

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

<b>1. Resolution</b> Relations with nongovernmental organizations <sup>1</sup>	
<b>2. Linkage to programme budget</b>	
<p>Strategic objective:</p> <p><i>Lifting The Burden</i></p> <p>3. To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.</p>	<p>Organization-wide expected result:</p> <p>3.3 Improvements made in Member States' capacity to collect, analyse, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable diseases, mental and neurological disorders, violence, injuries and disabilities together with visual impairment, including blindness.</p> <p>3.4 Improved evidence compiled by WHO on the cost-effectiveness of interventions to tackle chronic noncommunicable diseases, mental and neurological and substance-use disorders, violence, injuries and disabilities together with visual impairment, including blindness.</p>

<sup>1</sup> In accordance with the Principles governing relations between the World Health Organization and nongovernmental organizations (resolution WHA40.25) and, inter alia, on the basis of a three-year plan for collaboration based on mutually agreed objectives, the Executive Board may decide whether or not to admit a nongovernmental organization into official relations with WHO, and whether to maintain or discontinue existing relations. Document EB128/28 contains a draft resolution expressing such decisions. The general costs connected with the application of the Principles, including informing nongovernmental organizations of the Board's decisions, are subsumed under strategic objective 12 of the Medium-term strategic plan 2008–2013.

However, the costs, if any, of the collaboration plans are incurred by the technical department with which the plans were agreed. Therefore, this report refers to the relevant strategic objective for each nongovernmental organization that will be admitted into official relations with WHO if the Executive Board adopts the resolution set out in document EB128/28. The plans for collaboration of the nongovernmental organizations concerned by the draft resolution appear in restricted documents EB128/NGO/1–3.

*Stichting Global Initiative on Psychiatry –  
an International Foundation for the  
Promotion of Humane, Ethical, and  
Effective Mental Health Care throughout  
the World<sup>1</sup>*

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.

*The Cochrane Collaboration*

4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.

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

9. To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.

10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

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.

6.6 Evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines developed and technical support provided to Member States to promote safer sex and strengthen institutions in order to tackle and manage the social and individual consequences of unsafe sex.

4.2 National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.

5.1 Norms and standards developed, capacity built and technical support provided to Member States for the development and strengthening of national emergency preparedness plans and programmes.

9.2 Norms, including references, requirements, research priorities, guidelines, training manuals and standards, produced and disseminated to Member States in order to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.

10.2 National capacities for governance and leadership improved through evidence-based policy dialogue, institutional capacity-building for policy analysis and development, strategy-based health system performance assessment, greater transparency and

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<sup>1</sup> Known as the Global Initiative on Psychiatry.

	<p>accountability for performance, and more effective intersectoral collaboration.</p> <p>10.5 Better knowledge and evidence for health decision-making assured through consolidation and publication of existing evidence, facilitation of knowledge generation in priority areas, and global leadership in health research policy and coordination, including with regard to ethical conduct.</p>
<p>11. To ensure improved access, quality and use of medical products and technologies.</p>	<p>11.2 International norms, standards and guidelines for the quality, safety, efficacy and cost-effective use of medical products and technologies developed and their national and/or regional implementation advocated and supported.</p>
<p>12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work.</p>	<p>12.4 Essential multilingual health knowledge and advocacy material made accessible to Member States, health partners and other stakeholders through the effective exchange and sharing of knowledge.</p>

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

Lifting The Burden – collaboration with WHO is linked to indicators 3.3.3 and 3.4.1. Activities are expected to contribute to the achievement of, respectively, the targets for 2013 of 120 low- and middle-income Member States with basic mental health indicators annually reported, and evidence-based guidance on the effectiveness of interventions for the management of selected mental, behavioural or neurological disorders (including those due to use of psychoactive substances) published and disseminated for 16 interventions.<sup>1</sup>

Global Initiative on Psychiatry – collaboration is linked to indicators 3.1.3 and 3.2.2. Activities are expected to contribute to the achievement of, respectively, the targets for 2013 of 110 Member States having a mental health budget of more than 1% of the total health budget and 64 Member States that have initiated the process of developing a mental health policy or law. Collaboration is also linked to indicator 6.6.1 and is expected to contribute to the achievement of the target for 2013 of 12 Member States generating evidence on the determinants and/or consequences of unsafe sex.<sup>1</sup>

The Cochrane Collaboration – collaboration with different technical areas of WHO is linked as set out below.

**Reproductive health and research**

Activities are linked to strategic objective 4. The contribution of The Cochrane Collaboration will be made through its review groups on pregnancy and childbirth and on fertility regulation, which will facilitate the development and maintenance of systematic reviews that will support WHO normative products.

<sup>1</sup> See document EB128/24.

#### Nutrition for health and development

Activities are linked to strategic objectives 4 and 9. The contribution of The Cochrane Collaboration will be made through the updating of systematic reviews on nutrition interventions in support of WHO's normative work. Activities will involve the Collaboration's review groups (particularly those on pregnancy and childbirth; public health; developmental, psychosocial and learning problems; child health; and metabolic and endocrine disorders) working through the organization's editorial office.

#### Health action in crises

Activities are linked to strategic objective 5 and concern the development of the evidence base to support decisions and actions to reduce the health consequences of natural disasters and other large-scale emergencies. The Cochrane Collaboration will contribute to expected results for this strategic objective through work to support: the development of the research agenda; the establishment of a research advisory group; the publication of selected research for (i) capacity development and (ii) emergency response on the web sites of The Cochrane Collaboration's Evidence Aid project and WHO before and after disasters; the development of research protocols and methods for emergency-related work; and the preparation of systematic reviews on priority areas related to emergencies.

#### Research policy and cooperation, essential medicines and pharmaceutical policies, and knowledge management and sharing

The activities are linked to strategic objectives 10, 11 and 12. The contribution of The Cochrane Collaboration will specifically concern expected results 4.2, 10.2, 10.5, 11.2 and 12.4, with work involving the provision of better evidence for health decision-making through the use of: systematic, methodologically sound and transparent methods; capacity building and effective communication and sharing of the results; and improved access to, and quality of, medical products and technologies. The agreed collaboration is expected to result in enhanced exchange.

### 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).**

All the nongovernmental organizations – none.

- (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)**

All the nongovernmental organizations – none.

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

All the nongovernmental organizations – not applicable.

### 4. Financial implications

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

All the nongovernmental organizations – not applicable.

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

Lifting The Burden – WHO headquarters and regional offices.

Global Initiative on Psychiatry – WHO headquarters and regional offices.

The Cochrane Collaboration

Reproductive health and research – WHO headquarters

Nutrition for health and development – WHO headquarters

Health action in crises – WHO headquarters, all regional offices, and at the WHO Mediterranean Centre for Health Risk Reduction, Tunis.

Research, policy and cooperation, essential medicines and pharmaceutical policies, knowledge management and sharing – WHO headquarters and all regional offices.

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

All the nongovernmental organizations – yes.

**(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).**

All the nongovernmental organizations – none.

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

All the nongovernmental organizations – three years for implementation, after which the Executive Board will review the relations, in accordance with the Principles governing relations between the World Health Organization and nongovernmental organizations.<sup>1</sup>

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<sup>1</sup> *Basic documents*, 47th edition, Geneva, World Health Organization, 2009.