

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

### **1. Resolution** Birth defects

#### **2. Linkage to programme budget**

Strategic objectives:

3. To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.

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 results:

3.1 Advocacy and support provided to increase political, financial and technical commitment in Member States in order to tackle chronic noncommunicable diseases, mental disorders, violence, injuries and disabilities together with visual impairment, including blindness.

4.1 Support provided to Member States to formulate a comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions in collaboration with other programmes, paying attention to reducing gender inequality and health inequities, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector.

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.

4.3 Guidelines, approaches and tools for improving maternal care applied at the country level, including technical support provided to Member States for intensified action to ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods, particularly for poor and disadvantaged populations, with progress monitored.

4.4 Guidelines, approaches and tools for improving neonatal survival and health applied at country level, with technical support provided to Member States for intensified action towards universal coverage, effective interventions and monitoring of progress.

4.6 Technical support provided to Member States for the implementation of evidence-based policies and strategies on adolescent health and development, and for the scaling up of a package of prevention, treatment and care interventions in accordance with established standards.

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

Resolution will provide a framework to achieve the expected result on prevention and management of birth defects in different countries according to the planned indicators, targets and baseline.

### 3. Budgetary implications

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

US\$ 9.47 million.

**(b) Estimated cost for the biennium 2010–2011 (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).**

US\$ 5.32 million at all levels of the Organization.

**(c) Is the estimated cost noted in (b), included within the existing approved Programme budget for the biennium 2010–2011?**

No.

### 4. Financial implications

**How will the estimated cost noted in 3(b) be financed (indicate potential sources of funds)?**

Extrabudgetary funds from interested Member States and relevant nongovernmental organizations.

### 5. Administrative implications

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

Headquarters (coordinating functions), all six regional offices, and selected countries in each Region.

**(b) Can the resolution be implemented by existing staff? If not, please specify in (c) below.**

No.

**(c) 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).**

One professional grade staff member at headquarters (global coordinator) and one professional grade staff member in each Regional Office (regional coordinators).

**(d) Time frames (indicate broad time frames for implementation).**

Four years from 2010.

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