



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 146th SESSION OF THE EXECUTIVE COMMITTEE

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*Provisional Agenda Item 5.5*

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### STATUS OF PROJECTS FUNDED FROM THE PAHO HOLDING ACCOUNT

1. The 48th Directing Council (2008), in accordance with Resolution CD48.R1,<sup>1</sup> approved the use of the Holding Account to fund priority projects as listed in Document CD48/22.<sup>2</sup> 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 projects funded from the Holding Account. This document incorporates the comments and recommendations made by the Subcommittee during its fourth session.
2. Under Resolution CD48.R1, 7 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.<sup>3</sup> 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 Executive Committee's consideration at this time.
3. Table 1 contains a summary information on all 13 projects, including a brief description of the scope of each 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.

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<sup>1</sup> 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>.

<sup>2</sup> 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>.

<sup>3</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

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 and planned activities.

**Action by the Executive Committee**

6. The Executive Committee is requested to examine this document and to approve the proposed changes in the levels of financing authorized for the period 2010-2011 or to make alternative recommendations to the Bureau.

**TABLE 1**

No.	Title	Description	Revised total budget	Estimated from Holding Account	Estimated from other sources
1.A	<b>Emergency Operations Center (EOC) and Knowledge Center (KC)</b>	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.	<b>3,400,000</b>	2,900,000	500,000
1.B	<b>Establishment of national focal points for International Health Regulations</b>	The national liaison centers for the International Health Regulations in the countries should receive support to boost their capacity for instantly generating information and managing knowledge; improve their ability to assess health risks; respond to situations that could constitute public health emergencies, such as natural disasters, communicable disease outbreaks, or chemical and radio-nuclear incidents; and meet the requirements set forth in the International Health Regulations (2005). For more information, see Annex 1-B.	<b>3,000,000</b>	1,500,000	1,500,000
2.A	<b>Strengthening PAHO's public health information systems</b>	A new health information systems strategy should be put in place to rectify the fragmentation and lack of integration among systems; the duplication of systems that overwhelms countries with multiple requests for information; and the insufficient dissemination of available information. For further details, please refer to Annex 2-A.	<b>5,000,000</b>	2,225,000	TBD*

\* TBD: To be determined.

No.	Title	Description	Revised total budget	Estimated from Holding Account	Estimated from other sources
2.B	<b>Adoption of networking strategies to transform the delivery of technical cooperation</b>	Project proposal will be resubmitted for future consideration.	<b>TBD</b>	TBD	TBD
2.C	<b>Strengthening communications through improved country office connectivity</b>	A PAHO private network (PPN) will support the communications needs of the Organization’s modern corporate management systems by providing the required connectivity through added communications capacity, bandwidth, security, and reliability. This network will enable and support social networking, knowledge-sharing, electronic meetings, and videoconferencing, and will provide connectivity to extend systems in health institutions. The network will also provide a foundation for the future direct involvement of Member States in the activities of the Secretariat. For further details, please see Annex 2-C.	<b>2,100,000</b>	2,000,000	100,000
3.A	<b>Modernization of PASB’s Management Information System</b>	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 management information system (PMIS) and formulate a recommendation for consideration by the Governing Bodies. For further details, please refer to Annex 3-A.	<b>1,000,000</b>	1,000,000	0

No.	Title	Description	Revised total budget	Estimated from Holding Account	Estimated from other sources
3.B	<b>Modernization of the service model for the delivery of IT and KM services</b>	This initiative seeks to reduce the maintenance and management needs of PAHO's IT infrastructure in all offices; decrease current security vulnerabilities; and to provide updated software supporting all four PAHO official languages, thus reducing the management of desktops in country offices and simplifying local office support. For further details, please refer to Annex 3-B.	<b>2,230,000</b>	1,500,000	730,000
3.C	<b>Strengthening of the Organization's capacity to be IPSAS-compliant by 2010</b>	The United Nations System has agreed to replace the United Nations System Accounting Standards (UNSAS) with International Public Sector Accounting Standards (IPSAS) by 2010. PAHO's 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.	<b>500,000</b>	300,000	200,000
4.A	<b>Improvements to facilities: MOSS upgrades and security measures</b>	Country offices need one-time assistance to complete Minimum Operational Security Standards (MOSS) upgrades. For further details, please refer to Annex 4-A.	<b>300,000</b>	300,000	0

No.	Title	Description	Revised total budget	Estimated from Holding Account	Estimated from other sources
4.B	<b>Improvements to facilities: energy-saving measures</b>	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.	<b>2,900,000</b>	1,720,000	TBD
4.C	<b>Improvements to facilities: plaza drainage system repairs</b>	There are leaks in the plaza drainage system and, as a matter of regular maintenance, they should be replaced. For further details, please refer to Annex 4-C.	<b>375,000</b>	375,000	0
4.D	<b>Improvements to facilities: security and sanitary measures</b>	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.	<b>330,000</b>	330,000	0
4.E	<b>Improvements to facilities: HQ office tower roof repairs</b>	The scheduled replacement of the roof over the main HQ office tower is overdue. There are increasing leaks during rainstorms, further damaging the building. For further details, please refer to Annex 4-E.	<b>347,000</b>	250,000	97,000

No.	Title	Description	Revised total budget	Estimated from Holding Account	Estimated from other sources
4.F	<b>Improvements to facilities: renovation of Headquarters buildings</b>	The Organization's main physical assets are the Headquarters office tower, the conference wing, and the adjacent rented office annexes. These facilities require ongoing maintenance to ensure that they remain useful in support of the Bureau's work of 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.	<b>1,075,000</b>	975,000	100,000
		<b>Total</b>	<b>22,557,000</b>	<b>15,375,000</b>	<b>3,227,000</b>

