

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

1. Resolution Relations with nongovernmental organizations ¹	
2. Linkage to programme budget	
Strategic objective:	Organization-wide expected result:
<i>International Society for Telemedicine & eHealth</i>	
10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.	7. Knowledge management and eHealth policies and strategies developed and implemented in order to strengthen health systems.
<i>Stichting Health Action International</i>	
11. To ensure improved access, quality and use of medical products and technologies.	1. Formulation and monitoring of comprehensive national policies on access, quality and use of essential medical products and technologies advocated and supported. 3. Evidence-based policy guidance on promoting scientifically sound and cost-effective use of medical products and technologies by health workers and consumers developed and supported within the Secretariat and regional and national programmes.

¹ In accordance with the Principles governing relations between WHO and nongovernmental organizations (adopted by the Fortieth World Health Assembly in its resolution WHA40.25) and, inter alia, on the basis of a three-year plan for collaboration based on mutually agreed objectives, the Executive Board may decide, as appropriate, to admit a nongovernmental organization into official relations with WHO, and to maintain or discontinue existing relations. Document EB122/34 contains a resolution expressing such decisions. The general costs connected with the application of the Principles, including informing nongovernmental organizations that relations have been discontinued, are subsumed under strategic objective 12 of the Medium-term strategic plan 2008–2013.

However, the costs, if any, of the collaboration plans are incurred by the technical department with which the plans were agreed. Therefore, this report refers to the relevant strategic objective for each nongovernmental organization that will be admitted into official relations with WHO if the Executive Board adopts the resolution set out in document EB122/34. The plans for collaboration appear in the restricted documents EB122/NGO/1–7.

International AIDS Society

2. To combat HIV/AIDS, tuberculosis and malaria.

5. Political commitment sustained and mobilization of resources ensured through advocacy and nurturing of partnerships on HIV/AIDS, tuberculosis and malaria at country, regional and global levels; support provided to countries as appropriate to develop or strengthen and implement mechanisms for resource mobilization and utilization and increase the absorption capacity of available resources; and engagement of communities and affected persons increased to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programmes.

MSF International

1. To reduce the health, social and economic burden of communicable diseases.

3. Effective coordination and support provided to Member States in order to provide access for all populations to interventions for the prevention, control, elimination and eradication of neglected tropical diseases, including zoonotic diseases.

11. To ensure improved access, quality and use of medical products and technologies

1. Formulation and monitoring of comprehensive national policies on access, quality and use of essential medical products and technologies advocated and supported.

2. International norms, standards and guidelines for the quality, safety, efficacy and cost-effective use of medical products and technologies developed and their national and/or regional implementation advocated and supported.

3. Evidence-based policy guidance on promoting scientifically sound and cost-effective use of medical products and technologies by health workers and consumers developed and supported within the Secretariat and regional and national programmes.

2. To combat HIV/AIDS, tuberculosis and malaria

1. Guidelines, policy, strategy and other tools developed for prevention of, and treatment and care for patients with, HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, and hard-to-reach and vulnerable populations.

2. Policy and technical support provided to countries towards expanded gender-sensitive delivery of prevention, treatment and care interventions for HIV/AIDS, tuberculosis and malaria, including integrated training and service delivery; wider service-provider networks; and strengthened laboratory capacities and better linkages with other health services, such as those for sexual and reproductive health, maternal, newborn and child health, sexually transmitted infections, nutrition, drug-dependence treatment services, respiratory care, neglected diseases and environmental health.

International Network of Women Against Tobacco

6. To promote health and development, and prevent or reduce risk factors for health conditions associated with the use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

3. Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease and death associated with tobacco use, enabling them to strengthen institutions in order to tackle or prevent the public health problems concerned; support also provided to the Conference of the Parties to the WHO Framework Convention on Tobacco Control for implementation of the provisions of the Convention and development and implementation of the protocols and guidelines.

European Generic medicines Association

11. To ensure improved access, quality and use of medical products and technologies

1. Formulation and monitoring of comprehensive national policies on access, quality and use of essential medical products and technologies advocated and supported.

2. International norms, standards and guidelines for the quality, safety, efficacy and cost-effective use of medical products and technologies developed and their national and/or regional implementation advocated and supported.

International Centre for Trade and Sustainable Development

11. To ensure improved access, quality and use of medical products and technologies

1. Formulation and monitoring of comprehensive national policies on access, quality and use of essential medical products and technologies advocated and supported.

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

International Society for Telemedicine & eHealth – linked to the target number of countries (30) that will be developing and implementing knowledge management and eHealth strategies to strengthen their health systems. Also linked to the third indicator, namely, the proportion of countries with evidence-based eHealth frameworks and services.

Stichting Health Action International – linked to the first and fourth indicators for the first Organization-wide expected result, and to the first indicator for the third expected result.

International AIDS Society – linked to all the Organization-wide expected results for strategic objective 2 and a range of other expected results related to HIV/AIDS.

MSF International – linked to various indicators, including, the following: for strategic objective 1, an increase in percentage coverage of interventions targeted at the control, elimination or eradication of tropical diseases; for strategic objective 11, the first indicator for the second expected result, and the second indicator for the third expected result; for strategic objective 2, various indicators for the first and second expected results.

International Network of Women Against Tobacco – linked to the achievement of a number of indicators and targets, including the first and second indicators; and the number of technical recommendations for use by governments to incorporate a gender perspective into the mainstream of tobacco control research.

European Generic medicines Association – linked to the achievement of a range of indicators and targets, including the first indicator for the first expected result, and the first and fourth indicators for the second expected result.

International Centre for Trade and Sustainable Development – linked to relevant indicators and targets in so far as they concern public health innovation and intellectual property.

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)

International Society for Telemedicine & eHealth – US\$ 30 000 (that is, US\$ 10 000 per year).

Stichting Health Action International – no costs beyond those for the relevant existing programme activities.

International AIDS Society – US\$ 150 000 over three years.

European Generic medicines Association – US\$ 10 000 per year.

All other nongovernmental organizations, none.

(b) Estimated cost for the biennium 2008–2009 (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)

International Society for Telemedicine & eHealth – US\$ 20 000

Stichting Health Action International – no costs beyond those for the relevant existing programme activities.

International AIDS Society – US\$ 80 000. The costs would be incurred at the global level.

European Generic medicines Association – US\$ 20 000.

All other nongovernmental organizations, none.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities for the biennium 2008–2009?

International Society for Telemedicine & eHealth – 100%.

International AIDS Society – 100%.

European Generic medicines Association – 100%.

All other nongovernmental organizations, not applicable.

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

All the nongovernmental organizations mentioned above – not applicable.

4. Administrative implications

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

International Society for Telemedicine & eHealth – the eHealth Unit at WHO headquarters, all regional office focal points and selected countries.

Stichting Health Action International – relevant departments at WHO headquarters, all regional office focal points, and selected countries.

International AIDS Society – WHO headquarters and, as appropriate, relevant regional offices.

MSF International – in so far as activities concern human African trypanosomiasis, and drug resistance, relevant departments at WHO headquarters in coordination with the regional offices for Africa and the Eastern Mediterranean; concerning HIV/AIDS, and medicines, WHO headquarters.

International Network of Women Against Tobacco – WHO headquarters.

European Generic medicines Association – WHO headquarters and relevant regional offices.

International Centre for Trade and Sustainable Development – WHO headquarters and regional offices.

(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)

All the nongovernmental organizations mentioned above – none.

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

All the nongovernmental organizations – three years for implementation, after which the Executive Board will review the relations, in accordance with the Principles governing relations between the World Health Organization and nongovernmental organizations.

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