



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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

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*Provisional Agenda Item 4.4*

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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 (1), approved the use of the Holding Account to fund priority projects as listed in Document CD48/22 (2). The resolution calls for the Pan American Sanitary Bureau (PASB) to present to the Executive Committee, through the Subcommittee on Program, Budget, and Administration (SPBA), periodic status reports on the projects funded from the Holding Account. This document represents an update as of 31 December 2012.
2. Under Resolution CD48.R1, seven of the original 14 projects proposed (1.A, 1.B, 4.A, 4.C, 4.D, 4.E, and 4.F) were approved in their entirety; six (2.A, 2.C, 3.A, 3.B, 3.C, and 4.B) were approved with respect to their first phase; and one (2.B) was not approved. Since then, the budgets of six of the 13 approved projects have been revised based on updated information: three project budgets were reduced, and three were increased. During the 148th Session of the Executive Committee in June 2011, a new project 3.D—the Modernization of the PASB Management Information System, Phase 2—was approved with the unallocated balance in the Holding Account of US\$ 9.135 million, in accord with Resolution CD50.R10 (2010) (3). The total amount of \$25,290,000 originally available in the Holding Account has now been fully allocated.<sup>1</sup>
3. Table 1 summarizes information on all 15 projects. The table also shows 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.
4. Table 2 summarizes the budget implementation as of 31 December 2012 for all projects, showing that a combined \$11.580 million has been disbursed against the \$25.290 million of authorized funding. The unspent balance of \$13.700 million will be

<sup>1</sup> Unless otherwise indicated, all monetary figures in this report are expressed in U.S. dollars.

available throughout the 2012–2013 biennium and beyond. The Bureau will continue to provide updated reports until all projects have been fully implemented.

5. The updated project profiles of the 11 active projects (1.A, 1.B, 2.A, 2.C, 3.B, 3.D, 4.A, 4.B, 4.C, 4.D, 4.F) are included in Annex; they detail the purpose of each project and provide an update on progress and planned activities.

**Action by the Subcommittee on Program, Budget, and Administration**

6. The Subcommittee is invited to examine this document and to provide its recommendations to the 152nd Session of the Executive Committee.

**TABLE 1**  
**Summary of Projects Funded from the Holding Account**  
**(in US\$)**

No.	Title	Description	Revised Budget	Estimated from Holding Account	Estimated from Other Sources
1.A	<b>Emergency Operations Center and Knowledge Center (EOC/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 a forum for analysis and information exchange 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 Project Profile 1.A in the Annex.	<b>3,278,000</b>	2,900,000	378,000
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 to instantly generate information and manage knowledge; 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 further details, please refer to Project Profile 1.B in the Annex.	<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 Project Profile 2.A in the Annex.	<b>5,000,000</b>	2,225,000	2,775,000
2.B	<b>Adoption of Networking Strategies to Transform the Delivery of Technical Cooperation</b>	Project proposal not approved by Member States.	N/A	N/A	N/A

**TABLE 1**  
**Summary of Projects Funded from the Holding Account**  
**(in US\$)**

No.	Title	Description	Revised Budget	Estimated from Holding Account	Estimated from Other Sources
2.C	<b>Strengthening Communications through Improved PWR Connectivity</b>	A PAHO Private Network 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 Bureau. For further details, please see Project Profile 2.C in the Annex.	<b>2,100,000</b>	2,000,000	100,000
3.A	<b>Modernization of the PASB Management Information System – Phase 1</b>	PASB should fully explore business processes and how they can be improved in order to align with the World Health Organization (WHO), support a robust results-based management framework, and improve administrative efficiencies, reflecting the same high level of integration and interoperability that the WHO expects to achieve through its implementation of the Global Management System. PASB will evaluate three alternatives for modernizing its management information system (PMIS) and formulate a recommendation for consideration by the Governing Bodies. For further details, please refer to Project Profile 3.A in Document CD48/22 (2008).	<b>1,000,000</b>	1,000,000	0
3.B	<b>Modernization of the Service Model for Delivery of IT and KM Services</b>	This initiative seeks to reduce the maintenance and management needs of PAHO’s information technology infrastructure in all offices, decrease current security vulnerabilities, and provide updated software supporting all four PAHO official languages, thus reducing the management of desktops in PAHO/WHO Representative Offices and simplifying local office support. For further details, please refer to Project Profile 3.B in the Annex.	<b>2,230,000</b>	1,500,000	730,000

