



WORLD HEALTH ORGANIZATION

FIFTY-NINTH WORLD HEALTH ASSEMBLY
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Report on administrative and financial implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly

1. Resolution Prevention and control of sexually transmitted infections: draft global strategy	
2. Linkage to programme budget	
Area of work	Expected result
Reproductive health	Adequate guidance and support provided to improve sexual and reproductive health care in countries through dissemination of evidence-based standards and related policy, and technical and managerial guidelines. Policy and technical support effectively provided to countries for the design and implementation of comprehensive plans for increasing access to, and availability of, high-quality sexual and reproductive health care, strengthening human resources, and building capacity for monitoring and evaluation. Adequate technical support provided to countries for better reproductive and sexual health through individual, family and community actions. International efforts for achieving international development goals in reproductive health, including global monitoring, mobilized and coordinated.
HIV/AIDS	Countries provided with support to strengthen the capacity of their health systems to respond to HIV/AIDS and related conditions, including support for health-sector policy development, planning, integrated training and service delivery with other health services, including maternal and child health, family planning, tuberculosis, sexually transmitted infections and drug dependence-treatment services.
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
The draft strategy provides a framework within which an accelerated global response for the prevention and control of sexually transmitted infections can be mounted. With adequate technical support, both the number of countries with new or updated strategies and plans for strengthening access to, and availability of, high-quality sexual and reproductive health care and the number of those using or adapting WHO tools and resources on prevention and management of HIV/AIDS and sexually transmitted infections will be increased.	

3. Financial implications

- (a) **Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)** US\$ 115 300 000
- (b) **Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities)** US\$ 23 060 000
- (c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?**

Approximately US\$ 4 200 000 of the proposed expenditure for the current biennium can be absorbed under existing programmed activities. Additional funding of US\$ 18 860 000 is required. Although the draft strategy covers activities within the programme budget, it is anticipated that additional resources will be required to achieve global implementation.

4. Administrative implications

- (a) **Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)**

Mainly at country level, although additional capacity will be required at regional level to support the WHO Representatives' offices. At headquarters there will be minimal additional staff required.

- (b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)**

At headquarters, two professional staff with planning and research experience in sexually transmitted infections and/or HIV are required together with two general service staff; in the Regional Office for the Eastern Mediterranean, one focal point for sexually transmitted infections is required with planning and research experience in programmes related to such infections; one focal point for sexually transmitted infections is also required in the Regional Office for the Western Pacific. At county level, 35 national programme officers with planning knowledge of the control of these infections will be required as follows: 13 in the African Region, 5 in the Region of the Americas, 3 in the South-East Asia Region, 5 in the European Region, 4 in the Eastern Mediterranean Region and 5 in the Western Pacific Region.

- (c) **Time frames (indicate broad time frames for implementation and evaluation)**

Support and advocacy to implement the draft strategy will begin in the biennium 2006-2007; the main focus will be the period 2007-2009. A mid-term evaluation is expected during 2010 and a detailed evaluation in early 2015.

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