



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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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 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 represents an update as of 31 December 2010.

2. Under Resolution CD48.R1, seven of the fourteen 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 thirteen approved projects were revised based on updated information: three project budgets were reduced, and three were increased. The total budget for all projects combined was reduced by \$811,000.³

3. Initial funding, as approved by the 48th Directing Council and as amended by the 144th Session of the Executive Committee, totaled \$8 million. The 146th Session of the Executive Committee then authorized a second release of \$7.375 million, and the 147th Session of the Executive Committee authorized a third release specifically for project 4B, totaling \$780,000. The total funding from the Holding Account authorized by Member States to date is \$16.155 million. The remaining uncommitted balance in the

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

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

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

holding account of \$9.135 million (\$25.290 million minus \$16.155 million) will be used to help fund the Modernization of the PASB Management Information System (PMIS) effort as approved by Member States in Resolution CD50.R10⁴.

4. Table 1 summarizes information on all 13 projects, briefly describing each one. 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.

5. Table 2 summarizes the budget implementation as of 31 December 2010 for all projects, illustrating that a combined total \$3.998 million has been implemented against the \$16.155 million of authorized funding. The unspent balance of \$12.157 million is already largely committed and is expected to be implemented by 31 December 2011.

6. The 13 updated project profiles (Annex) detail the purpose of each project and provide an update on progress and planned activities.

Action by the Subcommittee on Program, Budget, and Administration

7. The Subcommittee on Program, Budget, and Administration is invited to examine this document and to provide its recommendations to the 148th Session of the Executive Committee.

⁴ CD50.R10, Modernization of the PASB Management Information System (PMIS)
http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=8974&Itemid=

TABLE 1**Summary on the Projects Funded from the Holding Account**

No.	Title	Description	Revised total budget	Estimated from Holding Account	Estimated from other sources
1.A	Emergency Operations Center and Knowledge Center (EOS/KC)	A regional EOC/KC is a central hub that conducts the corporate functions of emergency event assessment and management, disaster response coordination, and information and knowledge management. It also serves as an analysis and information exchange venue to facilitate decision-making in support of efficient and timely response to all events that may constitute a public health event of international concern (PHEIC), as defined under the International Health Regulations (2005). For further details, please refer to Project Profile 1.A in the Annex.	3,400,000	2,900,000	500,000
1.B	Establishment of National Focal Points for International Health Regulations	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, please refer to Project Profile 1.B in the Annex.	3,000,000	1,500,000	1,500,000
2.A	Strengthening PAHO's Public Health Information Systems	A new health information systems strategy should be 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.	5,000,000	2,225,000	2,775,000

Summary on the Projects Funded from the Holding Account (cont.)

No.	Title	Description	Revised total budget	Estimated from Holding Account	Estimated from other sources
2.B	Adoption of Networking Strategies to Transform the Delivery of Technical Cooperation	Project proposal not approved by Member States.	N/A	N/A	N/A
2.C	Strengthening Communications through Improved Country Office Connectivity	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 Project Profile 2.C in the Annex.	2,100,000	2,000,000	100,000

Summary on the Projects Funded from the Holding Account (cont.)

No.	Title	Description	Revised total budget	Estimated from Holding Account	Estimated from other sources
3.A	Modernization of the PASB Management Information System	PASB 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). PASB will evaluate three alternatives for modernizing PASB's 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 the Annex.	1,000,000	1,000,000	0
3.B	Modernization of the Service Model for the Delivery of IT and KM Services	This initiative seeks to reduce the maintenance and management needs of PAHO's IT infrastructure in all offices: to 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 Project Profile 3.B in the Annex.	2,230,000	1,500,000	730,000
3.C	Strengthening of the Organization's Capacity to be IPSAS-compliant by 2010	The United Nations System has agreed to replace the United Nations System Accounting Standards (UNSAS) with International Public Sector Accounting Standards (IPSAS) by 2010. 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 the Annex.	500,000	300,000	200,000
4.A	Improvements to	Country offices need one-time assistance to complete Minimum	300,000	300,000	0

Summary on the Projects Funded from the Holding Account (cont.)