**TABLE 1****Summary of Projects Funded from the Holding Account  
(in US\$)**

No.	Title	Description	Revised Budget	Estimated from Holding Account	Estimated from Other Sources
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 Project Profile 3.C in Document CD48/22 (2008).	<b>500,000</b>	300,000	200,000
3.D	<b>Modernization of the PASB Management Information System – Phase 2 (implementation)</b>	The PMIS Modernization Project will enable the Bureau to strengthen collaboration among all stakeholders and will lead to improved results-based management and organizational decision-making. The modernization project will replace most of the Bureau's aging administrative information systems and significantly improve its business processes and administrative operations, thus reducing overall operational costs. For further details, please refer to Project Profile 3.D in the Annex.	<b>20,300,000</b>	9,135,000	11,165,000
4.A	<b>Improvements to Facilities: MOSS Upgrades and Security Measures</b>	PAHO/WHO Representative Offices need one-time assistance to complete Minimum Operational Security Standards (MOSS) upgrades. For further details, please refer to Project Profile 4.A in the Annex.	<b>300,000</b>	300,000	0
4.B	<b>Improvements to Facilities: Energy-Saving Measures</b>	Many components of the Headquarters 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 conference center, and the conference center roof. For further details, please refer to Project Profile 4.B in the Annex.	<b>2,500,000</b>	2,500,000	0
4.C	<b>Improvements to Facilities: Plaza Drainage System Repairs</b>	There are leaks in the plaza drainage system at Headquarters, and as a matter of regular maintenance, the entire system needs repair. For further details, please refer to Project Profile 4.C in the Annex.	<b>375,000</b>	375,000	0

**TABLE 1**  
**Summary of Projects Funded from the Holding Account**  
**(in US\$)**

No.	Title	Description	Revised Budget	Estimated from Holding Account	Estimated from Other Sources
4.D	<b>Improvements to Facilities: Security and Sanitary Measures</b>	Security upgrades are needed in the Headquarters lobby and 2nd floor, along with sanitary improvements in the building's restrooms. For further details, please refer to Project Profile 4.D in the Annex.	<b>330,000</b>	330,000	0
4.E	<b>Improvements to Facilities: Headquarters Office Tower Roof Repairs</b>	The scheduled replacement of the roof over the main Headquarters office tower is overdue. There are increasing leaks during rainstorms, further damaging the building. For further details, please refer to Project Profile 4.E in Document CD48/22 (2008).	<b>347,000</b>	250,000	97,000
4.F	<b>Improvements to Facilities: Refurbishment of Conference Rooms and Furniture</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 Project Profile 4.F in the Annex.	<b>1,075,000</b>	975,000	100,000
		<b>Total</b>	<b>42,335,000</b>	<b>25,290,000</b>	<b>17,045,000</b>

**TABLE 2**  
**Holding Account Implementation Summary,**  
**as of 31 December 2012**  
**(in US\$)**

Project Ref.	Project	Total Project Budget (Ref. only)	Authorized from Holding Account	Implemented	Balance in Holding Account	Comments
1.A	Emergency Operations Center and Knowledge Center (EOC/KC)	3,278,000	2,900,000	2,800,877	99,123	Emergency Operations Centers now operational. Emergency generator expected early 2013
1.B	Establishment of National Focal Points for International Health Regulations	3,000,000	1,500,000	1,234,168	265,832	Completion of all focal points expected late 2013
2.A	Strengthening PAHO's Public Health Information Systems	5,000,000	2,225,000	852,093	1,372,907	Phase 2 in progress during 2012–2013
2.C	Strengthening Communications through Improved PWR Connectivity	2,100,000	2,000,000	1,621,313	378,687	Completion expected in the 2012–2013 biennium
3.A	Modernization of the PASB Management Information System – Phase 1	1,000,000	1,000,000	919,751	80,249	Completed
3.B	Modernization of the Service Model for Delivery of IT and KM services	2,230,000	1,500,000	1,072,942	427,058	Work began in 2011
3.C	Strengthening of the Organization's Capacity to be IPSAS-Compliant by 2010	500,000	300,000	286,912	13,088	Completed
3.D	Modernization of the PASB Management Information System – Phase 2 (implementation)	20,300,000	9,135,000	1,319,748	7,815,252	Completion expected in the 2014–2015 biennium
4.A	Improvements to Facilities: MOSS Upgrades and Security Measures	300,000	300,000	292,909	7,091	To be completed in 2013

