



**Regional Committee for Europe**  
66th session

EUR/RC66/10 Add.1

**Copenhagen, Denmark, 12–15 September 2016**

1 August 2016

160492

Provisional agenda item 5(e)

ORIGINAL: ENGLISH

## **Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Action plan for the health sector response to viral hepatitis in the WHO European Region**

**1. Resolution: EUR/RC66/Conf.Doc./6**

**2. Linkage to the current programme budget (PB)**

**Will this resolution directly contribute to the outcome(s) and output(s) set out in the current PB. If so, please specify:**

Category(ies): 1 Communicable diseases; 2 NCDs;  
3 Promoting health through the life-course; 4 Health  
systems; 5 Preparedness, surveillance and response

Outcome(s): 1.1; 1.5; 2.1; 3.1; 3.3;  
4.1; 4.3; 5.4

Programme area(s): HIV and hepatitis; Vaccine-  
preventable diseases; Increased access to  
interventions to prevent and manage  
noncommunicable diseases and their risk factors;  
Reproductive, maternal, newborn, child and  
adolescent health; Gender, equity and human rights  
mainstreaming; National health policies, strategies  
and plans; Access to medicines and other health  
technologies and strengthening regulatory capacity;  
Food safety

Output(s): 1.1.2; 1.5.1; 2.1.1; 3.1.3;  
3.1.5; 3.3.2; 4.1.1; 4.3.1; 5.4.1

**Describe the nature and extent of this contribution, including whether there will be an impact on other parts of the same output.**

This draft resolution, on the Action plan for the health sector response to viral hepatitis in the WHO European Region, will support the implementation of the Global health sector strategy for viral hepatitis 2016–2021 by setting regional goals, including: (1) reduction in transmission of viral hepatitis; (2) reduction in morbidity and mortality due to viral hepatitis and its complications; and (3) assuring equitable access to recommended prevention, testing, care and treatment services to all within a universal health coverage framework and public health approach.

**3. Estimated cost and staffing implications in relation to the PB**

**(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) 6 years (covering period 2017–2022)

(ii) Total: US\$ 6 720 000 (staff: US\$ 3 799 000; activities: US\$ 2 921 000)

**3. Estimated cost and staffing implications in relation to the PB (cont.)**

**(b) Cost for the current biennium (2017 only)**

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

Total: US\$ 746 000 (staff: US\$ 405 000; activities: US\$ 341 000)

**Is the estimated cost fully included within the current approved PB?**

Yes, for 2017

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

US\$ \_\_\_\_\_

**(c) Cost for future bienniums**

**Estimated cost per future biennium**

**2018–2019:** Total US\$ 1 867 000

**2020–2021:** Total US\$ 2 634 000

**2022:** Total US\$ 1 473 000

**(d) Staffing implications**

**Could the resolution be implemented by existing staff?**

No

**If “no” indicate how many additional staff – full-time equivalents.**

2 international staff and 6 national professional officers in countries (new staff will be recruited gradually over the 6 years covered by the resolution)

**4. Funding**

**Is the estimated cost for the current biennium indicated in 3(b) fully funded?**

No

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

The funding gap is US\$ 746 000. Efforts are being made to address this situation through resource mobilization.