



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



FOURTH SESSION OF THE SUBCOMMITTEE ON PROGRAM, BUDGET, AND ADMINISTRATION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 17-19 March 2010

Provisional Agenda Item 4.3

SPBA4/10 (Eng.)
27 February 2010
ORIGINAL: ENGLISH

UPDATE: USE OF HOLDING ACCOUNT FUNDS (Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007)

1. The 48th Directing Council, in accordance with Resolution CD48.R1,¹ approved the use of the Holding Account to fund priority projects as listed in document CD48/22. The resolution calls for the Bureau to present to the Executive Committee, through the Subcommittee on Program, Budget and Administration, periodic status reports on the use of these funds. The full document of reference, CD48/22, can be found on the website of the 48th Directing Council.²
2. Under Resolution CD48.R1, seven of the 14 projects were approved in their entirety, six were approved with respect to a first phase, and one was not approved. Five of the 13 projects are undergoing budget revisions based on updated information: two project budgets are being reduced, while three are being increased. The total budget for all projects combined is being reduced by US\$ 411,000. Additional funding totaling \$7,375,000 from the Holding Account is being requested for six of the projects. No new initiatives are being submitted for the Subcommittee's consideration at this time.
3. Table 1 contains a summary information on all 13 projects, including a brief description of the scope of the project. In addition, the table includes the total estimated budget for each project, the estimated portion to be funded from the Holding Account (to date), and an estimate of funding from other sources.

¹ CD48.R1, Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007, <http://www.paho.org/english/gov/cd/CD48.r1-e.pdf>.

² CD48/22, Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007, <http://www.paho.org/english/gov/cd/CD48-22-e.pdf>.

4. Table 2 contains a budget implementation summary as of 31 December 2009 for all projects. During 2008-2009, \$1.5 million was expended from a total \$8 million of authorized funding. Much of the \$6.5 million balance is committed for activities that are being implemented during 2010-2011.

5. The 13 annexes at the end of the document contain the updated project profiles, which detail the purpose of each project and provide an update on progress.

Action by the Subcommittee on Program, Budget, and Administration

6. The Subcommittee on Program, Budget and Administration is asked to review the proposed changes to the funding levels authorized for 2010-2011 and to make recommendations to the Executive Committee accordingly.

TABLE 1

No.	Title	Description	Revised Total Budget	Estimated from Holding Account	Estimated from Other Sources
1.A	Emergency Operations Center (EOC) and Knowledge Center (KC)	A regional EOC/KC is a central hub that conducts the corporate functions of emergency event assessment and management, disaster response coordination, and information and knowledge management. It also serves as an analysis and information exchange venue to facilitate decision-making in support of efficient and timely response to all events that may constitute a public health event of international concern (PHEIC), as defined under the International Health Regulations (2005). For further details, please refer to Annex 1-A.	3,400,000	2,900,000	500,000
1.B	National Emergency Operations Centers (EOC)	EOCs in countries should be supported to enhance their capacity to manage real-time information and knowledge in order to better assess health risks and respond to events that may constitute a public health emergency, such as natural disasters, communicable disease outbreaks, and chemical and radio-nuclear incidents, and to meet new IHR requirements. For further details, please refer to Annex 1-B.	3,000,000	1,500,000	1,500,000
2.A	Strengthening PAHO's public health information systems	A new health information systems strategy should be developed and implemented that will correct fragmentation and lack of integration among systems; duplication of systems, which causes countries to be overwhelmed with multiple requests for information; and insufficient dissemination of available information. For further details, please refer to Annex 2-A.	5,000,000	2,225,000	TBD*

* TBD: To be determined.

No.	Title	Description	Revised Total Budget	Estimated from Holding Account	Estimated from Other Sources
2.B	Adoption of networking strategies to transform the delivery of technical cooperation	Project proposal will be resubmitted for future consideration.	TBD	TBD	TBD
2.C	Strengthening communications through improved country office connectivity	Implementation of a virtual private network (VPN) should provide the connectivity required by modernization of corporate management systems and to increase communications capacity, bandwidth, security, and reliability. This will enable and support social networking, knowledge-sharing, electronic meetings and videoconferencing, and interconnectivity between health systems and institutions. Such efforts will also provide a foundation for future direct Member State involvement in the activities of the Secretariat. For further details, please refer to Annex 2-C.	2,100,000	2,000,000	100,000
3.A	Modernize PASB'S corporate management system	PAHO should fully explore business processes and how they can be improved in order to align with WHO, support a robust results-based management (RBM) framework, and improve administrative efficiencies, reflecting the same high level of integration and interoperability that WHO expects to achieve through its implementation of the Global Management System (GSM). Evaluate three alternatives for modernizing PAHO's corporate management systems (CMS) and formulate a recommendation for consideration by the Governing Bodies. For further details, please refer to Annex 3-A.	1,000,000	1,000,000	0

No.	Title	Description	Revised Total Budget	Estimated from Holding Account	Estimated from Other Sources
3.B	Modernize the service model for the delivery of IT and KM services	PAHO should strive to reduce maintenance and management needs of the IT infrastructure in field offices; decrease current security vulnerabilities; provide one common image for all PAHO supported languages, reducing the management of desktops in country offices and simplifying local office support. For further details, please refer to Annex 3-B.	2,230,000	1,500,000	730,000
3.C	Strengthen the Organization's capacity to be IPSAS-compliant by 2010	The United Nations System has agreed to replace the United Nations System Accounting Standards (UNSAS) with International Public Sector Accounting Standards (IPSAS) by 2010. The PAHO Governing Bodies have approved the adoption of IPSAS by 2010. In order to meet that commitment, the Organization must align its Financial Regulations and Rules, processes, and systems with IPSAS. Furthermore, significant training and oversight will be required to ensure that new policies are understood and implemented correctly. For further details, please refer to Annex 3-C.	500,000	300,000	200,000
4.A	Improvements to facilities: MOSS upgrades and security measures	Country offices need a one-time assistance to complete Minimum Operational Security Standards (MOSS) upgrades. For further details, please refer to Annex 4-A.	300,000	300,000	0