**TABLE 2**  
**Holding Account Implementation Summary,**  
**as of 31 December 2012**  
**(in US\$)**

Project Ref.	Project	Total Project Budget (Ref. only)	Authorized from Holding Account	Implemented	Balance in Holding Account	Comments
4.B	Improvements to Facilities: Energy-Saving Measures	2,500,000	2,500,000	20,250	2,479,750	Completion expected in 2014
4.C	Improvements to Facilities: Plaza Drainage System Repairs	375,000	375,000	374,999	1	Completed
4.D	Improvements to Facilities: Security and Sanitary Measures	330,000	330,000	70,314	259,686	Completion expected in 2014
4.E	Improvements to Facilities: Headquarters Office Tower Roof Repairs	347,000	250,000	250,000	0	Completed
4.F	Improvements to Facilities: Refurbishment of Conference Rooms and Furniture	1,075,000	975,000	465,440	509,560	Period of activities TBD
<b>Total</b>		<b>42,335,000</b>	<b>25,290,000</b>	<b>11,581,716</b>	<b>13,708,284</b>	

### References

1. Pan American Health Organization. Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007 [Internet]. 48th Directing Council of PAHO, 60th Session of the WHO Regional Committee for the Americas; 2008 Sept 29-Oct 3; Washington (DC), United States. Washington (DC): PAHO; 2008 (Resolution CD48.R1) [cited 2012 January 17]. Available from: <http://www.paho.org/english/gov/cd/CD48.r1-e.pdf>.
2. Pan American Health Organization. Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007 [Internet]. 48th Directing Council of PAHO, 60th Session of the WHO Regional Committee for the Americas; 2008 Sept 29-Oct 3; Washington (DC), United States. Washington (DC): PAHO; 2008 (Document CD48/22) [cited 2012 January 17]. Available from: <http://www.paho.org/english/gov/cd/cd48-22-e.pdf>.



3. Pan American Health Organization. Modernization of the PASB Management Information System [Internet]. 50th Directing Council of PAHO, 62nd Session of the WHO Regional Committee for the Americas; 2010 Sept 27-Oct 1; Washington (DC), United States. Washington (DC): PAHO; 2010 (resolution CD50.R10) [cited 2012 January 17]. Available from: [http://new.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=8974&Itemid=](http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=8974&Itemid=).

Annex

**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, PAHO/WHO Representative Offices, and technical areas at Headquarters).	
<b>4. Total estimated cost (US\$):</b> \$3,278,000	
Architectural/engineering study:	\$343,000
Construction:	\$1,809,000
Contingency (construction):	\$376,000
Project management:	\$250,000
Business continuity study:	\$250,000
Other expenses (EOC):	\$250,000
Contributions from the PAHO Holding Account:	<b>\$2,900,000</b>
Contributions from financial partners:	<b>0</b>
Contributions from other sources:	<b>\$335,000</b>
\$1,500,000 was provided in 2008–2009, an additional \$1,400,000 in September 2010, and additional \$335,000 from the Master Capital Investment Fund.	
<b>5. Estimated duration:</b> 30 months.	
<b>6. Comments:</b> The circular design of the original structure and the limited space in the garage levels presented considerable difficulties. It challenged the architects to develop a floor plan that would provide the desired number of conference rooms and other working areas and also accommodate the mechanical systems (heating, air conditioning, and lighting) in the ceilings and emergency generator in the sub-basement. The ground floor facility was delivered to users in early September 2012, and the Center’s emergency generator will be tested in early 2013 after an upgraded natural gas supply line is installed. This project will be completed in early 2013.	

### 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, PWRs
<b>3. Beneficiaries:</b> The entire Organization (Member States, PAHO/WHO Representative Offices, and technical areas at Headquarters).
<b>4. Total estimated cost (US\$):</b> \$3,000,000 <i>Stage 1:</i> <ul style="list-style-type: none"><li>Ten Member States (Bolivia, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, and Suriname), and CAREC, which is supporting its member countries by coordinating response efforts, sent proposals. All proposals were reviewed by HSD, with comments from PED, and were approved in early 2010. Funds were released to the countries in late April 2010. Additionally, Belize sent its proposal in early 2011 and funds were released in late August 2011; Haiti and Jamaica sent their proposals and funds were released in early 2012. Guyana is developing its proposal.</li></ul> <i>Stage 2:</i> <ul style="list-style-type: none"><li>Remaining Member States will send proposals for approval until all 35 countries of the Region are included.</li><li>It is expected that all countries will have the technical and communication tools in place to support the National IHR Focal Points functions by June 2012, which also constitutes the deadline for the establishment of national core capacities.</li></ul> Contributions from the PAHO Holding Account: \$1,500,000 Contributions from financial partners: \$1,500,000 (cost-sharing funds) Contributions from other sources: 0
<b>5. Estimated duration:</b> 36 months.

