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

1. Resolution

Comprehensive and coordinated efforts for the management of autism spectrum disorders


Category: 2. Noncommunicable diseases

Programme area: Mental health and substance abuse

Outcome: 2.2
Outputs: 2.2.1 and 2.2.2

Programme area: Disabilities and rehabilitation

Outcome: 2.4
Output: 2.4.1

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

The resolution requests the Director-General, inter alia, to implement resolution WHA66.8 on the comprehensive mental health action plan 2013–2020 and resolution WHA66.9 on disability. Implementation of this resolution will therefore drive work to support increased access to services: (i) for mental health; and (ii) for people with disabilities.

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

Yes.

However, the scope of activities currently budgeted for is limited; implementation of the resolution would involve additional activities whose cost must be added to the approved Programme budget 2014–2015.

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) Six and a half years (covering the period July 2014 – December 2020)
(ii) Total: US$ 37 million (staff: US$ 13 million; activities: US$ 24 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$ 2.8 million (staff: US$ 0.4 million; activities: US$ 2.4 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific
regions where relevant.
Headquarters, 25%; regional offices, 21%; and country offices, 54%.

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

If “no”, indicate how much is not included.
US$ 1.8 million will need to be added to the approved Programme budget 2014–2015.

(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.

WHO collaborating centres and a network of experts and civil society stakeholders will be utilized for taking forward the activities with only a small increase in WHO staff.

During the biennium 2014–2015

At headquarters: one international expert in public health and developmental disorders (100% full-time equivalent) at grade P.4 and one secretary (50% full-time equivalent) at grade G.5.

During the biennium 2016–2017

At headquarters: two international experts in public health and developmental disorders (100% full-time equivalent) and one secretary (50% full-time equivalent) at grade G.5.

In the regional offices: six international experts in public health and developmental disorders with a knowledge of the needs in their respective regions (50% full-time equivalent)

At the country office level: of the 60% of the budget that is available for implementation of the resolution at this level, a part will be spent on recruiting experts.

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).

US$ 1 million (of which US$ 0.5 million would be for headquarters) is included in the approved Programme budget 2014–2015 and will come from a combination of assessed and voluntary contributions, generated during the financing dialogue process and the associated resource mobilization effort.

The additional US$ 1.8 million not included in the approved Programme budget will need to be mobilized to cover implementation (limited additional staffing and the development of technical material) from July 2014 to December 2015 through WHO’s coordinated resource mobilization activities.