

Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Health Assembly

Resolution: Economics of health for all
A. Link to the approved Programme budget 2024–2025
<p>1. Output(s) in the approved Programme budget 2024–2025 under which this draft resolution would be implemented if adopted:</p> <p>1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage</p> <p>1.2.2. Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures, and to use this information to track progress and inform decision-making</p> <p>1.2.3. Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and analysis of the impact of health in the national economy</p> <p>3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures</p>
<p>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the resolution:</p> <p>Six years (2024–2030).</p>
B. Resource implications for the Secretariat for implementation of the resolution
<p>1. Total budgeted resource levels required to implement the resolution, in US\$ millions:</p> <p>US\$ 50.07 million.</p>
<p>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</p> <p>US\$ 8.38 million.</p>
<p>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</p> <p>Not applicable.</p>

<p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</p> <p>US\$ 16.28 million.</p>
<p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>US\$ 25.41 million.</p>
<p>5. Level of resources already available to fund the implementation of the resolution in the current biennium, in US\$ millions</p> <p>– Resources available to fund the resolution in the current biennium:</p> <p>US\$ 0.64 million.</p> <p>– Remaining financing gap in the current biennium:</p> <p>US\$ 7.74 million.</p> <p>– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</p> <p>Action has been taken to mobilize financing for the WHO Council on the Economics of Health for All and post-Council dissemination work. Resource mobilization efforts will continue.</p>

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	0.97	0.27	0.18	0.91	0.20	0.29	1.82	4.64
	Activities	0.42	0.26	0.08	0.48	0.10	0.40	2.00	3.74
	Total	1.39	0.53	0.26	1.39	0.30	0.69	3.82	8.38
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	2.03	0.56	0.38	1.90	0.41	0.59	2.63	8.50
	Activities	0.87	0.54	0.17	1.00	0.21	0.83	4.16	7.78
	Total	2.90	1.11	0.54	2.90	0.62	1.43	6.79	16.28
B.4. Future bienniums resources to be planned	Staff	3.16	0.88	0.59	2.97	0.64	0.93	4.11	13.28
	Activities	1.36	0.84	0.26	1.56	0.32	1.30	6.49	12.13
	Total	4.52	1.72	0.84	4.53	0.97	2.23	10.60	25.41

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