

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

<b>1. Resolution</b> Relations with nongovernmental organizations <sup>1</sup>	
<b>2. Linkage to programme budget</b>	
Strategic objective:	Organization-wide expected result:
<i>International Insulin Foundation</i>	
11. To ensure improved access, quality and use of medical products and technologies.	11.1 Formulation and monitoring of comprehensive national policies on access, quality and use of essential medical products and technologies advocated and supported.
	11.3 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.
<i>International Life Saving Federation</i>	
3. To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.	3.1 Advocacy and support provided to increase political, financial and technical commitment in Member States in order to tackle chronic noncommunicable diseases, mental and behavioural disorders, violence, injuries and disabilities together with visual impairment, including blindness.

<sup>1</sup> In accordance with the Principles governing relations between WHO and nongovernmental organizations (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 whether or not to admit a nongovernmental organization into official relations with WHO, and whether to maintain or discontinue existing relations. Document EB126/28 contains a draft resolution expressing such decisions. The general costs connected with the application of the Principles, including informing nongovernmental organizations of the Board's decisions, 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 draft resolution set out in document EB126/28. The plans for collaboration of the nongovernmental organizations concerned by the draft resolution appear in restricted documents EB126/NGO/1–7.

	<p>3.3 Improvements made in Member States' capacity to collect, analyse, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable diseases, mental and neurological disorders, violence, injuries and disabilities together with visual impairment, including blindness.</p> <p>3.5 Guidance and support provided to Member States for the preparation and implementation of multisectoral, population-wide programmes to promote mental health, and to prevent mental and behavioural disorders, violence and injuries, together with hearing and visual impairment, including blindness.</p>
<p><i>Caritas Internationalis</i></p> <p>2. To combat HIV/AIDS, tuberculosis and malaria.</p>	<p>2.1 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.</p>
<p><i>Stichting Global Network of People Living with HIV/AIDS (GNP+)</i></p> <p>2. To combat HIV/AIDS, tuberculosis and malaria.</p>	<p>2.1 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.</p> <p>2.2 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.</p> <p>2.3 Global guidance and technical support provided on policies and programmes in order to promote equitable access to essential medicines, diagnostic tools and health technologies of assured quality for the prevention and treatment of HIV/AIDS, tuberculosis and malaria, and their rational use by prescribers and consumers, and, in order to ensure uninterrupted supplies of diagnostics, safe blood and blood products, injections and other essential health technologies and commodities.</p>

*International Committee for Monitoring  
Assisted Reproductive Technologies*

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.

*International Network for Cancer  
Treatment and Research*

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

2.5 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.

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, health, to promote active and healthy ageing, and to improve sexual and reproductive health.

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.

3.6 Guidance and support provided to Member States to improve the ability of their health and social systems to prevent and manage chronic noncommunicable diseases, mental and behavioural disorders, violence, injuries and disabilities together with visual impairment, including blindness.

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

International Insulin Foundation – the agreed activities concern access in the poorest countries to insulin and to diabetes care. They relate to indicators 11.1.2 and 11.3.1 and are expected to contribute to achievement of, respectively, the targets for 2013 of 35 Member States receiving support to design or strengthen comprehensive national procurement or supply systems, and 20 national or regional programmes receiving support for promoting sound and cost-effective use of medical products or technologies.

International Life Saving Federation – linked to indicator 3.1.1 and to indicators 3.3.2 and 3.5.1 (both in respect of drowning) namely: Number of Member States whose health ministries have a focal point or a unit for injuries and violence prevention with its own budget; Number of Member States that have published a document containing a national data on the prevalence and incidence of disabilities; and Number of guidelines published and widely disseminated on multisectoral interventions to prevent violence and

unintentional injuries.

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

Stichting Global Network of People Living with HIV/AIDS (GNP+) – work under the strategic objective will focus on: scaling up and improving interventions for prevention, treatment, care and support in respect of HIV/AIDS, tuberculosis and malaria so as to achieve equitable access to services for HIV prevention, treatment and care, in particular those for seriously affected populations and vulnerable groups; advancing related research; removing both obstacles that block access to interventions and impediments to their use and quality; and contributing to the broader strengthening of health systems.

International Committee for Monitoring Assisted Reproductive Technologies – the agreed collaboration is expected to contribute to the achievement of the following indicators 4.2.2, 4.7.1 and 4.7.2, namely: Number of completed studies on priority issues that have been supported by WHO; Number of Member States implementing the WHO reproductive health strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health agreed at the 1994 International Conference on Population and Development (ICPD), its five-year review (ICPD+5), the Millennium Summit and the United Nations General Assembly in 2007; and Number of targeted Member States having reviewed their existing national laws, regulations or policies relating to sexual and reproductive health.

International Network for Cancer Treatment and Research – the agreed activities concern the promotion of improvements in early cancer diagnosis in the framework of reforms in primary health care, including the development of best practice models for early detection. The development of educational and technical tools and training for health professionals to improve quality of cancer care is complementary to the provision of WHO guidelines and contributes to the achievement of indicator 3.6.4. The agreed collaboration is also expected to increase awareness of the importance of palliative cancer care (and opioid availability) and to lead to the development of a palliative care centre.

### 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).**

International Life Saving Federation – US\$ 55 000

Stichting Global Network of People Living with HIV/AIDS (GNP+) – US\$ 150 000

International Committee for Monitoring Assisted Reproductive Technologies – US\$ 40 000

All other nongovernmental organizations – none.

**(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).**

International Life Saving Federation – US\$ 35 000

Stichting Global Network of People Living with HIV/AIDS (GNP+) – US\$ 100 000

International Committee for Monitoring Assisted Reproductive Technologies – US\$ 20 000

All other nongovernmental organizations – not applicable.

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

International Life Saving Federation – yes

Stichting Global Network of People Living with HIV/AIDS (GNP+) – yes

International Committee for Monitoring Assisted Reproductive Technologies – yes

All other nongovernmental organizations – not applicable.

#### 4. Financial implications

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

International Life Saving Federation – extrabudgetary funds.

Stichting Global Network of People Living with HIV/AIDS (GNP+) – funding for the joint activities will primarily be provided through funds earmarked for partnership and specific technical activities contained in the Programme budget. The principal source of these funds is the UNAIDS unified budget and workplan.

International Committee for Monitoring Assisted Reproductive Technologies – funding has already been accounted for in the Programme budget.

All other nongovernmental organizations – not applicable.

#### 5. Administrative implications

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

International Insulin Foundation – most regions, depending on national requirements.

International Life Saving Federation – WHO headquarters, Regional Office for the Western Pacific and two selected countries.

Caritas Internationalis – WHO headquarters and selected countries.

Stichting Global Network of People Living with HIV/AIDS (GNP+) – WHO headquarters and, as appropriate, relevant regional offices and selected countries.

International Committee for Monitoring Assisted Reproductive Technologies – WHO headquarters, with specific country-level work projected to occur in Egypt, India, Japan, Mexico and South Africa with clearance through appropriate WHO regional and country offices. The technical work will be completed by the nongovernmental organization, with technical assistance from the focal point at WHO headquarters in consultation with the relevant sexual and reproductive health counterparts at regional and country level.

International Network for Cancer Treatment and Research – WHO headquarters, relevant regional offices and selected countries, namely: Brazil, India, Kenya, Nigeria, Peru, United Republic of Tanzania and Yemen.

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

All nongovernmental organizations – yes.

**(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).**

All nongovernmental organizations – not applicable..

**(d) 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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