



# WORLD HEALTH ORGANIZATION

FIFTY-NINTH WORLD HEALTH ASSEMBLY  
Provisional agenda item 11.14

A59/20 Add.1  
24 May 2006

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

<b>1. Resolution</b>	Emergency preparedness and response
<b>2. Linkage to programme budget</b>	
<b>Area of work</b>	<b>Expected result</b>
Emergency preparedness and response	Operational presence in countries strengthened in order to collaborate with Member States and stakeholders in preparing and responding to the health aspects of crises and in formulating and implementing recovery, rehabilitation and mitigation policies.  WHO's capacity increased to support Member States' prompt and effective response to a wide range of health crises.
<b>(Briefly indicate the linkage with expected results, indicators, targets, baseline)</b>	
The resolution links to the expected results mentioned above. If fully funded and implemented, the resolution is expected to have an impact on all indicators linked to those expected results, improving performance in relation to the targets set for the end of 2007.	
<b>3. Financial implications</b>	
<b>(a) Total estimated cost for implementation over the "life-cycle" of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)</b> US\$ 13 520 000, including staff costs, training courses and travel, as well as medical supplies, security and operational equipment.	
<b>(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10 000, including staff and activities)</b> US\$ 4 510 000	
<b>(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?</b> US\$ 630 000	
<b>4. Administrative implications</b>	
<b>(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)</b>	
Training activities will be coordinated globally to ensure consistency: they will be implemented regionally (one region at a time) to ensure a wide geographical spread of the relevant expertise.	

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

Two full-time professional staff (public health/medical officers with experience in health planning for emergencies) will be needed to strengthen WHO's emergency preparedness work. Two full-time professional staff and one full-time general service staff member will be needed to establish and manage the health tracking service.

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

Six years.

= = =