**TABLE 2**

Approved in its entirety  
Approved first phase  
Proposed changes


Project Ref	Project	Budget		1st HA Approval (Dec. 08)	2008–2009		2nd HA Request	Other Sources
		Original	Rev. (Mar. 2010)		Implemented	Balance		
1.A	Emergency Operations/ Knowledge Center	2,000,000	3,400,000	1,500,000	123,790	1,376,210	1,400,000	500,000
1.B	National IHR Focal Points	3,000,000	3,000,000	1,500,000	0	1,500,000	0	1,500,000
2.A	PAHO's public health information system	8,000,000	5,000,000	500,000 <sup>1/</sup>	95,717	404,283	1,725,000	TBD
2.B	n/a	-	-	-	-	-	-	-
2.C	Improved county office connectivity	3,250,000	2,100,000	250,000 <sup>1/</sup>	0	250,000	1,750,000	100,000
3.A	Modernization of PASB's Management Information System	TBD	1,000,000	1,000,000 <sup>1/</sup>	435,668	564,332	0	0
3.B	Modernize delivery of IT and KM services	1,488,000	2,230,000	500,000 <sup>1/</sup>	0	500,000	1,000,000	730,000
3.C	PAHO's compliance with IPSAS by 2010	500,000	500,000	300,000	229,379	70,621	0	200,000
4.A	MOSS upgrade and security measures	300,000	300,000	300,000	107,695	192,305	0	0
4.B	Energy saving measures	2,900,000	2,900,000	620,000 <sup>1/</sup>	0	620,000	1,100,000	TBD
4.C	Plaza drainage system repairs	375,000	375,000	375,000	0	375,000	0	0
4.D	Security and sanitary measures	330,000	330,000	330,000	0	330,000	0	0
4.E	Improvement of HQ office tower roof repairs	250,000	347,000	250,000	9,210	240,790		97,000
4.F	Renovation of HQ buildings	575,000	1,075,000	575,000	0	575,000	400,000	100,000
<b>Total</b>		<b>22,968,000</b>	<b>22,557,000</b>	<b>8,000,000</b>	<b>1,001,459</b>	<b>6,998,541</b>	<b>7,375,000</b>	<b>3,227,000</b>

<sup>1/</sup> Represents phase 1 funding; total HA funding yet to be determined.



### Project Profile 1.A

<b>1. Project title:</b> Emergency Operations Center and Knowledge Center (EOC/KC)
<b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> GSO, PED, HSD, KMC, ITS
<b>3. Beneficiaries:</b>  The entire Organization (Member States, country offices, and technical areas at Headquarters)
<b>4. Main issues and challenges or problems to be addressed:</b>  The Emergency Operations Center/Knowledge Center (EOC/KC) is a central hub that conducts corporate functions during emergency events, including 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 emergency of international concern (PHEIC), as defined in the International Health Regulations (IHR) (2005).  Two operational states are envisioned:  1. Emergency operations. The Area of Emergency Preparedness and Disaster Relief (PED) and the Communicable Diseases team within the Area of Health Surveillance, Disease Prevention and Control (HSD/CD), with the support of the Disaster Task Force (DTF) or the Epidemic Alert and Response Task Force (EARTF), will activate an expanded EOC when there is a need to mobilize and manage the Organization's overall response and to coordinate with other institutions and agencies, such as during a public health emergency of international concern or other health crisis. During emergency operations, the entire EOC/KC facility will be devoted to handling the event, and will have priority use of the space, knowledge management processes, and technical and human resources for coordination, operations, and information activities.  2. Non-emergency operations. During regular working operations, the space will have the following multiple functions: <ul style="list-style-type: none"><li>• Core EOC: The staff will maintain PED and HSD/CD epidemic intelligence on an ongoing basis; monitor natural and man-made emergencies or disasters; and collect, analyze, and disseminate information on damage and needs assessment, disease outbreaks, and other potential health consequences. PAHO, in compliance with IHR (2005), must be accessible at all times (24/7), since countries are required to inform PAHO within 24 hours of an event that may constitute a PHEIC.</li><li>• Knowledge Center (KC): The Knowledge Management and Communication Area will provide support in knowledge development (brainstorming, concept-mapping, capturing of lessons learned, collaborative development of best practices, etc.), knowledge-sharing (nurturing and facilitating communities of practice), and knowledge applications (content</li></ul>

management, virtual collaboration, geographic information systems, etc.).

- Common area: The space may also be used for regular meetings with staff from technical units and country offices to conduct risk assessments in the field and decide on current event interventions.

The Center, as a space for gaining knowledge, provides significant synergy and cost savings in respect of these fundamental needs of PASB by sharing knowledge management methodologies and tools, information technology and communication infrastructure, and facilities; it also benefits the emergency management function through closer interaction.

The following steps are necessary for the Emergency Operations Center/Knowledge Center to become operational:

- Completion of the design (PAHO has engaged the services of KCCT, an architectural and design company, which is expected to finish the design by the end of May 2010).
- Issuance of a request for proposal (RFP) by PAHO's procurement area (in early June).
- Review of bids from interested construction companies and award of contract (mid- to late August).
- Construction phase (September to December).
- Purchase of interior equipment and furnishings (September to November).
- Commissioning of the facility (January 2011).

##### **5. Brief description of impact:**

The project will:

- Provide a permanent facility for the various PASB areas involved organizing and carrying out the response to emergency events.
- Facilitate PAHO's decision-making capability in response to emergency events, including events that may be a PHEIC, as defined under the International Health Regulations (2005).
- Improve information flow and response between various Member States, PASB, WHO, NGOs, and other United Nations agencies and organizations during emergency situations.

##### **6. Linkage to the Strategic Plan (Strategic Objectives and Regionwide Expected Results):**

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

##### **Indicator:**

**1.6.1:** Number of countries that have achieved the core capacities for surveillance and responses, in line with their obligations under the International Health Regulations (2005).

