

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

1. Resolution WHO's role in the preparation, implementation and follow-up to the high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases (September 2011)

2. Linkage to programme budget

Strategic objective:

3. To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.

6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

Organization-wide expected result:

3.1 Advocacy and support provided to increase political, financial and technical commitment in Member States in order to tackle chronic noncommunicable diseases, mental and behavioural disorders, violence, injuries and disabilities together with visual impairment, including blindness.

3.2 Guidance and support provided to Member States for the development and implementation of policies, strategies and regulations in respect of chronic noncommunicable diseases, mental and neurological disorders, violence, injuries and disabilities together with visual impairment, including blindness.

3.3 Improvements made in Member States' capacity to collect, analyse, disseminate and use data on the magnitude, causes and consequences of noncommunicable diseases, mental and neurological disorders, violence, injuries and disabilities together with visual impairment, including blindness.

6.2 Guidance and support provided in order to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination to Member States where a high or increasing burden of death and disability is attributable to these risk factors.

(Briefly indicate the linkage with expected results, indicators, targets, baseline)

It is envisaged that there will be an increase in the number of Member States: (i) with a unit in the ministry of health or equivalent national health authority, with dedicated staff and budget, for the prevention and control of noncommunicable diseases (indicator 3.1.4); (ii) that have adopted a

multisectoral national policy on chronic noncommunicable diseases (indicator 3.2.3); (iii) with a national health reporting system and annual reports that include indicators on the four major noncommunicable diseases (indicator 3.3.4); (iv) with a functioning national surveillance system for monitoring major risk factors to health among adults based on the WHO STEPwise approach to surveillance (indicator 6.2.1).

3. Budgetary implications

- (a) **Total estimated cost for implementation over the life-cycle of the Secretariat's activities requested in the resolution (estimated to the nearest US\$ 10 000, including staff and activities).**

US\$ 4.5 million over a period of three years.

- (b) **Estimated cost for the biennium 2010–2011 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant)**

US\$ 1.5 million at all levels of the Organization.

- (c) **Is the estimated cost noted in (b), included within the existing approved Programme budget for the biennium 2010–2011?**

Yes.

4. Financial implications

How will the estimated cost noted in 3(b) be financed (indicate potential sources of funds)?

Costs will be met through income from voluntary contributions from Member States and contributions from international partners.

5. Administrative implications

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

All levels of the Organization.

- (b) **Can the resolution be implemented by existing staff? If not, please specify in (c) below.**

No.

- (c) **Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile).**

Every effort will be made to make full use of secondments from Member States, as well as employing short-term staff.

- (d) **Time frames (indicate broad time frames for implementation of activities).**

Three years for all actions (the Secretariat is drawing up an implementation plan accordingly).

= = =