

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

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| 1. Resolution Report by the Open-Ended Working Group of Member States on Pandemic Influenza Preparedness: sharing of influenza viruses and access to vaccines and other benefits | |
| 2. Linkage to programme budget | |
| Strategic objective: 1. To reduce the health, social and economic burden of communicable diseases. | Organization-wide expected result: 1.4 Policy and technical support provided to Member States in order to enhance their capacity to carry out surveillance and monitoring of all communicable diseases of public health importance. 1.7 Member States and the international community equipped to detect, assess, respond to and cope with major epidemic and pandemic-prone diseases (e.g. influenza, meningitis, yellow fever, haemorrhagic fevers, plague and smallpox) through the development and implementation of tools, methodologies, practices, networks and partnerships for prevention, detection, preparedness and intervention. 1.9 Effective operations and response by Member States and the international community to declared emergency situations due to epidemic and pandemic prone diseases. |
| <p style="text-align: center;">(Briefly indicate the linkage with expected results, indicators, targets, baseline)</p> <p>Achievement of the Organization-wide expected results mentioned above, together with the targets of their indicators, will be given a major impetus through the following activities: conducting disease burden studies; expanding and building influenza vaccine production capacity; expanding the use of potent adjuvant technology; establishing stockpiles; building and strengthening laboratory and surveillance capacity; and creating National Influenza Centres and WHO Collaborating Centres for Influenza.</p> | |
| 3. Budgetary implications | |
| <p>(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).</p> <p>The total cost over the five-year plan of the resolution amounts to US\$ 287 million. The breakdown is as follows:</p> <ul style="list-style-type: none"> • activities for laboratory and disease surveillance capacity in countries (US\$ 105.8 million) | |

- activities for expanding global influenza vaccine production capacity in countries through disease burden studies, building and expanding country capacity, and expanding use of technology (US\$ 97 million)
- activities for establishing a stockpile of antiviral medicines (US\$ 67 million)
- activities and staffing of a Pandemic Influenza Preparedness Framework Secretariat, including an Advisory Group, to manage the progress of the Framework (US\$ 17.2 million).

These budget estimates do not take into account costs associated with financial requirements stemming from the next pandemic.

(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\$ 2 million at headquarters for the period June to December 2011 (staff US\$ 1 490 000; activities US\$ 510 000).

This amount covers activities and staffing in order to: draft notifications on the Framework; establish membership of the Advisory Group; commence work on genetic sequences; establish a industry partnership contribution fund, and prepare a proposal on the fund's uses and management for consideration by the Executive Board at its session in May 2012; commence negotiations with companies and associations and other entities, and develop template legal agreements; and begin development of a communications strategy and plan.

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

No.

4. Financial implications

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

Financing models for implementation of the resolution are being considered. An account expected to be funded by industry, donors and Member States is being proposed. Financing of the account will depend on new voluntary funding being identified.

5. Administrative implications

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

In 2011 the Framework Secretariat at headquarters will commence work, coordinating with regional and country offices to set up the five-year plan of work for the resolution. As from 2012, much of the implementation will take place at country level with technical support from headquarters. Implementation will be coordinated by the Framework Secretariat from headquarters.

(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).

The following additional staff will be needed:

- three full-time equivalent staff in the professional and higher categories to design and develop training on the Influenza Virus Tracking Mechanism and to implement training courses across countries in support of the Global Influenza Surveillance and Response System;

- one 50% full-time equivalent staff member to lead genetic sequencing consultations;
- one full-time equivalent fund manager and one full-time equivalent finance assistant to manage the fund; and
- four full-time equivalent legal officers to negotiate with industry and to develop, among other things, contribution agreements, pre-purchase agreements and intellectual property licensing.

Additional contractual resources will be needed for translation of documents and agreements (depending on the length of documents and language agreements). Additional support will also be needed for review of the Framework and annexes by 2016.

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

Activities will commence immediately and will continue until the Framework and annexes are reviewed in 2016.

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