### **Project Profile 1.B**

#### **6. Comments:**

Progress has continued for the 11 PWRs and CAREC, whose plans were approved in 2010–2011. Bolivia, Dominica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, and CAREC have completed implementation.

At the time of the last SPBA, the plans for Jamaica, Haiti, and Guyana were still pending. Following the review and approval of their plans by Health Surveillance and Disease Prevention and Control (HSD), funds were released in 2012: for PWR Haiti in January, PWR Jamaica in February, and PWR Guyana in July. These are primarily devoted to the implementation of activities included in the International Health Regulation (IHR) National Extension Action Plans submitted by national authorities with their request for a two-year extension of the 15 June 2012 deadline for establishing core capacities detailed in Annex 1 of the IHR.

The level of implementation in 2012 is low, at 42%. This is attributable primarily to the suboptimal execution of the funds allocated to Guyana and Jamaica. Considering the fast-approaching deadline for the implementation of the IHR National Extension Action Plans (15 June 2014), intense efforts are needed to ensure that funds are rapidly channeled to support the implementation of priority activities.

Funds allocated to Belize, Cuba, and Haiti (23% of the balance) are being used to support activities critical for the implementation of the IHR (e.g., intersectoral IHR implementation meeting in Cuba and Haiti; mission to review the national legal framework and to adapt it to IHR provisions in Haiti).

HSD at Headquarters continues to monitor the technical and financial implementation, which should ideally be completed by the end of the current biennium. Actions for reprogramming the funds cannot be excluded at this stage.

### 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> 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.
<b>4. Total estimated cost (US\$):</b> \$5,000,000 Estimated contribution from PAHO Holding Account: \$2,225,000 Estimated contribution from other sources: \$2,775,000 From a revised total budget of \$5 million originally planned for Project 2.A, a total of \$500,000 was expended during Phase 1 (from mid-2009 to the end of 2010), and expenditures of \$1,725,000 have been planned for Phase 2. A total of \$500,000 was allocated in April 2011 to start activities planned for Phase 2 of the project, and an additional \$400,000 was allocated in October 2012.
<b>5. Estimated duration:</b> 48 months.
<b>6. Comments:</b> <b>Major project achievements through December 2012 are presented below.</b> (a) The PAHO Health Information and Intelligence Platform (PHIP) has worked well during this period, complying with the requirement of high availability. PHIP is fully operational and is serving as the main health information and intelligence resource of the Organization. PHIP information technology (IT) infrastructure was configured in both staging and production environments, following IT best practices and standards. PHIP now has the capacity to meet the institutional demand for health information. PHIP services provide a basis for (i) managing health data and information; (ii) accessing data, indicators, and health statistics for analyses based on the self-service principle, which makes use of data and production of results more efficient; (iii) data analysis, including visual and exploratory analysis techniques; (iv) preparation of reports, data visualizations, dashboards, and analytical products; and (v) data exchange and interoperability mechanisms with other information systems, facilitating the