No.	Title	Description	Revised total budget	Estimated from Holding Account	Estimated from other sources
	Facilities: MOSS Upgrades and Security Measures	Operational Security Standards (MOSS) upgrades. For further details, please refer to Project Profile 4.A in the Annex.			
4.B	Improvements to Facilities: Energy-Saving Measures	Many components of the HQ building and conference center are the original ones installed in 1965 and need to be replaced. Components to be replaced include: the induction heating/cooling system and electrical cabinets on the 2nd and 10th floors; the windows of the main building and the conference center; and the conference center roof. For further details, please refer to Project Profile 4.B in the Annex.	2,500,000	2,500,000	0
4.C	Improvements to Facilities: Plaza Drainage System Repairs	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 Project Profile 4.C in the Annex.	375,000	375,000	0
4.D	Improvements to Facilities: Security and Sanitary Measures	Security upgrades are needed in the lobby and the 2nd floor, as well as sanitary improvements in HQ building restrooms. For further details, please refer to Project Profile 4.D in the Annex.	330,000	330,000	0
4.E	Improvements to Facilities: HQ Office Tower Roof Repairs	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 Project Profile 4.E in the Annex.	347,000	250,000	97,000

Summary on the Projects Funded from the Holding Account (cont.)

No.	Title	Description	Revised total budget	Estimated from Holding Account	Estimated from other sources
4.F	Improvements to Facilities: Refurbish Conference Rooms and Furniture	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.	1,075,000	975,000	100,000
		Total	22,157,000	16,155,000	6,002,000

TABLE 2
Budget Implementation Summary
As of 31 December 2010

Project Ref.	Project	Revised Budget	Authorized from Holding Account	Implemented	Balance
1.A	Emergency Operations Center and Knowledge Center (EOC/KC)	3,400,000	2,900,000	889,018	2,010,982
1.B	Establishment of National Focal Points for International Health Regulations	3,000,000	1,500,000	-	1,500,000
2.A	Strengthening PAHO's Public Health Information Systems	5,000,000	2,225,000 ^{1/}	433,259	1,791,741
2.B	[Not approved]	-	-	-	-
2.C	Strengthening Communications through Improved County Office Connectivity	2,100,000	2,000,000 ^{1/}	1,029,179	970,821
3.A	Modernization of the PASB Management Information System	1,000,000	1,000,000 ^{1/}	861,800	138,200
3.B	Modernization of the Service Model for the Delivery of IT and KM services	2,230,000	1,500,000 ^{1/}	0	1,500,000
3.C	Strengthening of the Organization's Capacity to be IPSAS-compliant by 2010	500,000	300,000	300,000	0
4.A	Improvements to Facilities: MOSS Upgrades and Security Measures	300,000	300,000	214,856	85,144
4.B	Improvements to Facilities: Energy Saving Measures	2,500,000	2,500,000 ^{1/}	20,250	2,479,750
4.C	Improvements to Facilities: Plaza Drainage System Repairs	375,000	375,000	0	375,000
4.D	Improvements to Facilities: Security and Sanitary Measures	330,000	330,000	0	330,000
4.E	Improvements to Facilities: HQ Office Tower Roof Repairs	347,000	250,000	250,000	0
4.F	Improvements to Facilities: Refurbish Conference Rooms and Furniture	1,075,000	975,000	0	975,000
Total		22,157,000	16,155,000	3,998,362	12,156,639

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

Project Profile 1.A

1. Project title: Emergency Operations Center and Knowledge Center (EOC/KC)
2. Coordinating entity: Office of the Director of Administration (AM) Participating entities: HSD, PED, GSO, KMC, ITS
3. Beneficiaries: The entire Organization (Member States, country offices, and technical areas at Headquarters)
4. Main issues, challenges, and/or problems to be addressed: 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: • 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. • 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 management, virtual collaboration, geographic information systems, etc.).