<p><b>RER 1.8:</b> 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.</p> <p><b>Indicator:</b></p> <p><b>1.8.1:</b> Percentage of public health events of international importance verified in the time recommended by the International Health Regulations (2005).</p> <p><b>RER 1.9:</b> Effective operations and response by Member States and international community to declared emergencies situations due to epidemic and pandemic prone diseases.</p> <p><b>Indicator:</b></p> <p><b>1.9.1:</b> Percentage of PASB International Health Regulations compliant responses based on requests for support from Member States during emergencies or epidemics.</p> <p><b>RER 5.1:</b> Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels.</p> <p><b>Indicator:</b></p> <p><b>5.1.1:</b> Number of countries that have developed and evaluated disaster preparedness plans for the health sector.</p> <p><b>RER 5.2:</b> Timely and appropriate support provided to Member States for immediate assistance to populations affected by crises.</p> <p><b>Indicator:</b></p> <p><b>5.2.2:</b> Percentage of emergencies where a response to emergencies is initiated within 24 hours of the request.</p> <p><b>RER 5.3:</b> Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations.</p> <p><b>Indicator:</b></p> <p><b>5.3.2:</b> Percentage of humanitarian action plans for complex emergencies and consolidated appeals with strategic and operational components for health included.</p> <p><b>RER 5.4:</b> 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</p>
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radiation.	
<b>Indicator:</b>	
<b>5.4.2:</b>	Percentage of emergencies where coordinated technical cooperation (PASB task force) is provided, when needed.
<b>7. Estimated cost:</b> \$3,400,000	
<b>Architectural and Engineering Study</b>	\$ 343,000 (was \$275,000)
<b>Construction</b>	\$1,805,000 (was \$1,250,000)
<b>Contingency (construction)</b>	\$ 376,000 new
<b>Project Management</b>	\$ 376,000 new
<b>Business Continuity Study</b>	\$ 250,000
<b>Other expenses (EOC)</b>	\$ 250,000
Contributions from the PAHO Holding Account: \$2,900,000	
Contributions from financial partners: \$0	
Contributions from other sources: \$500,000	
\$1,500,000 provided in 2008-2009, additional \$1,400,000 being requested in 2010-2011.	
<b>8. Estimated duration:</b> 18 months	
<b>9. Comments:</b>	
<p>During 2009, an architectural/engineering design study for the EOC/KC began and a final drawings package should be available by mid-May 2010. The design costs have increased to \$343,168 from the original planned figure of \$275,000 because the participating areas modified the original design in the light of experience during recent emergencies. The A/E firm provided an estimated construction cost of \$1,805,000 and recommended \$376,000 for contingencies and \$376,000 for project management. The original construction estimate by the GSO area manager was \$1,525,000 and included a small contingency and project management cost. The overall shortfall for the EOC/KC project is thus estimated to be is \$1.4 million (excludes donor contribution of \$500,000), and this amount is being therefore requested from the Holding Account to complete this major goal of the Organization. The Organization will seek donor support of \$500,000 for the overall project.</p> <p>With the completion of the renovation of the ground-floor library space, the AM area will increase its current efforts to enhance the Organization-wide business continuity capabilities to ensure that disruptions during emergencies such as natural disasters will be minimized. During periods of non-EOC activity, some \$10,000 was spent in 2009 for business continuity support.</p>	

### Project Profile 1.B

<b>1. Project title:</b> Establishment of National Focal Points for International Health Regulations
<b>2. Coordinating Entity:</b> Health Surveillance and Disease Prevention and Control/Emergency Preparedness and Disaster Relief (HSD/PED) <b>Participating Entities:</b> HSD, PED, GSO, country offices
<b>3. Beneficiaries:</b>  The entire Organization (Member States, country offices, and technical areas at Headquarters)
<b>4. Main issues and challenges or problems to be addressed:</b>  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.  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 (IHR) (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.  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 centers to support their IHR national focal points, and these centers have improved the national capacity to monitor, assess, and respond to public health emergencies.  Like the regional Emergency Operations Center and Knowledge Center, the national centers will work in two modes:  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 devoted 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. Non-emergency operations: The space will be multi-purpose and the staff will maintain ongoing

epidemic intelligence; monitor natural and man-made emergencies and disasters; collect, analyze, and disseminate information on damage and needs assessment and on disease outbreaks and other potential health consequences; engage in collaborative work on best 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 make it possible to improve the identification, early detection, and immediate communication of situations that may constitute a public health emergency of international concern. It will facilitate the issuance of national and international alerts, and this, in turn, will have a direct impact on preparedness and response to such situations, including those that could constitute a public health emergency of international concern as defined in 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.

**RER 1.9:** Effective operations and response by Member States and international community to declared emergencies situations due to epidemic and pandemic prone diseases.

**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.

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

Stage one:

- Ten Member States (Bolivia, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, and Suriname) have sent proposals; they are under review and pending final approval.

Stage two:

- Remaining Member States will send proposals for approval until all 35 countries of the Region are included.
- It is expected that all countries will have the national IHR focal points established before June 2012, which is the deadline for implementation of the IHR Action Plan for Basic Functions.

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: 36 months**

**9. Comments:**

Proposals from 10 countries have been received and endorsed, but the proposal review involves both the Health Surveillance, Disease Prevention and Control Area (HSD) and the Emergency Preparedness Area (PED), and the allocation of funds in the countries is issued by the Planning, Budget, and Resource Coordination Area (PBR). All 10 projects have been reviewed by HSD, and the countries have incorporated suggested amendments. PED still has to review some projects; the ones that have been approved by the Director have received funding.

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

## Project Profile 2.A

<b>1. Project title:</b> Strengthening PAHO's Public Health Information Systems
<b>2. Coordinating entity:</b> Health Surveillance and Disease Prevention and Control (HSD) <b>Participating entities:</b> HSD, KMC, ITS
<b>3. Beneficiaries:</b> <p>The beneficiaries include the countries of the Americas, especially those with poor health information, and all PAHO areas that will benefit from better organization and availability of data. Civil society and the general public will also benefit by being able to access well-organized health information and analyses from all countries of the Region.</p>
<b>4. Main issues and challenges or problems to be addressed:</b> <p>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 available information.</p> <p>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 (including decision-makers, health professionals, the media, civil society organizations, academic institutions, and international organizations) 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.</p> <p>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.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"><li>(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.</li><li>(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.</li></ul>



<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 steps are necessary for the development and implementation of the strategy for strengthening health information systems:</p> <ul style="list-style-type: none"><li>• Identification of information needs.</li><li>• Assessment of the data collection and dissemination situation in countries.</li><li>• Development of the strategy.</li><li>• Procurement of software.</li><li>• Training of personnel.</li></ul>
<p><b>5. Brief description of impact:</b></p> <p>The project will contribute to:</p> <ul style="list-style-type: none"><li>• Improvement in the collection, processing, and analysis of health information in countries.</li><li>• Production of reliable information for health situation analysis and health service, program, and policy impact assessment.</li><li>• Organization and improvement of information flows from countries to PAHO and from PAHO to countries.</li><li>• Organization and availability of internal information within PAHO as the basis for developing a health observatory of the countries of the Americas.</li></ul>
<p><b>6. Linkage to the Strategic Plan (Strategic Objectives and Regionwide Expected Results):</b></p> <p><b>RER 11.2:</b> Member States supported through technical cooperation for improving health information systems at regional and national levels.</p> <p><b>Indicators:</b></p> <p><b>11.2.1:</b> Number of countries that have implemented processes to strengthen the quality and coverage of their health information systems.</p> <p><b>11.2.2:</b> Number of countries that have implemented the PAHO Regional Core Health Data.</p> <p><b>RER 11.3:</b> 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><b>Indicators:</b></p> <p><b>11.3.1:</b> Number of countries that update their health situation analyses every two years.</p>