### Project Profile 2.A

- dissemination of data, information, evidence, and knowledge. All programmed maintenance tasks and fine-tuning of IT infrastructure and software were carried out. The PHIP health intelligence component is available at <http://phip.paho.org>.
- (b) During 2012, the PHIP Data Warehouse was updated and populated with new data from the Regional Mortality database; technical programs across the Organization, including those on tuberculosis, malaria, HIV/AIDS, dengue, and immunization; and health development partners such as the United Nations Population Division, World Bank, Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System and Official Development Assistance (ODA), Institute for Health Metrics and Evaluation (IHME), and UN interagency groups for child mortality and maternal mortality estimation. All data sources are ready to be used for analysis by PAHO analysts and professionals in the Organization, including PAHO/WHO Representative Offices (PWRs) and Centers.
  - (c) The Portal of the PAHO/WHO Regional Health Observatory (RHO) has maintained high availability in this period. Interoperability between the PAHO website, the RHO Portal, and the PHIP has been firmly established following the Knowledge Management and Communications (KMC) strategy for Web 2.0. Currently, all information products published on the RHO Portal are being served by PHIP through standards and interoperability mechanisms. The Portal of the Regional Health Observatory is available at <http://www.paho.org/rho>.
  - (d) As a result of joint work between the Health Information and Analysis team (HSD/HA) and technical programs and projects, new health analytical theme pages have been added to the Portal of the Regional Health Observatory. Information and analysis on the following key health themes, among others, was published in this period: (i) Millennium Development Goals; (ii) maternal health and strategy to improve maternal mortality information; and (iii) noncommunicable diseases.
  - (e) A plan for the development of health analysis and the production of new health theme pages was prepared, discussed, and agreed by HSD/HA professionals.
  - (f) HSD/HA has provided technical cooperation to areas and technical programs in order to facilitate access to data and information and develop capacity for health situation analysis. Capacity building has been systematically provided to technical programs to enable them to access and use the PHIP.
  - (g) Available data sets were catalogued and published on the RHO Portal in the Health Data section.
  - (h) The Country Statistics section of the RHO Portal has been improved with new

### Project Profile 2.A

information. This section includes an interactive indicator profile and other information products at country level. Information products developed by the countries are also disseminated in this section.

- (i) A significant number of areas and technical programs and projects across PAHO are currently using the PAHO Health Information and Intelligence Platform (PHIP). PHIP has become an essential resource for monitoring epidemic diseases; carrying out surveillance of international health events, vaccine-preventable diseases, and vaccine coverage; conducting institutional Performance Monitoring and Assessment (PMA); monitoring key performance indicators from the Revolving Fund; analyzing the health situation; assessing the magnitude, geographic distribution, and trend of mortality and causes of death; and tracking procurement performance indicators.
- (j) Technical cooperation was provided to countries in order to improve the coverage and quality of health data, particularly vital statistics and health indicators.
- (k) Collaboration with the PAHO Office in El Paso, Texas, was started to support the development and implementation of a health observatory for the US and Mexico border. As a result, a mortality database at municipal/county level was implemented and an interactive visualization of mortality in the border was developed and published. Steps will be taken to consolidate this effort during 2013 and replicate it in other countries of the Region.
- (l) HSD/HA has been working collaboratively with the WHO Global Health Observatory team. In this period a technical meeting was conducted to coordinate efforts, discuss and share experiences in the implementation of health information and intelligence platforms and health observatories, and identify future directions. Direct technical cooperation and support was provided to the WHO Western Pacific Region (WPRO) regarding the design, development, and implementation of the WPRO Health Information and Intelligence Platform and WPRO Regional Health Observatory.
- (m) The communication strategy for the PAHO Regional Health Observatory was implemented, including publication of the *Boletín Informativo Observatorio Regional de Salud* (Regional Health Observatory Newsletter) and use of social networks such as Twitter to disseminate news, information, and activities related to the RHO. The first issue of the newsletter was published in Spanish in June 2012 and is available at [http://ais.paho.org/hip/newsletter/bi\\_ors\\_n1.html](http://ais.paho.org/hip/newsletter/bi_ors_n1.html). The Twitter account PAHO\_RHO ([http://twitter.com/#!/PAHO\\_RHO](http://twitter.com/#!/PAHO_RHO)) has been active since October 2011.
- (n) The progress on the development and implementation of the Regional Health

### **Project Profile 2.A**

Observatory was presented to the Regional Advisory Committee on Health Statistics (CRAES) in March 2012.

- (o) Progress, challenges, and perspectives of the PAHO Health Information and Intelligence Platform (PHIP) and the Regional Health Observatory were presented to the Executive Management (EXM) in July 2012. Recommendations made by EXM during that meeting are currently being implemented.
- (p) Technical documentation of the project and a report outlining follow-up actions taken in response to recommendations from EXM was prepared and delivered to EXM.

The Health Information and Analysis team (HSD/HA) will continue working on the planned activities and tasks for Phase 2 during 2013. It is expected that Phase 2 of the project will be completed at the end of 2013.

