

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

### **1. Resolution Cholera: mechanism for control and prevention**

#### **2. Linkage to programme budget**

Strategic objective:

1. To reduce the health, social and economic burden of communicable diseases.

5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.

8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.

Organization-wide expected result:

1.3 Effective coordination and support provided to Member States in order to provide access for all populations to interventions for the prevention, control, elimination and eradication of neglected tropical diseases, including zoonotic diseases.

1.9 Effective operations and response by Member States and the international community to declared emergencies situations due to epidemic and pandemic prone diseases.

5.4 Coordinated technical support provided to Member States for communicable disease control in natural disaster and conflict situations.

8.1 Evidence-based assessments made, and norms and standards formulated and updated on major environmental hazards to health (e.g., poor air quality, chemical substances, electromagnetic fields, radon, poor quality drinking-water and waste-water reuse).

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

The resolution is consistent with overall expected results, and with the specific elements noted below.

Baseline: ad hoc support provided to countries and regional offices according to expressed need.

Target: current biennium, develop a medium-term strategy 2011–2016 and a detailed plan of action and necessary tools; start implementation in three regions; biennium 2012–2013, implement plan in three regions with three countries in each; biennium 2014–2015, maintain and scale up activities in three regions and add the three remaining regions.

Indicators:

- (a) information and technical back-up provided to countries affected by outbreaks
- (b) support for each of the participating countries performed as follows:
  - national action plan revised and updated; cholera surveillance within integrated diseases surveillance reviewed in countries
  - “hot spots” and trends over time identified
  - specific needs for preparedness and prevention activities identified, control activities implemented and maintained over time (e.g. health education, food safety, water and sanitation, prepositioning of supplies)
  - assessment for vaccine use performed and, if pertinent, plan for introduction elaborated
  - strategy undertaken for training of trainers, multiplication of national workshops and quality control of capacity-building activities (e.g. in the areas of case management and laboratory capacities)
  - monitoring of performances implemented according to indicators to be identified and developed
- (c) regular meetings with key stakeholders held to review progress and best practice on various topics
- (d) support provided to research activities in risk assessment, vaccine development, and other relevant issues.

### 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).**

Total for five years: US\$ 20 220 000 for staff and activities (programme support costs not included).

- (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)**

Staffing: US\$ 874 000 at headquarters level and US\$ 606 000 at regional level (Regional offices for Africa, the Americas, and the Eastern Mediterranean).

Activities: US\$ 1 240 000, of which 57% will be incurred at regional level.

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

The costs associated with outbreaks could to some degree be included in the existing figures for the approved Programme budget; the extent to which this can be done will depend mainly on the severity or regularity of outbreaks. It is not expected that the costs associated with preventive actions could be considered within the current budget ceilings of the strategic objectives mentioned above.

### 4. Financial implications

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

A medium-term strategy will be developed and will be used for resource mobilization at international and country levels.

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

Global coordination, backstopping and standard-setting at headquarters level; Global Task Force on Cholera Control functioning with participation from all relevant departments. Activities at regional and country levels involving a focus during the first biennium on the African Region, the Region of the Americas and the Eastern Mediterranean Region, scaling up to the South-East Asia, European and Western Pacific regions during successive bienniums.

**(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).**

Over a five-year period, four additional professional staff will be required at different levels; additional staff at the general service level will also be needed to support existing staff at headquarters. At regional level, for each region a public health specialist or epidemiologist and a water and sanitation specialist at P4 level would be required.

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

An initial phase of five years.

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