

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

1. Resolution: Hepatitis

2. Linkage to the Programme budget 2014–2015 (see document A66/7 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf)

Category: 1. Communicable diseases

Programme area: HIV/AIDS	Outcome: 1.1 Output: 1.1.2
Programme area: Vaccine-preventable diseases	Outcome: 1.5 Output: 1.5.2

Category: 4. Health systems

Programme area: Integrated, people-centred health services	Outcome: 4.2 Output: 4.2.3
Programme area: Access to medicines and health technologies and strengthening regulatory capacity	Outcome: 4.3 Output: 4.3.1

Category: 5. Preparedness, surveillance and response

Programme area: Alert and response capacities	Outcome: 5.1 Output: 5.1.1
Programme area: Epidemic-prone and pandemic-prone diseases	Outcome: 5.2 Output: 5.2.1

How would this resolution contribute to the achievement of the outcome(s) of the above programme area(s)?

The key actions called for in the resolution directly support attainment of outputs formulated in the programme areas mentioned above, in particular by increasing commitment and capacities for an appropriate response for the prevention, diagnosis and treatment of hepatitis.

Does the programme budget already include the outputs and deliverables requested in this resolution? (Yes/no)
Yes.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

- (i) The resolution is not time-bound and it is anticipated that many activities will be ongoing.
- (ii) An overall costing for the full implementation of the resolution across the Organization will be completed in the process of preparation of the programme budget for 2016–2017.
- (iii) The resolution includes elements that go beyond the previously agreed framework for action on hepatitis, particularly with regard to accelerating access to hepatitis treatment and the assessment of the economic impact and burden of the disease at global and regional levels.
- (iv) The estimated total cost for the period 2014–2017 is US\$ 38.91 million.
- (iv) An indicative costing for the biennium 2016–2017 is US\$ 33.11 million. This includes estimations for the work to be performed by (a) the secretariat of the Global Hepatitis Programme at headquarters – US\$ 8.65 million (staff: US\$ 4.75 million; activities: US\$ 3.90 million); (b) other headquarters departments – US\$ 6.12 million; (c) regional offices – US\$ 9.80 million; and (d) country offices – US\$ 8.54 million.

(b) Cost for the biennium 2014–2015

Indicate how much of the cost indicated in 3(a) is for the biennium 2014–2015 (estimated to the nearest US\$ 10 000).

Total: US\$ 5.8 million, including headquarters – US\$ 3.3 million (staff: US\$ 2.1 million; activities: US\$ 1.2 million); and regional and country offices – US\$ 2.5 million.

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

In support of the initial implementation of the resolution, priority would be given to covering core activities at headquarters, including the elaboration of diagnostic and treatment guidelines, global and regional reporting, support to national strategy development, and the initiation of a treatment access initiative. Activities in regions and countries would focus on national strategic planning, capacity building for adaptation and implementation of policies and normative guidance, improving country-level strategic information on hepatitis and providing technical assistance for expanding access to hepatitis diagnostics and treatment.

Is the estimated cost fully included within the approved Programme budget 2014–2015? (Yes/no)

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

For the biennium 2014–2015, existing staff within the Global Hepatitis Programme, other departments and in the regional offices would initiate implementation of the resolution. However, this would not be sufficient and, in the medium term, additional staff would be required. It is estimated that the requirements for additional staff would include the following full-time equivalent staff: at headquarters, 10.5; in the regional offices, 17; and country offices would need to contribute national professional officers in 15 focus countries.

4. Funding

Is the estimated cost for the biennium 2014–2015 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

Funding gap: US\$ 3.7 million (headquarters: US\$ 1.7 million; regional and country offices: US\$ 2.0 million).

This funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan for making good funding shortfalls in the Programme budget 2014–2015.

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