#### **Summary of progress up to 31 December 2011**

Phase 2 of the project was initiated at the beginning of 2011. PHIP was migrated to the new IT infrastructure and established as a health and information resource and tool for data analysis; generation of interactive reports, data visualizations, and dashboards; and dissemination of evidence to support decision making in public health at regional level. The Portal of the Regional Health Observatory (<http://www.paho.org/rho>) was publicly launched as a unique point of entry to PAHO public health information. New health theme pages were developed and published on the RHO Portal. Besides the technical areas, programs, and projects, administrative areas within PAHO started to use PHIP as a resource for reporting and data analysis. For additional details, please refer to document SPBA6/10, "[Status of Projects Funded from the PAHO Holding Account](#)," Annex, Project Profile 2.A, and CE148/21, "[Status of Projects Funded from the PAHO Holding Account](#)."

#### **Summary of progress up to 31 December 2010**

PHIP technical infrastructure for Phase 1 was set up and all architectural components were implemented in a production environment. Some data integration processes were implemented and the main regional databases were populated and consolidated. Data from PAHO partners and health development institutions were also integrated and made available.



### Project Profile 2.C

<b>1. Project title:</b> Strengthening Communications through Improved PWR Connectivity	
<b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> ITS, KMC, BIREME	
<b>3. Beneficiaries:</b> Beneficiaries include all PAHO staff members at Headquarters, PAHO/WHO Representative Offices (PWRs), and Centers. Secondary beneficiaries include Member States and other stakeholders, given that this investment will lead to an increase in collaboration with partners.	
<b>4. Total estimated cost (US\$):</b> \$2,100,000	
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:	\$180,000
Penalties to terminate in-country ISP contracts (maximum amount—may be less):	\$120,000
Quality of service devices (leveraging WHO standards):	\$450,000
One-time transition costs to support interoffice long-distance costs:	\$300,000
Backup satellite facility to ensure continuity of connectivity in a disaster:	\$615,000
Additional phone system for Venezuela:	\$35,000
Contingencies:	\$40,000
Contributions from the PAHO Holding Account:	<b>\$2,000,000</b>
Contributions from other sources:	\$100,000
Estimated annual contributions from PWRs for local ISP and inter-country long distance costs:	\$1,000,000
<b>5. Estimated duration:</b> 24 months.	
<b>6. Comments:</b> During 2012, \$874,220 was allotted and \$495,533 was implemented, leaving a balance of \$378,687.	
<ol style="list-style-type: none"> <li>1. Phase I of the PAHO Private Network (PPN) installation using the provider Telefonica has been completed in 21 PWRs and Centers.</li> <li>2. For the countries in which Telefonica cannot provide the required services (Bahamas, Belize, Bolivia, Suriname, and Trinidad and Tobago), ITS has engaged a different provider, SITA. The contract negotiations with SITA are in progress.</li> </ol>	

**Project Profile 3.B**

<b>1. Project title:</b> Modernization of the Service Model for Delivery of IT and KM Services	
<b>2. Coordinating entity:</b> Information and Technology Services (ITS) <b>Participating entities:</b> ITS, KMC, PWRs, and Pan American Centers	
<b>3. Beneficiaries:</b> Beneficiaries include all PAHO staff members at Headquarters, PAHO/WHO Representative Offices (PWRs), 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. Total estimated cost (US\$):</b> \$2,230,000	
Development of next generation desktop, collaboration, and managed systems, including implementation to a pilot group:	\$400,000
Deployment of next generation desktop, collaboration, and managed systems environment into all PAHO offices:	\$300,000
Learning conference for systems administrators to support in-country implementation:	\$150,000
Funds to supplement current KMC and ITS work on Intranet 2.0:	\$300,000
Acquisition and deployment of training materials for end-users:	\$100,000
Strengthened identity management to support PMIS and service management:	<u>\$250,000</u>
Contributions from the PAHO Holding Account:	<b>\$1,500,000</b>
Contributions from financial partners:	0
Contributions from other sources—funds from the Master Capital Investment Fund (MCIF):	\$730,000
<b>5. Estimated duration:</b> 48 months.	
<b>6. Comments:</b> During 2012, \$940,652 was allotted and \$513,594 was implemented, leaving a balance of \$427,058. Status to date on each objective: (1) The domain consolidation project was completed in July 2012.	