<p><b>RER 11.5:</b> PAHO is the authoritative source and broker of evidenced-based public health information and knowledge, providing essential health knowledge and advocacy material to Member States, health partners and other stakeholders.</p> <p><b>Indicators:</b></p> <p><b>11.5.2:</b> 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.</p> <p><b>11.5.3:</b> PAHO Regional Information Platform created, integrating all PASB technical health data bases and information from health and development partners.</p>
<p><b>7. Estimated cost:</b> \$5,000,000</p> <p>Contribution from PAHO Holding Account: TBD (see comments) Contribution from financial partners: cost-sharing is anticipated Contribution from other sources:</p> <p>\$500,000 provided from in 2008-2009; an additional \$1,725,000 being requested for 2010-2011.</p>
<p><b>8. Estimated duration:</b> 48 months</p>
<p><b>9. Comments:</b></p> <p>A total of \$500,000 from the PAHO Holding Account was approved for the first phase of this project.</p> <p>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. These 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.</p> <p>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.</p> <p>Progress up to 31 December 2009 is as follows:</p> <p>(a) The data collection, data flow, analysis and dissemination processes for 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.</p>

- (b) The data collection, data flow, analysis, and dissemination processes for 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 (available at <http://phip.paho.org> with restricted access) 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 is 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:

- (a) 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).
- (b) 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

- (c) 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.
- (d) Interactive tables, charts, reports, visualizations, and dashboards were 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>.
- (e) A set of interoperability services was developed and implemented to facilitate the integration of information content into web applications such as the PAHO website and the regional health observatory website. 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](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](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](http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=1796&Itemid=1914).
- (f) 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.
- (g) 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.
- (h) 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.

Plan for implementing funds executed during 2009:

- (a) Purchase of technological infrastructure for PAHO's Health Information Platform. The procurement process started in October 2009 and ended in February 2010. A total of \$79,542 was expended.
- (b) Participation at technical meetings of WHO Headquarters and Regions on the development of the global and regional health observatories.
- (c) Contracting of consultants to review the data collection and workflows of technical programs in the Area of Health Surveillance, Disease Prevention and Control (HSD), and draw up a strategic proposal to improve them, including defining and harmonizing the data to be collected and the collection processes.

- (d) Implementation of data integration processes for data from source databases of technical programs.

Of the remaining \$404,283 not executed in 2009, \$188,163 have been spent in the period January-March 2010 and \$203,150 are programmed and committed for implementation in the upcoming months. The remaining balance of \$12,970 will be used for technical cooperation activities in countries before 30 May 2010.

Funds for this project were not received for execution until the end of May 2009.

Plan for executing funds requested for 2010-2011:

- (a) Scale up PAHO's corporate-level Health Information Platform (PHIP) with the acquired technological infrastructure. Requested funding: \$200,000.00.
- (b) Provide technical support to and work with PAHO technical programs to define data and indicators that should be integrated into the Data Warehouse of PHIP. Requested funding: \$300,000.00.
- (c) Provide capacity-building support to technical programs for data analysis, so that health professionals and analysts can take advantage of the PHIP as an information resource to generate and disseminate information. Requested funding: \$200,000.00.
- (d) Adoption of standards and implementation of processes for exchanging data with health information systems from Member States, health agencies, and development partners. Requested funding: \$150,000.
- (e) Work with and provide technical cooperation to ministries of health in Member States to set up data exchange mechanisms and provide specific information products to countries in support of health decision-making at the regional, subregional, and national levels. Requested funding: \$195,000.00.
- (f) Technical cooperation to the Member States to strengthen national health information systems and improve the quality of health statistics. Requested funding: \$500,000.00.
- (g) Extend the scope of PAHO's Health Information Platform as the premier source of health information for the Region of the Americas. Requested funding: \$180,000.00.

### Project Profile 2.C

<p><b>1. Project Title:</b> Strengthening Communications through Improved Country Office Connectivity</p>
<p><b>2. Coordinating Entity:</b> Office of the Director of Administration (AM) <b>Participating Entities:</b> ITS, KMC, BIR</p>
<p><b>3. Beneficiaries:</b></p> <p>Beneficiaries include all PAHO staff members at Headquarters, country offices, and centers. Secondary beneficiaries include Member States and other stakeholders, given that this investment will lead to an increase in collaboration with partners.</p>
<p><b>4. Main issues and challenges or problems to be addressed:</b></p> <p>Most of PAHO's country offices and Centers have inadequate bandwidth to support current or future corporate management systems applications. The current network is unreliable, prone to outages, and performs poorly at times. Moreover, none of the current internet service providers delivering connectivity at all PAHO sites guarantees service levels or performance.</p> <p>Implementation of a PAHO Private Network (PPN) will ensure that all country offices have a robust and reliable network in terms of connectivity and user experience. The network will provide the connectivity required to support the modernization of PAHO's 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 to support the communications needs of a modern Organization. These efforts will also provide a foundation for future direct Member State involvement in the activities of the Secretariat.</p>
<p><b>5. Brief description of impact:</b></p> <p>The project will help to:</p> <ul style="list-style-type: none"><li>• Increase collaboration and reliability of communication.</li><li>• Ensure equity in country office connectivity.</li><li>• Centralize troubleshooting and network management.</li><li>• Improve service quality and guarantee service levels.</li><li>• Provide a minimum level of connectivity that provides all Member States access to PAHO's computer-based systems, including administrative, technical, collaborative, communications, and knowledge-based systems.</li></ul> <p>This project is also the cornerstone to the success of Projects 1.A., 1.B., 2.A., 3.A., and 3.B.</p>