Project Profile 1.A (cont.)

- 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 by KCCT, an architectural and design company contracted by PAHO (received December 2010).
- Issuance of a request for proposal (RFP) by PAHO's procurement area (22 December 2010).
- Review of bids from interested construction companies and award of contract (end of February 2011).
- Construction phase (April to August 2011).
- Purchase of interior equipment and furnishings (April to August 2011).
- Commissioning of the facility (September 2011).

5. Brief description of the 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).

Project Profile 1.A (cont.)

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.
Indicator:	
1.8.1:	Percentage of public health events of international importance verified in the time recommended by the International Health Regulations (2005).
RER 1.9:	Effective operations and response by Member States and international community to declared emergencies situations due to epidemic and pandemic prone diseases.
Indicator:	
1.9.1:	Percentage of PASB International Health Regulations compliant responses based on requests for support from Member States during emergencies or epidemics.
RER 5.1:	Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels.
Indicator:	
5.1.1:	Number of countries that have developed and evaluated disaster preparedness plans for the health sector.
RER 5.2:	Timely and appropriate support provided to Member States for immediate assistance to populations affected by crises.
Indicator:	
5.2.2:	Percentage of emergencies where a response to emergencies is initiated within 24 hours of the request.
RER 5.3:	Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations.
Indicator:	
5.3.2:	Percentage of humanitarian action plans for complex emergencies and consolidated appeals with strategic and operational components for health included.
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.
Indicator:	
5.4.2:	Percentage of emergencies where coordinated technical cooperation (PASB task force) is provided, when needed.

Project Profile 1.A (cont.)

7. Estimated cost: US\$ 3,278,000

Architects and 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:	\$2,900,000
Contributions from financial partners:	\$ 0
Contributions from other sources:	\$ 378,000

\$1,500,000 provided in 2008-2009, additional \$1,400,000 approved in September 2010

8. Estimated duration (in months): 18 months.

9. Comments:

The bidding documents were sent to various construction firms on 22 December 2010. An award is planned for late February 2011 with construction within the April-August 2011 time frame. The actual costs will become known in late January 2011.

The architects/engineering design study for the EOC/KC was completed and included in the bidding document. The design costs increased to \$343,168 from the original planned figure of \$275,000 because the participating areas modified the original design in view of experience from 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 (now reduced to \$250,000). The original construction estimate by the GSO area manager was \$1,525,000 and included a small contingency and project management cost. The Organization will seek donor support of \$378,000 for the overall 1-A project.

With the completion of the renovation of the ground floor library space, the Area of the Office of the Director of Administration 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. In non-EOC activity, approximately \$10,000 were spent in 2009 for business continuity support.

Project Profile 1.B

1. Project title: Establishment of National Focal Points for International Health Regulations
2. Coordinating Entity: Health Surveillance and Disease Prevention and Control/Emergency Preparedness and Disaster Relief (HSD/PED) Participating Entities: HSD, PED, GSO, country offices
3. Beneficiaries: The entire Organization (Member States, country offices, and technical areas at Headquarters)
4. Main issues and challenges or problems to be addressed: 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.

Project Profile 1.B (cont.)

- 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); 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.

Indicator:

1.6.1: Number of countries that have achieved the core capacities for surveillance and response, in line with their obligations under the international health regulation (2005)

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.

Project Profile 1.B (cont.)

Indicator:	
1.8.1:	Percentage of public health events of international importance verified in the time recommended by the international health regulations.
RER 1.9:	Effective operations and response by Member States and international community to declared emergencies situations due to epidemic and pandemic prone diseases.
Indicator:	
1.9.1.	Percentage of PASB International Health regulation compliant responses based on request for support from Member States during emergencies or epidemics.
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.
Indicator:	
5.4.1:	Percentage of emergency-affected countries where a comprehensive communicable disease-risk assessment has been conducted and epidemiological profile and toolkit developed and disseminated to partner agencies.
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) 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.	
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:	\$ 0
8. Estimated duration: 36 months	

Project Profile 1.B (*cont.*)

9. Comments:

Proposals were received, reviewed and approved for 10 countries of the Region and also CAREC—which functions as the subregional IHR focal point for CAREC member countries. The proposal review involved the Health Surveillance, Disease Prevention and Control Area (HSD) and the Emergency Preparedness Area (PED). The allocation of funds to the countries of the Region is issued by the Planning, Budget, and Resource Coordination Area (PBR); funds were released in late April 2010.