### **Project Profile 3.B**

- (2) The Microsoft Exchange 2010 update is continuing; some of the PWRs and Centers are moving their e-mail to Washington Exchange servers while others are migrating to the new version locally. Expected completion date is first quarter 2013.
- (3) Desktop software refresh based on Windows 7 and Office 2010 is in progress. An internally hosted virtual cloud application delivery solution is being deployed in Headquarters, to be followed in PWRs and Centers where appropriate and where adequate communications are in place.
- (4) A Systems Administrator Conference was held with 31 of PAHO's PWRs/Centers represented. As a result of this weeklong meeting, ITS will be undertaking joint projects with the PWRs/Centers to ensure that there is a consensus across all offices that solutions meet everyone's requirements.
- (5) Changes in the Intranet 2.0 by the KMC team during 2012 entail working on final implementation and official launch of the new Information Architecture (IA); developing final strategy and mechanisms for integration and migration of existing content into the new IA; testing deployment of official taxonomy within the SharePoint Managed Metadata application; documenting system and organizational requirements for incorporating and updating content into the new IA; developing strategies for increasing perception and acceptance of the Intranet as a central communications portal and an essential collaboration tool; developing strategies for incorporating enterprise 2.0 concepts, tools, and methodologies into the Intranet 2.0, and for using these social networking tools to create effective profiles and manage business relationships; preparation of user documentation and training mechanisms for using the Organization's virtual communication infrastructure and assisting entities in using the Intranet/Extranet as a tool for successful collaboration.

The integrated PAHO Service Request System (SRS) for KM and ICT service functions continues to be improved, with development of enhanced reporting capabilities currently underway.

### Project Profile 3.D

<p><b>1. Project title:</b> Modernization of the PASB Management Information System – Phase 2</p>
<p><b>2. Coordinating entity:</b> Planning, Budget and Resource Coordination (PBR)</p> <p><b>Participating entities:</b> PBR, AM, FRM, HRM, PRO, ITS, GSO, KMC, ERP, CFS, Brazil, Guyana</p>
<p><b>3. Beneficiaries:</b> All internal and external stakeholders.</p>
<p><b>4. Total estimated cost (US\$):</b> \$20,300,000</p> <p>The 50th Directing Council authorized up to \$10 million to be used from the Holding Account for this project. Remaining funds (\$10.3 million) are expected to come from other sources, including a possible Post Occupancy Charge (POC) and/or a portion of the IPSAS surplus.</p>
<p><b>5. Estimated duration:</b> Project will conclude in the 2014–2015 biennium.</p>
<p><b>6. Comments:</b></p> <p>This project follows the successful conclusion of Project 3.A, which produced Guiding Principles for Modernization, comprehensively documented PASB business processes leading to some preliminary improvements, and provided the analyses that led to the Directing Council authorization to proceed with Project 3.D.</p> <p>During 2011, this project was formally initiated. Much of the project foundation was put in place, some business processes were simplified, and a competitive process to acquire software and system implementation services was begun. The project disbursed \$330,790 in 2011, mostly in support of the acquisition process.</p> <p>During 2012, PASB concluded the competitive process to identify software and system implementation services, assessed readiness to begin implementation, identified improvements to internal processes that could obtain significant business benefits, and refined the business case that establishes baselines for measuring project success from a business perspective. The project disbursed approximately \$988,958 in 2012, mostly in concluding the competitive acquisition process, in support of refining the business case, and in related project staff costs.</p> <p>In 2013, PASB expects to begin the first phase of implementation by replacing the systems that support program planning and management, budget, finance, and procurement.</p> <p>In 2014, PASB expects to conclude the first phase of implementation and begin implementing the second phase, which will consist of replacing systems supporting human resources and payroll. The second phase is expected to finish in 2015.</p>

### **Project Profile 3.D**

This schedule differs from the one proposed to the Directing Council in 2010. Modifications are based on advice from outside experts and the need to ensure that a proper foundation is in place to support project success.

**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, PWRs	
<b>3. Beneficiaries:</b> PAHO staff members in PAHO/WHO Representative Offices (PWRs).	
<b>4. Total estimated cost (US\$):</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.	
<b>5. Estimated duration:</b> Project will be completed by the end of 2013.	
<b>6. Comments:</b> During 2012, funds were provided to Bolivia, Guyana, and Jamaica for various security upgrades, with some invoices remaining to be paid. The final \$7,000 is programmed for Haiti for radios in spring 2013. This project will be completed by the end of 2013.	