<b>6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results):</b>	
<b>RER 15.2:</b>	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.
<b>RER 16.4:</b>	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.
<b>Indicators:</b>	
<b>15.2.5:</b>	Number of PASB country and subregional entities with improved administrative support, physical infrastructure, transport, office equipment, furnishings and information technology equipment as programmed in their biennial workplans.
<b>16.4.3:</b>	Number of PAHO/WHO country and subregional entities and Pan American centers using consistent, near real-time management information.
<b>7. Total Estimated Cost: \$2,100,000</b>	
Contractor to support implementation of the telephony component	\$ 200,000
Project manager to implement the PAHO Network	\$ 60,000
Integration of in-country phone systems with HQ	\$ 80,000
Penalties to terminate in-country ISP contracts (max. amount—may be less)	\$ 120,000
Rewiring of some country offices (depending on site survey)	\$ 100,000
Quality of service devices (leveraging WHO standards)	\$ 250,000
One time transition costs to support interoffice long-distance costs	\$ 750,000
Backup satellite facility to ensure continuity of connectivity in a disaster	\$ 500,000
Contingencies	\$ 40,000
Contributions from the PAHO Holding Account: \$2,000,000 (see comments)	
Contributions from other sources: \$100,000	
Estimated annual contributions from PAHO country offices for local ISP and inter-country long distance costs: \$1,000,000.	
<b>8. Estimated duration: 24 months</b>	
<b>9. Comments:</b>	
Throughout 2009, considerable planning and implementation work was done. Care also was taken in selecting a vendor to implement this project through a request for proposal (RFP) process. Thanks to these efforts, the estimated cost of this project has been revised downward from the \$3,250,000 originally proposed to \$2,100,000. Although \$250,000 was initially approved, these funds were not used because the work was done internally. To fully implement	

the project, an additional \$1,750,000 is requested. The new PAHO Private Network will support voice-over-Internet protocol (VoIP), real-time, asynchronous data communications, and a limited videoconferencing capability. It will also provide increased capabilities for business continuity. The project will generate recurring costs of approximately \$1.1 million per year, which represents only about \$50,000 more per year than current expenditures, for a far superior system.

ITS proposes that this project be funded from the accumulated ISP and on-net long-distance costs from the current country office expenditures on which this justification was based. In addition, ITS proposes that this funding model begin in the next biennium or that other equitable funding approaches be considered.



**Project Profile 3.A**

<p><b>1. Project Title:</b> Modernization of PASB’s Management Information System</p>
<p><b>2. Coordinating Entity:</b> Planning, Budget and Resource Coordination (PBR) <b>Participating Entities:</b> PBR, AM, ITS, FRM, HRM, PRO, GSO, KMC, IES</p>
<p><b>3. Beneficiaries:</b></p> <p>All internal and external stakeholders</p>
<p><b>4. Main issues and challenges or problems to be addressed:</b></p> <p>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 to enhance transparency and accountability vis-à-vis 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. This project will examine different options for modernizing PASB’s Corporate Management System and recommend the best option for achieving PASB’s goals.</p>
<p><b>5. Brief description of impact:</b></p> <p>Improved RBM capability and administrative efficiencies will benefit all entities in PAHO as well as outside stakeholders. Modernized systems will enable the Bureau to strengthen collaboration among all stakeholders.</p>
<p><b>6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results):</b></p> <p><b>RER 16.1:</b> 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><b>RER 16.2:</b> 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><b>RER 16.3:</b> 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><b>RER 16.4:</b> 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><b>RER 16.5:</b> Effective and efficient functioning of the Organization through managerial and administrative support services, including strengthened procurement.</p> <p><b>RER 16.6:</b> PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.</p>
<p><b>7. Total Estimated Cost:</b> \$1,000,000</p> <p>Contributions from the PAHO Holding Account: \$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.</p>
<p><b>8. Estimated duration:</b> This analytic project will conclude with a presentation to the Directing Council in September 2010.</p>
<p><b>9. Comments:</b></p> <p>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.</p> <p>The investment will be used to hire experts in business processes covering various corporate management and system areas of this analysis. Expected outcomes include establishing guiding principles for modernization, conducting a business process analysis with information on opportunities for redesigning processes to achieve maximum benefit, developing cost estimates for the different options being considered, and arriving at a detailed understanding of the advantages and disadvantages of the features of GSM and other alternatives. This process will culminate with a recommendation concerning the best option for future modernization of PASB's corporate management system.</p>

### Project Profile 3.B

<b>1. Project Title:</b> Modernization of the Service Model for the Delivery of IT and KM Services
<b>2. Coordinating Entity:</b> Information and Technology Services (ITS) <b>Participating Entities:</b> ITS, KMC, country offices and Pan American centers
<b>3. Beneficiaries:</b>  Beneficiaries include all PAHO staff members at HQ, country offices, and centers. Secondary beneficiaries include Member States and other stakeholders, given that the knowledge management component will improve the dissemination of knowledge and enhance collaboration with partners.
<b>4. Main issues and challenges or problems to be addressed:</b>  PAHO needs to address current security vulnerabilities in its country office and center infrastructure and to reduce the complexity and extent of IT infrastructure maintenance and management provided to country offices and centers. The Organization's desktop software is aging (currently Windows XP/Office 2003) and should be updated. Changes to the service model will also address support issues in country offices.  Objectives: <ol style="list-style-type: none"><li>(1) To consolidate all country office and center domains into a single paho.org domain.</li><li>(2) To implement Microsoft Exchange 2010 in all country offices and centers to facilitate domain consolidation and improve disaster recovery capabilities.</li><li>(3) To update desktop software to Windows7/Office 2010 and to have a common desktop experience for the four official PAHO languages. This will improve standardization and reduce the burden of managing desktops in country offices and HQ by simplifying local office support.</li><li>(4) To create a centralized service desk for knowledge management and IT helpdesk functions that is modeled on the Information Technology Infrastructure Library (ITIL), which represents best practice in the industry and has already been adopted by WHO.</li><li>(5) To implement a single, regionwide technology to manage the configuration of all desktops and the delivery of software to users throughout the Organization.</li></ol> The following steps are necessary for the development and implementation of this project: <ul style="list-style-type: none"><li>• Support migration to MS Exchange at country offices and centers.</li><li>• Develop a new desktop model.</li><li>• Deploy new desktop software to all PAHO offices.</li><li>• Implement a new desktop support model.</li></ul>

**5. Brief description of impact:**

The project will yield the following benefits:

- Updating of desktops with the current releases of the Microsoft licenses acquired through PAHO's licensing agreements with Microsoft.
- A reduction in current security vulnerabilities in country offices and centers.
- Increased economies of scale through standardization.
- Reliable and predictable service standards.
- A single point of contact for IT and KM support at HQ, country offices, and centers.
- More communication channels and better delivery of IT and KM services throughout the Organization.

**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 PASB.

**Indicators**

**15.2.5:** Number of PASB country and subregional entities with improved administrative support, physical infrastructure, transport, office equipment, furnishings and information technology equipment as programmed in their biennial workplans.

**16.4.3:** Number of PAHO/WHO country and subregional entities and Pan American centers using consistent, near real-time management information.

