

Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board or Health Assembly

Decision: Draft global action plan on the public health response to dementia	
A. Link to the General Programme of Work and the Programme budget	
1. Please indicate to which outcome in the Twelfth General Programme of Work, 2014–2019 and to which output in the Programme budget 2016–2017 this draft decision would contribute if adopted.	Twelfth General Programme of Work, 2014–2019, category 2, outcome: increased access to services for mental health and substance use disorders. Programme budget 2016–2017, outputs 2.2.1 (countries' capacity strengthened to develop and implement national policies, plans and information systems in line with the comprehensive mental health action plan 2013–2020) and 2.2.2 (countries with technical capacity to develop integrated mental health services across the continuum of promotion, prevention, treatment and recovery).
2. Please provide a short justification for considering the draft decision, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.	The draft Proposed programme budget 2018–2019 includes a regional office deliverable on providing guidance and support to countries in the region to develop and implement national policies/plans/strategies for dementia; and a headquarters deliverable on establishing a global dementia observatory and assisting Member States in developing and implementing dementia strategies.
3. Please indicate the estimated implementation time frame (in years or months) for any additional deliverables.	Eight years for the duration of the draft global action plan on the public health response to dementia.
B. Budgetary implications for implementation of additional deliverables	
1. Current biennium – estimated, additional budgetary requirements, in US\$ millions:	<p>Covering July to December 2017:</p> <p>Total US\$ 1.33 million (staff US\$ 0.70 million, activities US\$ 0.63 million).</p> <p>At headquarters: one person (100%) at grade P2, one person (75% of one full-time equivalent) at grade P4, one person (25% of one full-time equivalent) at P5, with international expertise in public health and dementia, and one person providing administrative support (50% of one full-time equivalent) at grade G5.</p> <p>At regional level: an international expert in public health and dementia with knowledge of the needs in their region (50% of one full-time equivalent) at grade P4 in each region.</p>

(i)	<p>Please indicate the level of available resources to fund the implementation of the proposed decision in the current biennium, in US\$ millions:</p> <p>– How much are the resources available to fund the proposed decision in the current biennium? US\$ 0.11 million.</p> <p>– How much would the financing gap be? US\$ 1.22 million.</p> <p>– What are the estimated resources, not yet available, if any, which would help to close the financing gap? US\$ 0.08 million (a grant expected from the European Commission).</p>
2.	<p>2018–2019 (if required): estimated budget requirements, in US\$ millions: US\$ 5.30 million (staff US\$ 2.80 million, activities US\$ 2.50 million).</p>
3.	<p>Future bienniums beyond 2018–2019 (if required) – estimated budgetary requirements, in US\$ millions:</p> <p>Biennium 2020–2021: US\$ 5.30 million (staff US\$ 2.80 million, activities US\$ 2.50 million). Biennium 2022–2023: US\$ 5.30 million (staff US\$ 2.80 million, activities US\$ 2.50 million). Biennium 2024–2025: US\$ 5.30 million (staff US\$ 2.80 million, activities US\$ 2.50 million).</p> <p>Total: US\$ 15.90 million (staff US\$ 8.40 million, activities US\$ 7.50 million) for the three bienniums.</p>

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