From the total funds received for this purpose, \$400,000 have not been distributed as Belize, Guyana, Haiti, and Jamaica have not presented their action plans. This has affected the implementation rate, which, until December 31 2010, was 23.46%. HSD is advocating presentation of an action plan with countries that have yet to do so.

For those countries that have received funding for the establishment of an IHR National Focal Point, implementation activities have started according to action plans. Many of these activities involve the strengthening of the IHR facility, through the purchase of equipment such as computers and navigation systems. Most beneficiary countries have started the procurement process.

Bolivia, Dominica, Ecuador, El Salvador, Honduras, Nicaragua, Suriname, have also held training sessions for the IHR personnel, at national and local levels. It should be noted that Nicaragua has implemented most of its resources (95% implementation rate), followed by Dominican Republic (71.06%). HSD, both at Headquarters and through HSD focal points in country offices, continues to monitor the technical and financial implementation of these resources.

Estimated cost is based on approximately \$100,000 per country for 30 countries of the Region that have yet to establish an IHR national focal point.

Project Profile 2.A

1. Project title: Strengthening PAHO's Public Health Information Systems
2. Coordinating entity: Health Surveillance and Disease Prevention and Control (HSD) Participating entities: HSD, KMC, ITS
3. Beneficiaries: 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.
4. Main issues and challenges or problems to be addressed: PAHO needs to develop and implement a new health information systems strategy that will solve current problems such as fragmentation and lack of integration among systems; duplication of systems, which causes countries to be overwhelmed with multiple requests for information; and insufficient dissemination of available information. PAHO's role in this new strategy is: (1) to facilitate data collection in countries by setting standards and providing technical cooperation to enable them to enhance the availability of relevant information and analyses so that all stakeholders (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. Development and implementation of the new strategy will reduce the work involved in collecting data from countries and increase the use of health information (on morbidity, risk and protective factors, mortality, health services, human resources, health systems, and vulnerable populations) in decision-making. Objectives: (a) To expand the coverage and quality of health information systems in the Region in order to improve priority-setting, monitoring of the health situation, and policy and program impact assessment. (b) To establish standards, data flows, data collection instruments, and integrated analytical processes for all the information needed by the Secretariat in order to comply with its mandates, especially information related to the International Health Regulations (2005), the Health Agenda for the Americas 2008-2017, and the Strategic Plan 2008-2012.

Project Profile 2.A (cont.)

(c) To construct an integrated computer platform for PAHO health information systems that will facilitate the collection and dissemination of data from countries. The following steps are necessary for the development and implementation of the strategy for strengthening health information systems: • Identification of information needs. • Assessment of the data collection and dissemination situation in countries. • Development of the strategy. • Procurement of software. • Training of personnel.
5. Brief description of impact: The project will contribute to: • Improvement in the collection, processing, and analysis of health information in countries. • Production of reliable information for health situation analysis and health service, program, and policy impact assessment. • Organization and improvement of information flows from countries to PAHO and from PAHO to countries. • Organization and availability of internal information within PAHO as the basis for developing a health observatory of the countries of the Americas.
6. Linkage to the Strategic Plan (Strategic Objectives and Regionwide Expected Results): RER 11.2: Member States supported through technical cooperation for improving health information systems at regional and national levels. Indicators: 11.2.1: Number of countries that have implemented processes to strengthen the quality and coverage of their health information systems. 11.2.2: Number of countries that have implemented the PAHO Regional Core Health Data. RER 11.3: Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge, and scientific evidence for decision-making.

Project Profile 2.A (cont.)