**7. Total Estimated Cost: \$2,230,000**

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

Migration to MS Exchange 2010 in all PAHO offices \$350,000

Development of new managed desktop model to include:

Access to industry expertise for development \$100,000

Licensing of managed desktop tools \$100,000

Work to ensure interoperability with KMC Conceptual Model \$300,000

Deployment preparation to include:

Administrator training/conference \$150,000

Virtual Campus courseware \$100,000

Procurement of reference materials	\$ 50,000
Support for the deployment of managed desktop support throughout PAHO	\$250,000
Contingencies	\$100,000
<b>8. Estimated duration:</b> 48 months	
<b>9. Comments:</b>	
<p>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. Although \$500,000 was initially approved, none of these funds has been used to date. During the project's planning stage, it was decided to forgo the deployment of Windows Vista and Office 2007 and to leapfrog to Windows 7 and Office 2010, which were released in late 2009/Spring 2010. The consolidation of all 36 PAHO domains into a single paho.org domain, which started in 2009, used ceiling funds rather than funds from the Holding Account. This redesign work is expected to be completed by June 2010.</p> <p>Therefore, in addition to the original \$500,000 investment already approved from the holding account, an additional \$1,000,000 is requested. This investment would allow the Organization to provide all PAHO staff, no matter where located, with an @paho.org email address; an improved environment supporting standardization of services, business continuity, and access to information no matter where the staff member is; and up-to-date software in all offices. The service model will support the KMC conceptual model; ensure interoperability with the PAHO Intranet/Extranet 2.0, the WHO Global Institutional Repository, and the PAHO Virtual Public Health Campus.</p>	

### Project Profile 3.C

<p><b>1. Project Title:</b> Strengthening the Organization's capacity to be IPSAS-compliant by 2010</p>
<p><b>2. Coordinating Entity:</b> Financial Resources Management (FRM) <b>Participating Entities:</b> All entities</p>
<p><b>3. Beneficiaries:</b></p> <p>All internal and external stakeholders</p>
<p><b>4. Main issues and challenges or problems to be addressed:</b></p> <p>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. Significant training and oversight will be required to ensure that new policies are understood and implemented correctly.</p>
<p><b>5. Brief description of impact:</b></p> <p>The introduction of IPSAS will benefit the Organization and those who read its financial statements by providing:</p> <ul style="list-style-type: none"> <li>(a) greater transparency and better internal control with respect to assets and liabilities, thus facilitating improved management and stewardship of resources,</li> <li>(b) more comprehensive and consistent information about income and expenditures to better support results-based management and improved governance,</li> <li>(c) greater consistency and comparability of financial statements over time and among United Nations agencies.</li> </ul>
<p><b>6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results):</b></p> <p><b>RER 16.1:</b> 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><b>RER 16.2:</b> 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><b>7. Total Estimated Cost:</b> \$500,000</p> <p>Contributions from the PAHO Holding Account: \$300,000</p>



- (e) determination of the fair value of the Organization's land parcels and buildings by real estate valuation professionals,
- (f) determination of the Organization's long-term liabilities for terminal entitlements and after-service health insurance by professional actuaries,
- (g) establishment of policies and procedures for the capitalization of fixed assets valued in excess of \$5,000, as well as the associated depreciation charge,
- (h) identification of categories of in-kind contributions provided by Member States to PAHO, including services of ministry of health staff and consultants, office space, utilities, vehicles, and other contributions provided by Governments,
- (i) identification of PAHO inventories held for sale or used in support of PAHO's mission—e.g., the sale of pharmaceutical drugs in Haiti, and the storage of medicines and vaccines in Panama,
- (j) modifications to PAHO's financial systems to temporarily support the IPSAS requirements.

***Implementation activities for International Public Sector Accounting Standards in progress as of 1 January 2010***

The vast majority of the implementation requirements were completed prior to the 1 January 2010 deadline. The following IPSAS implementation activities will be completed during the first six months of 2010:

- (a) finalization of the IPSAS-compliant accounting manual, including the revised policies and procedures,
- (b) analysis of PAHO's legal relationships with various regional and subregional centers to determine whether they meet the requirement for classification as "PAHO-controlled" entities (If they meet the requirement, their accounts should be consolidated into PAHO's financial statements. If they do not, they should report separately),
- (c) determination of the structure of the financial statements and preparation of pro forma statements—e.g., segments and explanatory notes,
- (d) discussions with the Organization's External Auditors regarding the detailed application of IPSAS to PAHO's activities.

***Recurrent costs associated with the Implementation of International Public Sector Accounting Standards***

The implementation of International Public Sector Accounting Standards will result in recurrent costs for the following activities:

- (a) annual audits of the Organization's financial statements by the External Auditor,
- (b) the services of professional actuaries to value the Organization's long-term liabilities,
- (c) the services of real estate valuation professionals to value the Organization-owned land parcels and buildings,



- (d) the services of financial experts to determine reporting and disclosure requirements for the Organization's investment portfolio.

All of the recurrent costs associated with the implementation of IPSAS will be included in the Financial Resources Management Area's biennial workplan and will be financed from an appropriate funding source.

### Project Profile 4.A

<b>1. Project Title:</b> Improvements to Facilities: MOSS Upgrades and Security Measures
<b>2. Coordinating Entity:</b> Office of the Director of Administration (AM) <b>Participating Entities:</b> AM, GSO, country offices
<b>3. Beneficiaries:</b>  PAHO staff members in country offices.
<b>4. Main issues and challenges or problems to be addressed:</b>  Over the past several years, the United Nations system has mandated that United Nations offices worldwide implement security improvements (known as Minimum Security and Safety Standards, or MOSS) worldwide. The need for these security upgrades is underscored by various terrorist attacks on United Nations facilities in locations such as Baghdad and Algiers. PAHO traditionally funds security improvements from individual country office budgets, but the financial requirements for technical cooperation activities severely limit the funds that can be diverted to security. This influx of funds will assist country offices in meeting their mandatory security requirements.
<b>5. Brief description of impact:</b>  A one-time assist to country offices to complete MOSS upgrades.
<b>6. Linkage to the Strategic Plan (Strategic Objective and Region-wide Expected Result):</b>  <b>RER 16.6:</b> PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.  <b>Indicator:</b>  <b>16.6.3:</b> Percentage of HQ and PAHO centers that have implemented policies and plans to improve staff health and safety in the workplace, including Minimum Operating Security Standards (MOSS) compliance.
<b>7. Total Estimated Cost:</b> \$300,000  Contributions from the PAHO Holding Account: \$300,000 Contributions from financial partners: \$0 Contributions from other sources: \$0  \$300,000 provided in 2008-2009

**8. Estimated duration:** Funds should be expended by the end of the 2010-2011 biennium.

**9. Comments:**

During 2009, the sum of \$107,695 was obligated by 10 countries for security improvements, and \$192,305 was carried over into the 2010-2011 biennium. To date, \$10,630 has been obligated in 2010-2011 biennium by two countries. The types of expenses to be covered include VHF radios for official vehicles and individual staff members, alarm and closed-circuit camera systems, and satellite telephones.

