional staff in both the African and Eastern Mediterranean Regions (1.1 full-time equivalent professional staff and 1 full-time equivalent general service staff each) and the priority country offices (1 national professional officer in each of 18 priority countries). Such staff will be needed to coordinate actions, organize meetings and work with partners on implementation of interventions, evaluation, and policy and programme development. In headquarters, additional assistance is also needed, particularly for continued advocacy and coordination at the global level, for which a 75% full-time equivalent professional officer is calculated

**(c) Time frames (indicate broad time frames for implementation)**

Research and advocacy work has been carried out in the current biennium and will continue into 2008–2009. As soon as staff capacity is increased, activities can be strengthened within the coming biennium and up to 2012 when an interim evaluation will be made and a progress report submitted to the Health Assembly.