No.	Title	Description	Revised Total Budget	Estimated from Holding Account	Estimated from Other Sources
4.B	Improvements to facilities: energy saving measures	Many components of the HQ building and conference center are the original ones installed in 1965 and need to be replaced. Components to be replaced include the induction heating/cooling system and electrical cabinets on the 2nd and 10th floors; the windows of the main building and the conference center; and the conference center roof. For further details, please refer to Annex 4-B.	2,900,000	1,720,000	TBD
4.C	Improvements to facilities: plaza drainage system	There are leaks in the plaza drainage system and, as a matter of regular maintenance cycle, they should be replaced. For further details, please refer to Annex 4-C.	375,000	375,000	0
4.D	Improvements to facilities: security and sanitary measures	Security upgrades are needed in the lobby and the 2nd floor, as well as sanitary improvements in HQ building restrooms. For further details, please refer to Annex 4-D.	330,000	330,000	0
4.E	Improvements to facilities: HQ office tower roof	The roof over the main HQ office tower is overdue for scheduled replacement. There are increasing leaks during rainstorms, causing further damage in the building. For further details, please refer to Annex 4-E.	347,000	250,000	97,000

No.	Title	Description	Revised Total Budget	Estimated from Holding Account	Estimated from Other Sources
4.F	Improvements to facilities: Headquarter buildings	The Organization's principal physical assets are the Headquarters office tower, the conference wing, and the adjacent rented office annexes. These facilities require ongoing maintenance to ensure continued usefulness to support the work of the Bureau in providing technical cooperation to Member States, and to meet technological and ergonomic requirements and work safety standards. For further details, please refer to Annex 4-F.	1,075,000	975,000	100,000
		Total	22,557,000	15,375,000	3,227,000

TABLE 2

Budget Implementation Summary of Projects Financed from the Holding Account (HA) for the period 1 January 2008-31 December 2009

	Approved in its entirety
	Approved first phase
	Proposed changes

Project	Budget		1st HA Approval (Dec. 08)	2008 - 2009		2nd HA Request	Other Sources
	Original	Rev. (Mar. 2010)		Implemented	Balance		
1.A	2,000,000	3,400,000	1,500,000	356,018	1,143,982	1,400,000	500,000
1.B	3,000,000	3,000,000	1,500,000	0	1,500,000	0	1,500,000
2.A	8,000,000	5,000,000	500,000 ^{1/}	95,717	404,283	1,725,000	TBD
2.B	-	-	-	-	-	-	-
2.C	3,250,000	2,100,000	250,000 ^{1/}	0	250,000	1,750,000	100,000
3.A	TBD	1,000,000	1,000,000 ^{1/}	435,668	564,332	0	0
3.B	1,488,000	2,230,000	500,000 ^{1/}	0	500,000	1,000,000	730,000
3.C	500,000	500,000	300,000	229,379	70,621	0	200,000
4.A	300,000	300,000	300,000	107,695	192,305	0	0
4.B	2,900,000	2,900,000	620,000 ^{1/}	0	620,000	1,100,000	TBD
4.C	375,000	375,000	375,000	0	375,000	0	0
4.D	330,000	330,000	330,000	0	330,000	0	0
4.E	250,000	347,000	250,000	250,000	0	0	97,000
4.F	575,000	1,075,000	575,000	0	575,000	400,000	100,000
Total	22,968,000	22,557,000	8,000,000	1,474,477	6,525,523	7,375,000	3,227,000

^{1/} Represents phase 1 funding; total HA funding yet to be determined.

Project Profile

<p>1. Project Title: Emergency Operations Center (EOC) and Knowledge Center (KC)</p>
<p>2. Coordinating Entity: HSD/PED Participating Entities: HSD, PED, GSO, KMC, ITS</p>
<p>3. Beneficiaries: Entire Organization (Member States, country offices, technical areas at Headquarters)</p>
<p>4. Main issues, challenges, and/or problems to be addressed:</p> <p>The Emergency Operations Center/Knowledge Center (EOC/KC) is a central hub that carries out the corporate functions of emergency event assessment and management, disaster response coordination, and information and knowledge management. It also serves as an analysis and information exchange venue to facilitate decision-making to support efficient and timely responses to all events that may constitute a public health emergency of international concern (PHEIC) as defined under the International Health Regulations (IHR) (2005).</p> <p>Two operating modes are envisioned:</p> <p>Emergency operations: PED and HSD/CD, with the support of the Disaster Task Force (DTF) or the Epidemic Alert and Response Task Force (EARTF), will activate the expanded EOC when there is a need to mobilize and manage the Organization’s overall response and coordinate with other institutions and agencies in the aftermath of a PHEIC or other health crisis. During emergency operations, the entire EOC/KC facility will be dedicated to handling the event, including the priority use of the space, knowledge management processes, and technical and human resources for coordination, operation, and information activities.</p> <p>Non-emergency operations: During regular working mode, the space will be a multi-purpose space with:</p> <ul style="list-style-type: none"> • Core EOC: The staff will maintain ongoing PED and HSD/CD epidemic intelligence; monitor natural and manmade emergencies and disasters; and collect, analyze, and disseminate information on damage and needs assessment and on disease outbreaks and other potential health consequences. PAHO, in compliance with the IHR (2005), must be accessible at all times, on a 24/7 basis. This is because adequate public health response must be very timely when disasters occur and because countries are required to inform PAHO within 24 hours of assessment of all events that may constitute a PHEIC. • Knowledge Center (KC): Knowledge Management and Communication will provide the Organization support in knowledge development (brainstorming, concept-mapping, capturing of lessons learned, and collaborative development of good practices), knowledge-sharing (nurturing and facilitating communities of practice), and knowledge applications (content management, virtual collaboration, and geographic information systems). • Common area: Having a common area will allow staff to hold daily morning meetings with technical units and country offices to conduct risk assessment and decide on actions to be taken in response to events that arise. <p>The Center, as a space for gaining knowledge, provides significant synergy and cost savings to</p>

