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## **Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on Tuberculosis action plan for the WHO European Region 2016–2020**

**1. Resolution:** Tuberculosis action plan for the WHO European Region 2016–2020

**2. Linkage to the current programme budget**

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

Category(ies): 1 Communicable diseases Outcome(s): 1.2

Programme area(s): Tuberculosis Output(s): 1.2.1; 1.2.2

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

The present resolution adopts the new Tuberculosis action plan for the WHO European Region 2016–2020 and constitutes the strategic framework for action by Member States in the European Region to stop the spread of drug-susceptible and drug-resistant tuberculosis by achieving universal access to prevention, diagnosis and treatment. It will support the implementation of the global End TB Strategy, to which the targets of the Tuberculosis action plan for the WHO European Region 2016–2020 are aligned. There will be no negative impact on regional programme area outputs as this Action plan encompasses the implementation of the programme outputs as defined in the programme budget 2016–2017:

1.2. Increased number of successfully treated tuberculosis patients

1.2.1. Worldwide adaptation and implementation of the global strategy and targets for tuberculosis prevention, care and control after 2015 as adopted in resolution WHA67.1.

1.2.2. Updated policy guidelines and technical tools to support the adoption and implementation of the global strategy and targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation.

In addition, this resolution is positively linked with category 4 (Health systems), outcome areas 4.1 and 4.2.

**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) 5 years (covering the period 2016–2020)

(ii) Total: US\$ 29 000 000 (staff: US\$ 16 000 000; activities: US\$ 13 000 000)

**(b) Cost for the next biennium 2016–2017**

**Indicate how much of the cost indicated in 3(a) is for the 2016–2017 biennium (estimated to the nearest US\$ 10 000).**

Total: US\$11 000 000 (staff: US\$ 6 000 000; activities: US\$ 5 000 000)

**Is the estimated cost fully included within the approved programme budget for 2016–2017? Yes**

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

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

**(c) Cost for future bienniums**

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

2018–2019: Total: US\$ 12 000 000

2020–2021: Total: US\$ 6 000 000

**(d) Staffing implications**

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

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

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**4. Funding**

**Is the estimated cost for the 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).**

US\$ 0; source(s) of funds: \_\_\_\_\_