Indicators: 11.3.1: Number of countries that update their health situation analyses every two years. RER 11.5: 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. Indicators: 11.5.2: Maintain the number of countries that have access to evidenced-based health information, advocacy material for the effective delivery of health programs as reflected in the country cooperation strategies. 11.5.3: PAHO Regional Information Platform created, integrating all PASB technical health data bases and information from health and development partners.
7. Estimated cost: \$5,000,000 Contribution from PAHO Holding Account: TBD (see section 9 <i>Comments</i> below) Contribution from financial partners: cost-sharing is anticipated Contribution from other sources: \$500,000 provided to be expended during the Phase 1 of the Project during the period 2008-2009. An additional \$1,725,000 were requested and approved by Governing bodies to cover the implementation of Phase 2 of the Project, to be expended during 2010-2011.
8. Estimated duration: 48 months
9. Comments: A total of \$500,000 from the PAHO Holding Account was approved for the first phase (Phase 1) of this project. Phase 1 includes carrying out consultations and reaching consensus on best practices to integrate health data from technical units and programs across the Organization, 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 health issues to support decision-making and health policies in the Region. The Phase 1 was planned to be implemented in the biennium 2008-2009. The Phase 2 includes the consolidation, maturity and scale-up of the PAHO Health Information Platform (PHIP) as a corporate authoritative information resource, meaning it hosts health data

Project Profile 2.A (cont.)

and information from most of the technical units and programs across the Organization and this resource is available and accessible to all technical units and programs located at PAHO Headquarter, PAHO Centers and PAHO Country Offices.

Phase 2 includes also an improvement of the quality and quantity of health data and information hosted by PHIP as a result of an intensive work with National Authorities, National Health Information Department at the Ministry of Health with the support of the Regional Advisory Committee on Health Statistics (CRAES) and the Latin-American and Caribbean Network of Health Information Systems (RELACSIS). This phase is planned to be implemented in the biennium 2010-2011.

A Phase 3 is envisioned to establish a sound interoperable network of health information systems between PHIP and National Health Information Systems. It is also conceived a collaboratively effort between PAHO, WHO and WHO Regional Offices to develop and consolidate a network of Global and Regional Health Information Systems, with links to PAHO/WHO's health and development partners. This phase is planned to be implemented in the biennium 2012-2013.

Based on the results of the first phase, subsequent proposals will be developed outlining the remainder of the technical work required to complete the project.

Progress up to 31 December 2009 is as follows:

- (a) The data collection, data flow, analysis and dissemination processes 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.
- (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

Project Profile 2.A (cont.)

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/hip>).

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 is available and ready for use by health analysts and professionals within the PAHO Headquarter.

Data Warehouse connection parameters:

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

Database: HealthDatawarehouse

User: DWreader

Pwrd: 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://hip.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 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=317

Project Profile 2.A (cont.)

[mid=1864](#), and the Facts section:
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 in a staging environment; 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.
- (i) Purchase of technological infrastructure for PAHO's Health Information Platform. The procurement process started in October 2009 and ended in February 2010.
- (j) Participation at WHO Regional Advisor meetings on the development and implementation of the Global and Regional Health Observatories.

Funds for Phase 1 of this project were allocated for execution at the end of May 2009.

Progress up to 31 December 2010 is as follows:

- (a) Develop a strategic proposal to improve data collection and workflows of the technical programs in the Area of Health Surveillance, Disease Prevention and Control (HSD). This includes definition and harmonization of the data to be collected, the data collection processes itself, and uses of the data for programmatic management and analysis.
- (b) Implementation of data integration processes for data from source databases of technical programs.
- (c) The planned Information Technology infrastructure was procured and installed in the PAHO data center. This new infrastructure was setup and integrated in a virtualized environment.
- (d) The regional mortality information system and database was improved, including re-engineering of processes.
- (e) Methods for estimation of mortality indicators were implemented and a new tool to produce mortality indicators was implemented.
- (f) A new set of Mortality data for 2010 was released on September 27, 2010.
- (g) A new dataset of Core Health Indicators and the Brochure 2010 were released on September 27, 2010.