<p>meet these fundamental needs of the PASB by sharing knowledge management methodologies and tools, information technology and communication infrastructure, and facilities. Various functions of the Center complement each other and benefit from closer interaction.</p>															
<p>5. Brief description of impact:</p> <p>The project will greatly enhance decision-making capacity to respond to emergency events, including those that may constitute a PHEIC as defined under the International Health Regulations (2005).</p>															
<p>6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results):</p> <p>RER/5.1 Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels.</p> <p>RER/5.2 Timely and appropriate support provided to Member States for immediate assistance to populations affected by crises.</p> <p>RER/5.3 Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations.</p> <p>RER/5.4 Member States supported through coordinated technical cooperation for strengthening preparedness, recovery and risk reduction in areas such as communicable disease, mental health, health services, food safety, and nuclear radiation.</p>															
<p>7. Total Estimated Cost: US\$ 3,400,000</p> <table> <tr> <td>Architecture and engineering study</td> <td>\$ 275,000</td> </tr> <tr> <td>Construction/furnishings</td> <td>\$1,250,000</td> </tr> <tr> <td>Business continuity study</td> <td>\$ 225,000</td> </tr> <tr> <td>Other expenses (EOC)</td> <td>\$ 250,000</td> </tr> <tr> <td>Contributions from the PAHO Holding Account:</td> <td>\$2,900,000</td> </tr> <tr> <td>Contributions from financial partners:</td> <td>\$ 0</td> </tr> <tr> <td>Contributions from other sources:</td> <td>\$ 500,000</td> </tr> </table>		Architecture and engineering study	\$ 275,000	Construction/furnishings	\$1,250,000	Business continuity study	\$ 225,000	Other expenses (EOC)	\$ 250,000	Contributions from the PAHO Holding Account:	\$2,900,000	Contributions from financial partners:	\$ 0	Contributions from other sources:	\$ 500,000
Architecture and engineering study	\$ 275,000														
Construction/furnishings	\$1,250,000														
Business continuity study	\$ 225,000														
Other expenses (EOC)	\$ 250,000														
Contributions from the PAHO Holding Account:	\$2,900,000														
Contributions from financial partners:	\$ 0														
Contributions from other sources:	\$ 500,000														
<p>8. Estimated duration (in months): 18 months.</p>															
<p>9. Comments:</p> <p>An architecture/engineering design study began during 2009 and should be completed in mid-February 2010. The costs were \$343,168 (\$275,000 from the original amount, plus the balance from Other Expenses [EOC]). The architecture/engineering firm has estimated the construction costs at \$1,808,996, plus \$362,000 for contingencies and \$362,000 for project management. The shortfall is \$1.4 million, which is being requested from the Holding Account in order to complete this project, which represents a major goal of the Organization.</p>															

Project Profile

1. Project Title: National Emergency Operations Centers (EOC)
2. Coordinating Entity: HSD/PED Participating Entities: HSD, PED, GSO, country offices
3. Beneficiaries: Entire Organization (Member States, country offices, technical areas at Headquarters)
4. Main issues, challenges, and/or problems to be addressed: <p>The evolving nature of natural disasters, communicable disease outbreaks, and chemical and radio-nuclear incidents requires countries to enhance their capacity to manage real-time information and knowledge. Such efforts will enable countries to better assess the health risks and respond to events that may constitute a public health emergency.</p> <p>Ministries of health play a lead role by providing rapid assessment of emergency and longer-term health and rehabilitation needs, guidance, and coordination in the face of major disasters and epidemics. Under the International Health Regulations (2005), Member States are obligated to establish national centers (IHR focal points) that are accessible at all times for communications with PAHO/WHO and that disseminate information to relevant sectors.</p> <p>The establishment of facilities and equipment to support IHR national focal points in each Member State will help to structure, organize and institutionalize the leadership function of the health sector in all matters related to assessment and management of emergency events, disaster response coordination, and information and knowledge management. The aim is to facilitate information communication, sharing, collaboration, and problem-solving for public health interventions. The national centers will provide support, both virtual and physical, to ministries of health, serving as national network hubs for extensive information-gathering and communication through the use of efficient information and communications technology tools. Five countries in the Region have already established proper facilities per IHR national focal point which have improved the national capacity to monitor, assess, and respond to public health emergencies.</p> <p>The national centers will also work in two modes:</p> <p>Emergency operations: In the event of a national emergency, the operations command and control center will be activated to mobilize and manage the ministry's overall response and to coordinate with other institutions and agencies. In this mode, the entire center will be dedicated to handling the event, including the priority use of the space, knowledge management processes, and technical and human resources for coordination, operation, and information activities.</p> <p>Non-emergency operations: The space will be multi-purpose and the staff will maintain ongoing epidemic intelligence; monitor natural and manmade emergencies and disasters; collect, analyze, and disseminate information on damage and needs assessment and on disease outbreaks and other</p>

potential health consequences; engage in collaborative work on good practices (virtual collaboration, geographic information systems display, etc.); and hold regular meetings with technical units to conduct risk assessment and decide on actions to be taken in response to events that arise.

