

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

1. Resolution Malaria

2. Linkage to programme budget

Strategic objective:

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

Organization-wide expected result:

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.

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.

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.

2.4 Global, regional and national systems for surveillance, evaluation and monitoring strengthened and expanded to keep track of progress towards targets and allocation of resources for HIV/AIDS, tuberculosis

and malaria control and to determine the impact of control efforts and the evolution of drug resistance.

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.

2.6 New knowledge, intervention tools and strategies developed and validated to meet priority needs for the prevention and control of HIV/AIDS, tuberculosis and malaria, with scientists from developing countries increasingly taking the lead in this research.

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

The resolution builds on the United Nations General Assembly resolution 55/284, which proclaimed the period 2001–2010 the Decade to Roll Back Malaria, particularly in Africa; and on resolutions WHA58.2 and WHA60.18, the latter of which resolved that World Malaria Day should be commemorated globally and annually. The resolution is taking forward the call by the United Nations Secretary General for universal coverage with antimalarial interventions; it also provides the framework for achieving the array of malaria control-related expected results, targets and baseline figures for strategic objective 2 as outlined in the Medium-term strategic plan 2008–2013. Furthermore, these results, targets and baseline figures are aligned with the expected results and indicators included in the Roll Back Malaria Global Malaria Action Plan for the period 2008–2015.

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).**

The life-cycle of the resolution is 2011–2015. The estimated cost of the Secretariat's responsibility for coordinating full-scale implementation after 2012 is US\$ 500 000.

- (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)**

A total of US\$ 250 000 is needed to enable the secretariat of the Global Malaria Programme to start working on the provision of support to implementation.

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

Eighty per cent of the estimated costs will be covered by the approved Programme budget.

4. Financial implications

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

Extrabudgetary sources of funding will be mobilized.

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

Malaria poses a major threat in all regions, and implementing the resolution will require action at headquarters, regional offices and in the country offices of the countries in which malaria is endemic.

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

No additional positions will need to be established to support implementation.

(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).

See point (b) above.

(d) Time frames (indicate broad time frames for implementation of activities).

The time frame of the resolution is five years.

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