Project Profile 2.A (cont.)

- (h) The Intranet Portal of the Regional Health Observatory (RHO) was migrated to a production environment and it is operational. This is a collaborative tool for the RHO team and its content is available to all PAHO staff at <http://sites.paho.org/rho>
- (i) The Open Portal of the Regional Health Observatory (RHO) was designed and implemented. Available at <http://www.paho.org/rho>
- (j) A significant number of reports. Visualization and dashboards about health situation and trends in the Region of the Americas has been developed, published and disseminated.
- (k) Health data and statistics at regional and national levels are accessible to Member States, policymakers, health professionals and the public through the PAHO web site and the Open Portal of the Regional health Observatory.
- (l) The Regional Health Observatory was launched during the 50th Directing Council, highlighting four sections: i) Health themes; ii) Databases; iii) Country statistics; iv) Reports; and v) Best practices.
- (m) An analysis of available historic mortality data was carried out. Two main sources were reviewed: i) PAHO Technical Information System (TIS) available in the Mainframe Server (legacy server and mortality information system) and WHO Global Mortality Database. A historic mortality database is under development. This result will allow analyzing the epidemiologic transition in the Region and assessing the impact of health interventions, besides trend analysis by causes of deaths.
- (n) Data from technical programs across the Organization and two PAHO development and health partners (World Development Indicators, World Bank, and UN Population Division) have been integrated into PHIP Data Warehouse.
- (o) Progress reports of Project 2A and a request for implementation funds for Phase 2 have been presented to and approved by the Fourth Session Subcommittee on Program, Budget and Administration, 147th Executive Committee and 50th Directing Council during 2010. See below the high level implementation and expenditure plan for Phase 2, 2010-2011.

This period marks the end of Phase 1 of the Project 2A.

A total of \$500,000 USD allocated for Phase 1 of the Project 2A has been totally expended before December 2010.

Implementation and Expenditure Plan for 2010-2011 (Phase 2):

- (a) Scale up PAHO Health Information Platform (PHIP) at corporate-level with the acquired technological infrastructure. Requested funding: \$200,000.00.
- (b) Provide technical support to PAHO technical programs to define data and indicators that should be integrated into the Data Warehouse of PHIP. Requested funding: \$300,000.00.

Project Profile 2.A (cont.)

- (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.

Planned implementation fund for Phase 2 (a total of \$1,725,000 USD)

A detailed development project and Action Plan for implementation of Phase 2 was submitted to PAHO Director. These funds are not allocated yet.

Project 2A, Implementation Phase 3, period 2012-2013

Considering the scenario in which requested funds for Phase 2 Action Plan for the implementation of PAHO Health Information Platform and Regional Health Observatory (RHO) are granted and expended according to the Detailed Action Plan proposed in Annex 6, a Phase 3 is envisioned to be implemented during the biennium 2012-2013.

Phase 3 will be focus on the implementation of a sound interoperable network of health information systems i) in the Region, between National Health Information Systems and PAHO Health Information Platform; ii) among WHO Regions, PAHO Health Information Platform and Information systems of WHO regions; and iii) between PAHO Health Information Platform and WHO Global Information Platform.

From a revised total budget of 5 millions dollars originally planed for Project 2A, during the Phase 1, a total of \$500,000 USD was expended (from mid 2009 to the end of 2010) and a total of \$1,725,000 USD have been planned for Phase 2.

It is expected that Phase 3 will require a total budget of \$2,775,000 USD, however a more in-depth analysis to determine the actual budget should be done at the end of Phase 2. Depending on the scope of Phase 3, less financial funds can be use to reach the planned objectives of Project 2A.

