

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

Decision:	Draft global action plan for infection prevention and control
A.	Link to the approved Programme budget 2024–2025
1.	Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted: 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages
2.	Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025: Not applicable.
3.	Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling: Not applicable.
4.	Estimated time frame (in years or months) to implement the decision: Mid 2024 until end of 2031 inclusive (7.5 years).
B.	Resource implications for the Secretariat for implementation of the decision
1.	Total budgeted resource levels required to implement the decision, in US\$ millions: US\$ 42.82 million.
2.a.	Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions: US\$ 10.19 million.
2.b.	Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions: Not applicable.
3.	Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions: US\$ 10.59 million.
4.	Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: US\$ 22.04 million.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions

– **Resources available to fund the decision in the current biennium:**

US\$ 3.585 million.

– **Remaining financing gap in the current biennium:**

US\$ 6.605 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

The global infection prevention and control team (WHO headquarters and all regional offices) is planning a resource mobilization exercise with global health partners to raise awareness of, and fund allocations for, implementation of the draft global action plan for infection prevention and control and its monitoring framework.

Table. Breakdown of estimated resource requirements (in US\$ millions)^a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	1.45	1.05	0.82	1.12	0.86	0.62	1.27	7.17
	Activities	0.45	0.37	0.40	0.40	0.40	0.53	0.47	3.02
	Total	1.90	1.42	1.22	1.52	1.26	1.14	1.74	10.19
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	1.50	1.09	0.85	1.16	0.89	0.64	1.32	7.46
	Activities	0.47	0.38	0.42	0.42	0.42	0.55	0.49	3.14
	Total	1.97	1.48	1.27	1.58	1.31	1.19	1.81	10.59
B.4. Future bienniums resources to be planned	Staff	3.13	2.27	1.77	2.42	1.85	1.33	2.74	15.51
	Activities	0.97	0.80	0.87	0.87	0.87	1.14	1.02	6.52
	Total	4.10	3.07	2.64	3.28	2.72	2.47	3.76	22.04

^a The row and column totals may not always add up, owing to rounding.

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