

EXECUTIVE BOARD 154th session Agenda item 6

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

Decision: Social participation for universal health coverage, health and well-being

## 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
  - 1.1.4. Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities
- 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:

Six 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\$ 53.92 million.
- 2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:

US\$ 11.26 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\$ 18.55 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:

US\$ 24.11 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\$ 2.88 million.

- Remaining financing gap in the current biennium:

US\$ 8.38 million.

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

Various options are being considered to fill the funding gap:

- resources available at country level for social participation, regarding both human resources and activities, which are not yet accounted for in the resources available in the current biennium;
- funding from the Universal Health Coverage Partnership in its current fourth phase of implementation and additional resources expected from the fifth phase starting in 2025;
- funding sources through the International Health Partnership for UHC2030;
- other funding sources, considering the cross-cutting dimension of social participation as part of governance for health; and
- exploration of new funding opportunities by Member States co-sponsoring the draft decision.

Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>

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	2.42	1.00	0.81	0.91	0.73	1.25	1.17	8.31
	Activities	0.80	0.35	0.20	0.30	0.25	0.55	0.50	2.95
	Total	3.22	1.35	1.01	1.21	0.98	1.80	1.67	11.26
B.2.b. 2024–2025 additional resources	Staff	-	_	_	-	_	_	_	_
	Activities	-	-	_	-	_	_	_	_
	Total	I	_	_	-	_	_	-	_
B.3. 2026–2027 resources to be planned	Staff	4.54	1.61	1.52	1.47	1.37	2.02	1.22	13.75
	Activities	1.50	0.56	0.37	0.48	0.47	0.89	0.52	4.79
	Total	6.04	2.17	1.90	1.96	1.84	2.91	1.74	18.55
B.4. Future bienniums resources to be planned	Staff	5.90	2.09	1.98	1.92	1.78	2.63	1.59	17.88
	Activities	1.95	0.73	0.49	0.63	0.61	1.15	0.68	6.23
	Total	7.85	2.82	2.47	2.55	2.39	3.78	2.26	24.11

<sup>&</sup>lt;sup>a</sup> The row and column totals may not always add up, owing to rounding.

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