### Project Profile 4.B

<b>1. Project Title:</b> Improvements to Facilities: Energy-saving Measures
<b>2. Coordinating Entity:</b> Office of the Director of Administration (AM) <b>Participating Entities:</b> AM, GSO
<b>3. Beneficiaries:</b>  PASB staff, Member States, and visitors to the Headquarters building conference wing
<b>4. Main issues and challenges or problems to be addressed:</b>  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 in support of technical cooperation 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 and United Nations-wide initiatives foster a "green" United Nations energy program for buildings.
<b>5. Brief description of impact:</b>  The cost of energy continues to increase dramatically and the project, while costly in the short term, will reduce the growing financial impact of future of energy bills at Headquarters. An energy consultant hired by PAHO has estimated that the project, when completed, will yield a cost savings of 15%, or \$150,000, per biennium.
<b>6. Linkage to the Strategic Plan (Strategic Objective and Region-wide Expected Result):</b>  <b>RER 16.6:</b> PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.  <b>Indicator:</b>  <b>16.6.4:</b> 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.
<b>7. Total Estimated Cost:</b> \$2,900,000  Contributions from the PAHO Holding Account: \$1,720,000 Contributions from financial partners: \$0 Contributions from other sources: MCIF

\$620,000 provided in 2008-2009; an additional \$1,100,000 is being requested for 2010-2011.

**8. Estimated duration:** Each component of the project will have a different duration; the entire project will require approximately two years to complete.

**9. Comments:**

The original proposal was as follows:

\$1.1 million	2nd and 10th floor heating ventilation, air conditioning (HAVC) and electrical upgrade
\$1.4 million	Energy efficient windows on the office tower (estimated at \$600,000 per side) and \$200,000 for the conference wing
\$400,000	“Green roof” on conference wing (Room A)

A detailed examination by an architect found that Room A cannot support a “green roof” without costly structural modifications. Consequently, GSO deferred this project. GSO will not reduce the project total because cost estimates for the windows and the HVAC project have increased since the original budget estimates were drawn up in 2008.

GSO requested funding for the south side of the office tower in 2008-2009 (\$620,000). However, given the logistics required (the cubicle furniture must be disassembled to provide space for the window workers to remove old windows and install new ones), GSO plans to begin removing the windows in the emergency stairwell on the north side of the building and in the 2nd-floor conference rooms (Rooms A, B, and C). This will reduce the labor-intensive logistical support required and provide initial experience on handling the windows. GSO did not initiate the window project in 2009 because the roof and the EOC projects were the first priority and PAHO’s Procurement Office was unable to address this requirement. GSO expects to start with RFP (request for proposal) for the emergency stairs in the north side of the office tower in mid 2010.

GSO is requesting the full estimated costs (\$1.1 million) for the electrical upgrade to support the HVAC and also for the HVAC equipment installation itself so that the project can advance in the 2010–2011 biennium. First, a consulting firm must be found and engaged to update drawings received five years ago as part of an architectural/engineering study of the HVAC problem. GSO must first upgrade the electrical cabinets on each of the two floors before moving forward on the HVAC units. Because it may be possible to combine both the electrical upgrade and the HVAC installation, the full amount is requested in advance.

### Project Profile 4.C

<p><b>1. Project Title:</b> Improvements to Facilities: Plaza Drainage System Repairs</p>
<p><b>2. Coordinating Entity:</b> Office of the Director of Administration (AM) <b>Participating Entities:</b> AM, GSO</p>
<p><b>3. Beneficiaries:</b></p> <p>PASB staff, Member States, and visitors to the Headquarters building conference wing</p>
<p><b>4. Main issues and challenges or problems to be addressed:</b></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 in support of technical cooperation with Member States. The ground-level plaza drainage system has not had major repairs since it was installed in 1965; consequently, rainwater seeps into the garage, threatening the major repairs made three years ago to the garage levels. A complete resealing of drains and surfaces is required as part of regular systemic maintenance to preserve the building’s structural integrity.</p>
<p><b>5. Brief description of impact:</b></p> <p>A complete repair will maintain the structural integrity of the building and avoid more costly repairs in the future.</p>
<p><b>6. Linkage to the Strategic Plan (Strategic Objective and Region-wide Expected Result):</b></p> <p><b>RER 16.6:</b> PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.</p> <p><b>Indicator:</b></p> <p><b>16.6.4:</b> 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.</p>
<p><b>7. Total Estimated Cost:</b> \$375,000</p> <p>Contributions from the PAHO Holding Account: \$375,000 Contributions from financial partners: \$0 Contributions from other sources: \$0 \$375,000 provided in 2008-2009</p>

**8. Estimated duration:** 6 months

**9. Comments:** This Project was not begun in 2008-2009 because GSO was fully occupied with the EOC and roof projects. GSO expects that this project will be completed in the 2010-2011 biennium.

### Project Profile 4.D

<p><b>1. Project Title:</b> Improvements to Facilities: Security and Sanitary Measures</p>
<p><b>2. Coordinating Entity:</b> Office of the Director of Administration (AM) <b>Participating Entities:</b> AM, GSO</p>
<p><b>3. Beneficiaries:</b></p> <p>PASB staff, Member States, and visitors to the Headquarters building conference wing</p>
<p><b>4. Main issues and challenges or problems to be addressed:</b></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 in support of technical cooperation with Member States. There have been no improvements to the lobby or 2nd-floor levels, including the 2nd-floor restrooms, which are used by the conference facility’s many visitors. In addition, the lobby was not designed to meet post-9/11 security requirements , and improvements are needed to ensure staff safety.</p>
<p><b>5. Brief description of impact:</b></p> <p>Security for staff members and visitors will improve if the lobby guard desk is updated. The usefulness of the conference facilities will also be enhanced.</p>
<p><b>6. Linkage to the Strategic Plan (Strategic Objective and Region-wide Expected Result):</b></p> <p><b>RER 16.6:</b> PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.</p> <p><b>Indicator:</b></p> <p><b>16.6.3:</b> Percentage of HQ and PAHO centers that have implemented policies and plans to improve staff health and safety in the workplace, including Minimum Operating Security Standards (MOSS) compliance.</p> <p><b>16.6.4:</b> 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.</p>
<p><b>7. Total Estimated Cost:</b> \$330,000</p> <p>Contributions from the PAHO Holding Account: \$330,000 Contributions from financial partners: \$0 Contributions from other sources: MCIF</p>