It is anticipated that national governments will contribute to this initiative by ensuring the availability of the physical space. The resources needed to implement the national centers (IHR focal points) will be used to:

- (a) acquire/install new technology and equipment,
- (b) train national staff on the functioning of the center and the use of the new information and communication technology installed,
- (c) develop event management software to keep track of all decisions and actions taken.

5. Brief description of impact:

This project will greatly facilitate response to emergency events, including those that may constitute a PHEIC as defined under the International Health Regulations (2005).

6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results):

RER 1.6 Member States supported through technical cooperation to achieve the core capacities required by the International Health Regulations (2005) for the establishment of alert and response systems for use in epidemics and other public health emergencies of international concern.

RER 1.8 Regional and subregional capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment, and response to epidemics and other public health emergencies of international concern.

7. Total Estimated Cost: US\$ 3,000,000

Contributions from the PAHO Holding Account: \$ 1,500,000
Contributions from financial partners: \$ 1,500,000 (cost-sharing funds)
Contributions from other sources:

8. Estimated duration (in months): 36 months

9. Comments:

Estimated cost is based on approximately \$100,000 per country for 30 countries.

Project Profile

1. Project title: Strengthening PAHO's public health information systems
2. Coordinating entity: HSD Participating entities: HSD, KMC, ITS
3. Beneficiaries: The beneficiaries include: all the countries in the Region of the Americas, especially those with poor quality of health information; all areas of PAHO that will benefit from the organization and availability of data. Civil society as a whole will also benefit from being able to access health information and analyses from all countries of the Region in an organized manner.
4. Main issues, challenges, and/or problems to be addressed: PAHO needs to develop and implement a new health information systems strategy that will solve current problems such as fragmentation and lack of integration among systems; duplication of systems, which causes countries to be overwhelmed with multiple requests for information; and insufficient dissemination of the available information. PAHO's role in this new strategy is: (1) to facilitate data collection in countries by setting standards and providing technical cooperation to enable them to enhance the availability of relevant information and analyses so that all stakeholders ³ can easily access it; (2) to consolidate national information and produce analyses of aggregate data at the subregional and/or regional level to support monitoring of the health situation in the Americas and compliance with mandates issued by Member States; and (3) to develop a model for the organization of health data and information. Development and implementation of the new strategy will reduce the work involved in collecting data from countries and increase the use of health information (on morbidity, risk and protective factors, mortality, health services, human resources, health systems, and vulnerable populations) in decision-making. Objectives: (a) To expand the coverage and quality of health information systems in the Region in order to improve priority-setting, monitoring of the health situation, and policy and program impact assessment. (b) To establish standards, data flows, data collection instruments, and integrated analytical processes for all the information needed by the Secretariat in order to comply with its mandates, especially information related to the International Health Regulations (2005), the Health Agenda for the Americas 2008-2017, and the Strategic Plan 2008-2012.

³ Stakeholders include: decision-makers, health professionals, the media, civil society organizations, academic institutions, and international organizations.

<p>(c) To construct an integrated computer platform for PAHO health information systems that will facilitate the collection and dissemination of data from countries.</p> <p>The following are necessary for the development and implementation of the strategy for strengthening health information systems:</p> <ul style="list-style-type: none">• Identification of information needs• Assessment of the data collection and dissemination situation in countries• Development of the strategy• Procurement of software• Training of personnel
<p>5. Brief description of the impact:</p> <p>The project will contribute to:</p> <ul style="list-style-type: none">• Improvement in the collection, processing, and analysis of health information in countries.• Production of reliable information for health situation analysis and health service, program, and policy impact assessment.• Organization and improvement of information flows from countries to PAHO and from PAHO to countries.• Organization and availability of internal information within PAHO as the basis for developing a health observatory of the countries of the Americas.
<p>6. Linkage to the Strategic Plan (Strategic Objectives and Regionwide Expected Results):</p> <p>RER 11.2 Member States supported through technical cooperation for improving health information systems at regional and national levels.</p> <p>Indicators:</p> <p>11.2.1 Number of countries that have implemented processes to strengthen the quality and coverage of their health information systems.</p> <p>11.2.2 Number of countries that have implemented the PAHO Regional Core Health Data.</p> <p>RER 11.3 Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge, and scientific evidence for decision-making.</p> <p>Indicators:</p> <p>11.3.1 Number of countries that update their health situation analyses every two years.</p> <p>RER 11.5 PAHO is the authoritative source and broker of evidenced-based public health information and knowledge, providing essential health knowledge and advocacy</p>