Project Profile 2.C

1. Project Title: Strengthening Communications through Improved Country Office Connectivity
2. Coordinating Entity: Office of the Director of Administration (AM) Participating Entities: ITS, KMC, BIR
3. Beneficiaries: 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.
4. Main issues and challenges or problems to be addressed: 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. 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.
5. Brief description of impact: The project will help to: • Increase collaboration and reliability of communication. • Ensure equity in country office connectivity. • Centralize troubleshooting and network management. • Improve service quality and guarantee service levels. • 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. This project is also the cornerstone to the success of Projects 1.A., 1.B., 2.A., 3.A., and 3.B.

Project Profile 2.C (cont.)

6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results):	
RER 15.2:	Effective PAHO/WHO country presence established to implement the PAHO/WHO Country Cooperation Strategies (CCS) which are: (1) aligned with Member States' national health and development agendas, and (2) harmonized with the United Nations country team and other development partners.
RER 16.4:	Information Systems management strategies, policies and practices in place to ensure reliable, secure and cost-effective solutions, while meeting the changing needs of the PASB.
Indicators:	
16.2.5:	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: \$2,100,000	
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 (max. 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: \$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.	
8. Estimated duration: 24 months	
9. Comments:	
At the end of 2010 a contract was signed with Telefonica to install in Phase 1 advanced network services to 21 offices in PAHO. To complete Phase 2 covering an additional 11 PAHO sites, PAHO will leverage a UN agreement. The implementation of the PAHO Private Network is targeted to be complete by the end of September 2011.	

Project Profile 2.C *(cont.)*

The new PAHO Private Network will support voice-over-Internet protocol (VoIP), real-time, asynchronous data communications, and a videoconferencing capability. As part of the network implementation, PAHO is utilizing advanced wide area network optimization devices and is updating most of the phone systems in the Region to ensure a seamless communications system for all staff. In conjunction with Holding Account Project 3.B, a Unified Communications system will be introduced to integrate all forms of communications technologies in an integrated platform.

In the current biennium the recurring expenses will 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 the next biennium other more centralized and equitable funding approaches are being be considered.

Project Profile 3.A

1. Project Title: Modernization of PASB's Management Information System
2. Coordinating Entity: Planning, Budget and Resource Coordination (PBR) Participating Entities: PBR, AM, ITS, FRM, HRM, PRO, GSO, KMC, IES
3. Beneficiaries: All internal and external stakeholders
4. Main issues and challenges or problems to be addressed: Major reforms have been implemented in the PASB planning process within the results-based management (RBM) framework. Such reforms will help to ensure alignment with WHO's Medium-term Strategic Plan (MTSP) and the Health Agenda for the Americas and to enhance transparency and accountability vis-à-vis Member States. PASB's management 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 (PMIS) and recommend the best option for achieving PASB's goals. PAHO guiding principles for the PMIS will also be developed. Finally, a review of the PASB business processes will be conducted.
5. Brief description of impact: 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.
6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results): RER 16.1: PASB is a results-based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results. Indicator: 16.1.1: PAHO Result-Based Management (RBM) framework implemented. RER 16.2: Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources.

Project Profile 3.A (cont.)

Indicator:	
16.2.2:	Percentage of strategic objective meeting at least 75 % of their unfunded GAP at the end of the biennium.
16.2.6:	Percentage of PASB entities that have implemented at least 90% of their programmed amount in the biennial workplan.
RER 16.3:	Human resource policies and practices promote (a) attracting and retaining qualified people with competencies required by the Organization's plans; (b) effective and equitable performance and human resource management; (c) staff development; and (d) ethical behavior.
Indicator:	
16.3.1:	Percentage of PASB entities with human resources plans approved by executive management.
RER 16.4:	Information systems management strategies, policies, and practices in place to ensure reliable, secure, and cost-effective solutions, while meeting the changing needs of the PASB.
Indicator:	
16.4.3:	Number of PAHO/WHO country and subregional entities, and Pan American centers using consistent, near real-time management information
RER 16.5:	Effective and efficient functioning of the Organization through managerial and administrative support services, including strengthened procurement.
Indicators:	
16.5.4:	A new procurement management system, to measure and monitor compliance with procurement best practices, including targeted training, improve statistical reporting, expanded bidder list, service level agreements and procedural improvements, implemented.
RER 16.6:	PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff.
Indicators:	
16.6.1:	Corporate performance implemented.
16.6.6:	New HR performance planning and evaluation system which enables effective performance management and integrated with PAHO strategic plan implemented.