\$330,000 provided in 2008-2009

**8. Estimated duration:** 24 months, possibly longer

**9. Comments:**

The original proposal included the following elements:

- \$50,000 Lobby security upgrade/new ID card system/garage gate.
- \$80,000 Refurbish the women's and men's restrooms on the 2nd floor.
- \$100,000 Refurbish/upgrade 2nd-floor reception/delegates lounge and 1st-floor lobby area.
- \$100,000 Refurbish restrooms elsewhere in the office tower and conference wing.

The pressure of work on the EOC and roof, plus normal duties, have delayed progress on this project. Moreover, the project's components require considerable coordination and contracting time.

GSO anticipates issuing a request for proposal (RFP) by fall 2010 for a new "smart" ID card system. This system would later be connected to a card-controlled gate at the entrance to the basement garage. The installation of this gate will require local zoning approval, which is a lengthy process.

The space study (funded by the Master Capital Investment Fund) included a recommendation from the architects contracted by PAHO that the Organization relocate the guard desk to a new glass-walled entrance to be constructed under the western wing, in front of the existing entrance. A matching glass wall structure would be located under the eastern wing for a small cafeteria/snack shop (the existing 3rd floor cafeteria is to be converted to a multi-purpose room, with men's and women's showers for staff who bike to work or jog at lunch). This will require considerable design work and approval from local zoning authorities. The time required for this project is therefore lengthy.

The architects who conducted the space study also informally looked at the existing restrooms on the 2nd floor and determined that exchanging locations might yield sufficient space for an additional stall in the women's bathroom, but this requires further study. This project has also been deferred while higher-priority projects, such as the roof and the EOC, are in progress.

The refurbishment of the 2nd-floor reception/delegates' lounge area and the 1st-floor lobby has also slowed, in part because work on the 1st-floor lobby is linked to the relocation of the guard desk to the recommended glass-wall extension.

Using in-house staff, GSO replaced faucets and under-sink hardware in all the office tower and conference wing restrooms as well as various valves in the urinals and toilets in 2009. This has decreased the urgency for the bathroom refurbishment.

### Project Profile 4.E

<b>1. Project Title:</b> Improvements to Facilities: HQ Office Tower Roof Repairs
<b>2. Coordinating Entity:</b> Office of the Director of Administration (AM) <b>Participating Entities:</b> AM, GSO
<b>3. Beneficiaries:</b>  PASB staff, Member States, and visitors to the Headquarters building conference wing
<b>4. Main issues and challenges or problems to be addressed:</b>  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 in support of technical cooperation with Member States. The roof over the main HQ office tower was last replaced almost 25 years ago and sound maintenance standards require a complete replacement of the roof waterproof membrane at 25-year intervals to prevent damage from water seepage. The new membrane will stop water leaks, which have increased in recent years, damaging the building's interior.
<b>5. Brief description of impact:</b>  Completion of this project will protect the building from water damage for several decades.
<b>6. Linkage to the Strategic Plan (Strategic Objective and Region-wide Expected Result):</b>  <b>RER 16.6:</b> PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.  <b>Indicator:</b>  <b>16.6.4:</b> Percentage of PASB regional entities and PAHO centers that improve and maintain their physical infrastructure, office equipment, furnishings, information technology equipment and transport, as programmed in their biennial workplans.
<b>7. Total Estimated Cost:</b> \$347,000  Contributions from the PAHO Holding Account: \$347,000 Contributions from financial partners: \$0 Contributions from other sources: \$0  \$250,000 provided in 2008-2009; an additional \$97,000 is being requested for 2010-2011.

**8. Estimated duration:** 3 months

**9. Comments:**

Roof repairs began in mid-January 2010, but were delayed by heavy snowfalls. Weather permitting, the project should be completed by mid-April.

A roofing consultant was hired by PAHO to prepare contract specifications, assist in the contract review process, and serve as project manager. He further refined the GSO Area Manager's original cost estimate to \$347,000.

### Project Profile 4.F

<b>1. Project Title:</b> Improvements to Facilities: Renovation of Headquarters Buildings
<b>2. Coordinating Entity:</b> Office of the Director of Administration (AM) <b>Participating Entities:</b> AM, GSO
<b>3. Beneficiaries:</b>  PASB staff, Member States, and visitors to the Headquarters building conference wing
<b>4. Main issues and challenges or problems to be addressed:</b>  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 in support of technical cooperation with Member States. The existing chairs and conference tables in conference rooms A, B, and, C are between 20 and 25 years old and need to be replaced. Years of use have weakened the chairs' back supports, and they are breaking with increasing frequency. The veneer on the conference tables has been refinished numerous times and 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, especially providing the latest ergonomic design to help prevent metacarpal damage.
<b>5. Brief description of impact:</b>  The furniture is past its expected useful lifetime; replacing it will maintain conference facilities for several decades.
<b>6. Linkage to the Strategic Plan (Strategic Objective and Region-wide expected result):</b>  <b>RER 16.6:</b> PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.  <b>Indicator:</b>  <b>16.6.4:</b> Percentage of PASB regional entities and PAHO centers that improve and maintain their physical infrastructure, office equipment, furnishings, information technology equipment and transport, as programmed in their biennial workplans.
<b>7. Total Estimated Cost:</b> \$1,075,000  Contributions from the PAHO Holding Account: \$975,000 Contributions from financial partners: \$0

Contributions from other sources: \$100,000 (regular budget)
<b>8. Estimated duration:</b> End of the 2010-2011 biennium
<b>9. Comments:</b>  This project has been on hold because the Organization was required to undertake numerous HQ staff relocations among the three buildings to achieve optimal occupancy of available physical space. It is anticipated that the furniture replacement project for the Virginia Avenue Annex (cost approximately \$500,000) will begin in 2010. GSO will analyze the replacement of chairs in conference rooms A, B, and C in 2010-2011; remaining funds will be used to upgrade the conference tables.