material to Member States, health partners and other stakeholders.	
Indicators:	
11.5.2	Maintain the number of countries that have access to evidenced-based health information, advocacy material for the effective delivery of health programs as reflected in the country cooperation strategies.
11.5.3	PAHO Regional Information Platform created, integrating all PASB technical health data bases and information from health and development partners.
7. Estimated cost: US\$ 5,000,000	
Contribution from PAHO Holding Account: TBD (see comments). Contribution from financial partners: cost-sharing is anticipated. Contribution from other sources: \$500,000 provided in 2008-2009; additional \$1,725,000 being requested for 2010-2011.	
8. Estimated duration (in months): 48 months.	
9. Comments:	
A total of US\$ 500,000 from the PAHO Holding Account was approved for the first phase of this project.	
The first phase includes carrying out consultations, reaching consensus, and designing a model of the PAHO Health Information Platform (PHIP) and the Regional Health Observatory. Such efforts will make it possible to share available data and information and to disseminate more widely results of situation analysis on various health issues so as to support decision-making and health policies in the Region.	
Based on the results of the first phase, subsequent proposals will be developed outlining the remainder of the technical work required to complete the project.	
Progress up to 31 December 2009 is as follows:	
(a)	The data collection, data flow, analysis and dissemination processes of the mortality data have been reviewed and a new regional mortality information system is under development. As part of this review, several mortality estimation methods are being compared in order to select the one most appropriate for the Region.
(b)	The data collection, data flow, analysis, and dissemination processes of the core health indicators have been reviewed. In this context, a functional prototype information system has been developed and is currently being evaluated by five governments and PAHO country offices.

- (c) A similar review process for the data of the tuberculosis, HIV/AIDS, malaria, and dengue programs will be initiated on a priority basis.
- (d) The technological, data, and application architecture of the PAHO Health Information Platform have been designed. As part of the first phase, the technological infrastructure and the data model of the PHIP Health Data Warehouse have been set up. Currently, the Health Data Warehouse is populated with mortality, demographic and world development indicators. A mechanism for accessing them is being implemented. The process of integrating data from priority programs such as dengue, tuberculosis, and HIV/AIDS is being implemented.
- (e) The health intelligence service component of the PAHO Health Information Platform (<http://phip.paho.org>) has been set up. Design and development of interactive analytical reports are ongoing. This component enables more wide-spread sharing and dissemination of data, information, and results of analysis of health issues within the Organization.
- (f) The strategy and mechanisms for accessing available health data in the Health Data Warehouse are being defined, as are the process that will facilitate their use for analyses and dissemination of analytical results through the Health Information Platform.
- (g) A functional prototype open portal to the Health Information Platform is under construction, the aim being to facilitate access to data, information, health analysis tools, recommendations, analytical briefs and knowledge about health topics (see <http://ais.pahahoo.org/phip>).

In the second half of 2009 the following progress was achieved:

- (h) As a result of the review of the data collection and databases of the Health Surveillance and Disease Prevention and Control (HSD) technical programs, a report describing the current situation, problems to be overcome, and recommendations was prepared (document available upon request).
- (i) The PHIP Health Data Warehouse was consolidated and populated with new health data as planned. It is operational and functioning as an information resource for the Organization.

Data are available and ready for use by health analysts and professionals within the Organization.

Data Warehouse connection parameters:

Server: STG-SQL-01.stg.paho.org

Database: HealthDatawarehouse

User: DWreader

Pwr: dwreader

- (j) The PAHO Health Information Platform was designed and is currently being

implemented in a limited operational environment.

In this period new technological infrastructure was purchased; its setup has been planned for the first quarter of 2010.

- (k) Interactive tables, charts, reports, visualizations and dashboards have been designed, published, and made available as part of the Health Intelligence Service of the Platform at the following website with restricted access:
<http://phip.paho.org>.
- (l) A set of interoperability services was developed and implemented to facilitate the integration of information content into web applications such as PAHO website, regional health observatory website among others. Analytical content is currently being published and disseminated through the PAHO website and other web applications. See PAHO website at <http://www.paho.org>, particularly the Data and Statistics section: http://new.paho.org/hq/index.php?option=com_content&task=view&id=220&Itemid=317 and other sections such as Health Information and Analysis at: http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=511&Itemid=1864, and the Facts section: http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=1796&Itemid=1914.
- (m) The Health Information Platform is also providing support for the Corporate Performance Management Assessment (PMA). Three PMA dashboards were designed and published and are currently in operation to support institutional PMA.
- (n) The portal (Intranet) of the Regional Health Observatory was designed and implemented; it is available at: <http://work.stg.paho.org/ha> with restricted access.
- (o) The mortality database is being improved, including additional dimensions related to the individual such as ethnicity, geographic place of occurrence, and death under the care of health professionals. These new dimensions are very important for producing more in-depth and comprehensive mortality analysis.

Project Profile

1. Project Title: Strengthening communications through improved country office connectivity
2. Coordinating Entity: AM Participating Entities: ITS, KMC, BIR
3. Beneficiaries: Country offices and Pan American centers
4. Main issues, challenges, and/or problems to be addressed: Implementation of a virtual private network (VPN) will provide the connectivity required by modernization of corporate management systems and will increase communications capacity, bandwidth, security, and reliability. Such efforts will enable and support social networking, knowledge-sharing, electronic meetings and videoconferencing, and interconnectivity between health systems and institutions. These efforts will also provide a foundation for future direct Member State involvement in the activities of the Secretariat.
5. Brief description of impact: To achieve a minimum standard of connectivity that will provide all Member States access to participate in PAHO computer-based systems, including administrative, technical, collaborative, communications, and knowledge-based systems.
6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results): RER 15.2 Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategies (CCS) which are: (1) aligned with Member States' national health and development agendas, and (2) harmonized with the United Nations country team and other development partners. RER 16.4 Information Systems management strategies, policies and practices in place to ensure reliable, secure and cost-effective solutions, while meeting the changing needs of the PASB.
7. Total Estimated Cost: US\$ 2,100,000 Contributions from the PAHO Holding Account: \$2,000,000 (see comments) Contributions from financial partners: Contributions from other sources: \$ 100,000
8. Estimated duration (in months): 36 months.