### 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> Beneficiaries include the Member States, because the Regional Headquarters building is a major investment needed to house the PASB and accommodate visitors to the building's conference wing. Any energy cost savings will produce more funding for technical cooperation among the Member States.
<b>4. Total estimated cost (US\$):</b> \$2,500,000 Contributions from the PAHO Holding Account: \$2,500,000 Contributions from financial partners: 0 Contributions from other sources: 0 The Executive Committee approved \$620,000 in 2008–2009 for windows and \$1,100,000 in June 2010 for the HVAC project.
<b>5. Estimated duration:</b> Each project would have a different duration, but the work would require approximately two years to be completed.
<b>6. Comments:</b> GSO has drafted a request for proposal (RFP) for replacement of windows in the conference room and the emergency stairwells of the Headquarters building. To minimize conflict with other large projects now ending (emergency center, plaza drains, elevators), the plan is for the RFP to be sent out in spring 2013. An architectural and engineering study to design the plans for the HVAC project should also begin in spring 2013, so the construction project can be put out to bid in late 2013.

### Project Profile 4.C

<b>1. Project title:</b> Improvements to Facilities: Plaza Drainage System Repairs
<b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> AM, GSO
<b>3. Beneficiaries:</b> Beneficiaries include the Member States, because the Regional Headquarters building is a major investment needed to house the PASB and accommodate visitors to the building's conference wing.
<b>4. Total estimated cost (US\$):</b> \$375,000 Contributions from the PAHO Holding Account:       \$375,000 Contributions from financial partners:                       0 Contributions from other sources:                               \$35,000 \$375,000 provided in 2008–2009 from Holding Account and \$35,000 in 2012 from regular budget
<b>5. Estimated duration:</b> Project was completed in late 2012.
<b>6. Comments:</b> This project involved repairs to the four garden beds surrounding the conference building, ceiling repairs in the basement garage level, and a new drain line in the sub-basement.



### Project Profile 4.D

<b>1. Project title:</b> Improvements to Facilities: Security and Sanitary Measures	
<b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> AM, GSO	
<b>3. Beneficiaries:</b> Beneficiaries include the Member States, because the Regional Headquarters building is a major investment needed to house the PASB and accommodate visitors to the building's conference wing.	
<b>4. Total estimated cost (US\$):</b> \$330,000 Contributions from the PAHO Holding Account: \$330,000 Contributions from financial partners: 0 Contributions from other sources: 0 \$330,000 provided in 2008–2009.	
<b>5. Estimated duration:</b> Work is expected to take approximately 24 months or longer.	
<b>6. Comments:</b> The original program included the following elements: Lobby security upgrade/new ID card system/garage gate: \$71,000 Exchange women's and men's restrooms on the 2nd floor: \$59,000 Refurbishment and upgrades to 2nd floor reception/delegates' lounge and 1st floor lobby area: \$100,000 Refurbishment of the restrooms elsewhere in the office tower and conference wing: \$100,000  A new ID card system was purchased in late 2011. Various swipe card stations have been installed, along with additional closed-circuit TVs at risk points. Washington staff have been issued cards and the system is now functioning.  GSO completed partial repairs several years ago with its own maintenance staff and thus delayed the need for immediate restroom upgrades. With other major projects now in progress (elevator) or planned (window replacement and HVAC), the restroom repairs will follow at a later date.	

**Project Profile 4.F**

<b>1. Project title:</b> Improvements to Facilities: Refurbishment of Conference Rooms and Furniture Replacement at Headquarters	
<b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> AM, GSO	
<b>3. Beneficiaries:</b> Beneficiaries include the Member States, because the Regional Headquarters building is a major investment needed to house the PASB and accommodate visitors to the building's conference wing.	
<b>4. Total estimated cost (US\$):</b> \$1,075,000	
Contributions from the PAHO Holding Account:	\$975,000
Contributions from financial partners:	0
Contributions from other sources:	0
\$474,000 has been provided to date for conference room upgrades.	
<b>5. Estimated duration:</b> Two years.	
<b>6. Comments:</b> During 2011 and 2012, GSO utilized \$465,440 of \$474,000 to install electrical outlets in the delegation tables of Rooms B and C; replaced the entire 1965-era castor and fixed chairs in Rooms A, B, and C; and added new carpet in Room A. Additionally, the projectors and screens were replaced. A schedule for the furniture replacement project for Virginia Avenue is under study.	