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Financial and administrative implications for the Secretariat of the draft Regional Committee resolution towards a sustainable health workforce in the WHO European Region: framework for action

1. Resolution: EUR/RC67/Conf.Doc./5

2. Linkage to the current programme budget (PB) PB 2016–2017

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

Category/programme area		Outcome	Output(s)
4	Health systems		
4.2	National health policies, strategies and plans	4.2	4.2.1; 4.2.2; 4.2.3
4.4	Health systems, information and evidence	4.4	4.4.1; 4.4.3; 4.4.4
1	Communicable diseases		
1.1	HIV/AIDS	1.1	1.1.1; 1.1.2
1.2	Tuberculosis	1.2	1.2.1
1.4	Neglected tropical diseases	1.4	1.4.2
1.5	Vaccine-preventable diseases	1.5	1.5.2
2	Noncommunicable diseases		
2.1	Noncommunicable diseases	2.1	2.1.2; 2.1.3
2.2	Mental health and substance abuse	2.2	2.2.2; 2.2.3
2.3	Violence and injuries	2.3	2.3.2
2.4	Disabilities and rehabilitation	2.4	2.4.2
3	Promoting health through the life-course		
3.1	Reproductive, maternal, newborn, child and adolescent health	3.1	3.1.1; 3.1.3
3.2	Ageing and health	3.2	3.2.2
3.3	Gender, equity and human rights mainstreaming	3.3	3.3.2
3.4	Social determinants of health	3.4	3.4.1
3.5	Health and the environment	3.5	3.5.1

2. Linkage to the current PB (continued)

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

Transforming and developing a sustainable health workforce will be fundamental to making progress across any other technical area of work. Effective health care and improvement in health outcomes in the WHO European Region can only be achieved fully with a sustainable, resilient health workforce, transformed with the knowledge, skills, values, ethics and behaviours to address existing, emerging and new health challenges. Investment in the health workforce is a key enabler for health systems strengthening in the Region. The framework for action which is at the core of this work is aligned with, and builds on, the *Global Strategy on Human Resources for Health: Workforce 2030* (adopted by Member States in resolution WHA69.19 in May 2016) and the Health employment and economic growth: a five-year action plan (2017–2021) of the United Nations High-level Commission.

The framework gives guidance to health policy-makers, planners and analysts and others with a responsibility for health workforce issues. It is supported by a toolkit, which provides access to relevant diagnostic, situation assessment, policy and planning tools, analytical approaches and examples of good practice.

The efforts of the Regional Office will focus on four areas: promoting the use of the framework by Member States as they consider the *Global Strategy* and the High-Level Commission recommendations, compiling and updating the toolkit, providing the necessary technical assistance to Member States as they identify and address their individual health workforce priorities within the framework, and providing support for regional, subregional and national policy dialogues on health workforce issues that emerge as critical priorities.

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) 13 years (covering the period 2017–2029)

(ii) Total: US\$ 6 748 000 (staff: US\$ 4 200 000; activities: US\$ 2 548 000)

(b) Cost for the current biennium

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

Total: US\$ 948 000 (staff: US\$ 648 000; activities: US\$ 300 000)

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

Yes, these costs are covered in the current approved programme budget.

If "no", indicate how much is not included.

Not applicable.

(c) Cost for future bienniums

Estimated cost per future biennium

2018–2019: Total US\$ 1 000 000

2020–2021: Total US\$ 1 000 000

2022–2023: Total US\$ 1 000 000

2024–2025: Total US\$ 1 000 000

2026–2027: Total US\$ 900 000

2028–2029: Total US\$ 900 000

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

(d) Staffing implications

Could the resolution be implemented by existing staff?

Yes.

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

Not applicable.

4. Funding

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

Yes.

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

Not applicable.

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