9. Comments:

The cost of this project is now estimated at \$2,000,000 reduced from the \$3,250,000 originally proposed. Of the \$250,000 investment initially approved, an additional \$1,750,000 is requested. The new PAHO Virtual Private Network will support voice-over-Internet protocol (VoIP), real-time, asynchronous data communications, limited videoconferencing capability, and provide increased capabilities for business continuity. The project will generate recurring costs of approximately \$1.1 million per year—about \$50,000 more than current expenditures.

Project Profile

<p>1. Project Title: Modernize PASB’s corporate management system</p>
<p>2. Coordinating Entity: PBR Participating Entities: PBR, AM, ITS, FRM, HRM, PRO, GSO, KMC, IES</p>
<p>3. Beneficiaries: All internal and external stakeholders</p>
<p>4. Main issues, challenges, and/or problems to be addressed: Major reforms have been implemented in the PASB planning process within the results-based management (RBM) framework. Such reforms will help to ensure alignment with WHO’s Medium-term Strategic Plan (MTSP) and the Health Agenda for the Americas, and enhance transparency and accountability to Member States. PASB’s information systems, while independently functional, require investment to increase integration of information and to respond to WHO Global Management System (GSM) requirements.</p>
<p>5. Brief description of impact: The improved RBM capability and administrative efficiencies will benefit all entities in PAHO as well as outside stakeholders.</p>
<p>6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results):</p> <p>RER 16.1 PASB is a results-based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results.</p> <p>RER 16.2 Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources.</p> <p>RER 16.3 Human resource policies and practices promote (a) attracting and retaining qualified people with competencies required by the Organization’s plans; (b) effective and equitable performance and human resource management; (c) staff development; and (d) ethical behavior.</p> <p>RER 16.4 Information systems management strategies, policies, and practices in place to ensure reliable, secure, and cost-effective solutions, while meeting the changing needs of the PASB.</p> <p>RER 16.5 Effective and efficient functioning of the Organization through managerial and</p>

administrative support services, including strengthened procurement.

RER 16.6 PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.

7. Total Estimated Cost: To be determined

Contributions from the PAHO Holding Account: US\$ 1,000,000 for initial phase (see comments).

Contributions from financial partners:

Contributions from other sources: Currently unknown; however, depending upon the magnitude of the final project approved, additional resources outside of the program budget may need to be mobilized.

8. Estimated duration (in months):

Initial phase: 15 months (October 2008-December 2009).

9. Comments:

The \$1 million investment will be used to fully explore PAHO business processes and how they can be improved in order to align with WHO, support a robust RBM framework, and improve administrative efficiencies. Such efforts will help ensure the same level of integration and interoperability that WHO expects to achieve through its implementation of the Global Management System (GSM). This work will culminate in the evaluation of three alternatives for modernizing PAHO's Corporate Management Systems (CMS) and the formulation of a recommendation for consideration by the Governing Bodies.

This initial investment will be used to hire business process experts in the various corporate management system areas and to conduct a hands-on review of GSM. Expected outcomes will include: guiding principles for each corporate management area; a business process inventory, including a definition of business rules by CMS component, with information on opportunities for redesigning the processes to achieve maximum benefit; a detailed understanding of the advantages and disadvantages of the features of GSM and other alternatives; and a detailed design and costing of options for modernizing PAHO's Corporate Management Systems.

Project Profile

<p>1. Project Title: Modernize the service model for the delivery of IT and KM services</p>
<p>2. Coordinating Entity: ITS Participating Entities: ITS, KMC, country offices and Pan American centers</p>
<p>3. Beneficiaries: All PAHO entities</p>
<p>4. Main issues, challenges, and/or problems to be addressed:</p> <p>IT infrastructure maintenance and management needs in the field offices will be reduced. Current security vulnerabilities will be addressed. A common desktop experience for all PAHO-supported languages will be provided, thereby reducing the burden of managing desktops in country offices and HQ while simplifying local office support. PAHO will create a centralized service desk for KMC and IT helpdesk functions. This service desk is modeled after the Information Technology Infrastructure Library (ITIL) best practices adopted by WHO. It will be used to provide support for HQ, country offices and Pan American centers. The service desk concept offers a single point of contact, increased communication channels, and improved delivery of IT and KM services to the Organization.</p>
<p>5. Brief description of impact: Defined service levels providing reliable and predictable service standards.</p>
<p>6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results):</p> <p>RER 15.2 Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategies (CCS) which are (1) aligned with Member States' national health and development agendas, and (2) harmonized with the United Nations country team and other development partners.</p> <p>RER 16.4 Information systems management strategies, policies and practices in place to ensure reliable, secure, and cost-effective solutions, while meeting the changing needs of the PASB.</p>
<p>7. Total Estimated Cost: US\$ 2,230,000</p> <p>Contributions from the PAHO Holding Account: \$1,500,000 Contributions from financial partners: Contributions from other sources: \$ 730,000 in Master Capital Investment Fund (MCIF) funds</p>
<p>8. Estimated duration (in months): 36 months.</p>

9. Comments:

The cost of this project is now estimated at \$2,230,000, of which \$1,500,000 is requested from the Holding Account in lieu of the \$1,488,000 originally proposed. Of the original \$500,000 investment originally approved, an additional \$1,000,000 is requested. The investment would provide for a single PAHO domain with an @paho.org email address for all staff at all locations; an improved environment supporting standardization of services, business continuity, and access to information from anywhere; and up-to-date software in all offices aligned with the most current release. The service model will support the KMC conceptual model; ensure interoperability with the PAHO Intranet/Extranet 2.0, the WHO Global Institutional Repository, etc.; and leverage the PAHO Virtual Public Health Campus.

Project Profile

1. Project Title: Strengthen the Organization's capacity to be IPSAS-compliant by 2010
2. Coordinating Entity: FRM Participating Entities: All entities
3. Beneficiaries: All internal and external stakeholders
4. Main issues, challenges, and/or problems to be addressed: The United Nations System has agreed to replace the United Nations System Accounting Standards (UNSAS) with the International Public Sector Accounting Standards (IPSAS) by 2010. The PAHO Governing Bodies have approved the adoption of IPSAS by 2010. In order to meet that commitment, the Organization must align its Financial Regulations and Rules, processes, and systems with IPSAS. Furthermore, significant training and oversight will be required to ensure that new policies are understood and implemented correctly.
5. Brief description of impact: The financial statements of the Organization will more accurately support the requirements of results-based management and best practices in financial reporting, and will be comparable across the United Nations system, thus benefiting external stakeholders.
6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results): RER 16.1 PASB is a results-based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results. RER 16.2 Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources.
7. Total Estimated Cost: US\$ 500,000 Contributions from the PAHO Holding Account: \$300,000 Contributions from financial partners: Contributions from other sources: \$200,000
8. Estimated duration (in months): 18 months.

9. Comments:

\$300,000 was made available from the Holding Account for the IPSAS project, of which a total of \$229,378 was obligated for the project during the 2008-2009 biennium. The unliquidated balance as of 31 December 2009 represents funds reserved to cover the final payment of the IPSAS project manager's contract, the cost of barcode scanners for fixed asset control, and the final invoice for an advisory services contract.

Project Profile

1. Project Title: Improvements to facilities: MOSS upgrades and security measures
2. Coordinating Entity: AM Participating Entities: AM, GSO, country offices
3. Beneficiaries: PAHO staff members in country offices
4. Main issues, challenges, and/or problems to be addressed: Over the past several years, the United Nations system has mandated security improvements (known as Minimum Security and Safety Standards, or MOSS) for office locations worldwide. The need for these security upgrades has become especially apparent in the wake of terrorist attacks on various United Nations facilities, such as those in Baghdad and Algiers. PAHO traditionally funds security improvements from individual country office budgets, but the amounts needed for technical cooperation efforts severely limit the funds that can be diverted to security. The influx of funds from this project will assist the country offices in completing mandatory security upgrades.
5. Brief description of impact: A one-time assist to country offices to complete MOSS upgrades.
6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results): RER 16.6 PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.
7. Total Estimated Cost: US\$ 300,000 Contributions from the PAHO Holding Account: \$ 300,000 Contributions from financial partners: \$ 0 Contributions from other sources: \$ 0
8. Estimated duration (in months): Funds should be spent over a six month period.
9. Comments:

Project Profile

<p>1. Project Title: Improvements to facilities: energy saving measures</p>
<p>2. Coordinating Entity: AM Participating Entities: AM, GSO</p>
<p>3. Beneficiaries: PAHO</p>
<p>4. Main issues and challenges and/or problems to be addressed:</p> <p>The Organization’s principal physical asset is the Headquarters office tower and conference wing. Completed in 1965, the HQ building requires ongoing maintenance to ensure its continued usefulness to support technical cooperation efforts with Member States. Owing to a lack of funding, the 1999-2002 renovation did not replace the heating and ventilation systems or the electrical cabinets on the 2nd and 10th floors. All of the windows in the building date from 1965 and are single-pane and very energy-inefficient. Recent improvements in building reconstruction, as well as United Nations-wide initiatives, encourage “green roofs” to save energy. The conference building roof is an excellent candidate for such a roof, especially because replacement of its roof is overdue.</p>
<p>5. Brief description of impact:</p> <p>The cost of energy continues to increase dramatically and all of the above project components, while costly in the short term, will reduce the growing financial impact of energy bills in the future at the Headquarters location.</p>
<p>6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results):</p> <p>RER 16.6 PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.</p>
<p>7. Total Estimated Cost: US\$ 2,900,000</p> <p>Contributions from the PAHO Holding Account: \$620,000 (2008-2009) Contributions from financial partners: \$ 0 Contributions from other sources: MCIF</p> <p>Amount of new funding requested for 2010-2011 is \$1.1 million.</p>
<p>8. Estimated duration (in months): approximately 24 months.</p> <p>The various components of the project will require different lengths of time to complete, but the estimated total time to complete all work is approximately 2 years.</p>

9. Comments:

The \$620,000 will fund several phases of the window replacement project. The first phase will be replacement of the windows in the two emergency stairwells. In the next phase, the windows in the conference wing will be replaced. Both phases will entail minimal disruption to office operations, can be accomplished relatively quickly, and will provide GSO with information on the difficulties, if any, of installing new double-pane gas-filled energy-efficient windows. As the window project progresses to the office tower, more information on costs and future timing will be provided.

GSO is requesting funding for the full estimated costs (\$1.1 million) for the electricals to support the heating, ventilation, and air-conditioning (HVAC) system and also for the HVAC equipment/installation itself so that the project can advance in the 2010-2011 biennium.

Project Profile

1. Project Title: Improvements to facilities: plaza drainage system
2. Coordinating Entity: AM Participating Entities: AM, GSO
3. Beneficiaries: PAHO
4. Main issues and challenges and/or problems to be addressed: The Organization's principal physical asset is the Headquarters office tower and conference wing. Completed in 1965, the HQ building requires ongoing maintenance to ensure its continued usefulness to support technical cooperation efforts with Member States. The ground level plaza drainage system has not undergone any significant repairs since installation in 1965, and rainwater is seeping into the garage, threatening the major repairs made two years ago to the garage floors. As part of systemic and regular maintenance, a complete resealing of drains and surfaces is required to preserve the structural integrity of the building.
5. Brief description of impact: A full and complete repair will maintain the structural integrity of the building and avoid future, more costly repairs.
6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results): RER 16.6 PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.
7. Total Estimated Cost: US\$ 375,000 Contributions from the PAHO Holding Account: \$375,000 Contributions from financial partners: Contributions from other sources:
8. Estimated duration (in months): 6 months.
9. Comments: This project was not initiated in 2008-2009 because GSO was fully occupied with the EOC and roof projects. It is expected to be done in the 2010-2011 biennium.

Project Profile

1. Project Title: Improvements to facilities: security and sanitary measures
2. Coordinating Entity: AM Participating Entities: AM, GSO
3. Beneficiaries: PAHO
4. Main issues, challenges, and/or problems to be addressed: The Organization's principal physical asset is the Headquarters office tower and conference wing. Completed in 1965, the HQ building requires ongoing maintenance to ensure its continued usefulness to support technical cooperation efforts with Member States. There have been no improvements to the lobby and 2nd floor levels, including the 2nd floor restrooms, which are used by the numerous visitors to the conference facility. In addition, the lobby was not designed for the security requirements of a post-9/11 era, and improvements are needed to ensure staff safety.
5. Brief description of impact: Security for staff members and visitors will be improved by updates to the lobby guard desk. Also, the usefulness of the conference area will be enhanced by these improvements.
6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results): RER 16.6 PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.
7. Total Estimated Cost: US\$ 330,000 Contributions from the PAHO Holding Account: \$330,000 Contributions from financial partners: \$ 0 Contributions from other sources: MCIF
8. Estimated duration (in months): approximately 24 months.
9. Comments: There are several interrelated projects funded under this Holding Account project, and it is expected that they will be completed by the end of the biennium.

Project Profile

1. Project Title: Improvements to facilities: HQ office tower roof
2. Coordinating Entity: AM Participating Entities: AM, GSO
3. Beneficiaries: PAHO
4. Main issues, challenges, and/or problems to be addressed: The Organization's principal physical asset is the Headquarters office tower and conference wing. Completed in 1965, the HQ building requires ongoing maintenance to ensure its continued usefulness to support technical cooperation efforts with Member States. The roof over the main HQ office tower has undergone several small repairs since the building was constructed, but sound maintenance standards require a major replacement of the roof layers to prevent damage from water seepage. There are increasing leaks during rain storms, causing further damage within the building. Replacement of the office tower roof is at least a decade overdue.
5. Brief description of impact: Completion of this project will preserve the building for several decades.
6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results): RER 16.6 PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff. Indicator: 16.6.4 Percentage of PASB regional entities and PAHO Pan American Centers that improve and maintain their physical infrastructure, office equipment, furnishings, information technology equipment and transport, as programmed in their Biennial Workplans.
7. Total Estimated Cost: US\$ 347,000 Contributions from the PAHO Holding Account: \$ 250,000 Contributions from financial partners: \$ 0 Contributions from other sources: \$ 97,000
8. Estimated duration (in months): 2 months.
9. Comments: The repairs began in mid-January 2010 and should be completed, weather permitting, by mid-March.

Project Profile (as of 25 January 2010)

1. Project Title: Improvements to facilities: Headquarter buildings
2. Coordinating Entity: AM Participating Entities: AM, GSO
3. Beneficiaries: PAHO
4. Main issues, challenges, and/or problems to be addressed: The Organization's principal physical asset is the Headquarters office tower and conference wing and adjacent rented office annexes. Completed in 1965, the HQ building requires ongoing maintenance to ensure its continued usefulness to support technical cooperation efforts with Member States. The existing chairs and conference tables in conference rooms A, B, and C are approximately 20-25 years old and require replacement. Extensive use has weakened the back supports of the chairs, and they are breaking with increasing frequency. The veneer on the surfaces of the conference tables has been refinished numerous times and it is now too thin to be repaired. The Virginia Ave annex was occupied in 1986 and the original modular furniture needs to be replaced to accommodate the latest in computer technology and, especially, to provide the latest ergonomic design to help prevent meta carpal damage to staff members.
5. Brief description of impact: The expected useful life of the furniture has expired; replacement will maintain conference facilities for several decades.
6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Result): RER 16.6 PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.
7. Total Estimated Cost: US\$ 1,075,000 Contributions from the PAHO Holding Account: \$ 1,075,000 Contributions from financial partners: \$ 0 Contributions from other sources: \$ 100,000 (regular budget)
8. Estimated duration (in months): 18 months.
9. Comments: Following the completion of the space study and the relocation of PAHO Washington, D.C., staff among the three office locations, it is anticipated that the furniture replacement project will commence in 2010. GSO will also begin to analyze replacement of some chairs in the conference rooms for 2010-2011.