Project Profile 3.A (cont.)

7. Total Estimated Cost: \$1,000,000 Contributions from the PAHO Holding Account: \$1,000,000 for initial phase (see comments). Contributions from financial partners: \$0 Contributions from other sources: Currently unknown; however, depending upon the magnitude of the final project approved, additional resources outside of the program budget may need to be mobilized.
8. Estimated duration: This analytic project was presented to the Directing Council in September 2010.
9. Comments: The primary tasks associated with this \$1 million investment have mostly been completed. The work culminated with a presentation of modernizations options to the Directing Council in September 2010. At that time, the Directing Council approved “modernization [of PASB Management Information Systems] by means of a commercial ERP software where PASB would incorporate a minimum of modifications and customizations...”, and also approved using up to \$10 million in the future from the Holding Account to pay for a subsequent modernization project. Preliminary work on this implementation project has already begun. Apart from the many detailed analyses supporting the 50th Directing Council resolution, Project 3.A also produced a set of Guiding Principles for the PASB Management Information System modernization, as well as the first comprehensive documentation of PASB business processes, some of which were improved as a result of the business process analysis. A portion of this work that focused on the Procurement Area was broader in scope and remains in progress; it is expected to be completed in July/August 2011.

Project Profile 3.B

1. Project Title: Modernization of the Service Model for the Delivery of IT and KM Services
2. Coordinating Entity: Information and Technology Services (ITS) Participating Entities: ITS, KMC, country offices and Pan American centers
3. Beneficiaries: 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.
4. Main issues and challenges or problems to be addressed: 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: (a) To consolidate all country office and center domains into a single paho.org domain. (b) To implement Microsoft Exchange 2010 in all country offices and centers to facilitate domain consolidation and improve disaster recovery capabilities. (c) 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. (d) 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. (e) To implement a single, regionwide technology to manage the configuration of all desktops and the delivery of software to users throughout the Organization. The following steps are necessary for the development and implementation of this project: • Support migration to MS Exchange at country offices and centers. • Develop a new desktop model. • Deploy new desktop software to all PAHO offices. • Implement a new desktop support model.

Project Profile 3.B (cont.)

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 <table> <tr> <td>Contributions from the PAHO Holding Account:</td><td>\$1,500,000</td></tr> <tr> <td>Contributions from financial partners:</td><td>\$ 0</td></tr> <tr> <td>Contributions from other sources:</td><td>\$ 730,000 in Master Capital Investment Fund (MCIF) funds</td></tr> </table> (a) Development of Next generation Desktop, Collaboration and Managed Systems including implementation to a Pilot group \$400,000		Contributions from the PAHO Holding Account:	\$1,500,000	Contributions from financial partners:	\$ 0	Contributions from other sources:	\$ 730,000 in Master Capital Investment Fund (MCIF) funds
Contributions from the PAHO Holding Account:	\$1,500,000						
Contributions from financial partners:	\$ 0						
Contributions from other sources:	\$ 730,000 in Master Capital Investment Fund (MCIF) funds						

Project Profile 3.B (cont.)

(b)	Deployment of next generation Desktop, Collaboration and managed Systems Environment into all PAHO Offices	\$300,000
(c)	Learning Conference for systems administrators to support in-country implementation	\$150,000
(d)	Funds to supplement current KMC and ITS work on Intranet 2.0	\$300,000
(e)	Acquisition and deployment of Training materials for end-users	\$100,000
(f)	Strengthened Identity Management to support PMIS and service management	\$250,000
8. Estimated duration: 48 months		
9. Comments: A total of \$1 million has been released and work is now underway to implement the project. An RFP has been issued to obtain industry expertise to implement a new integrated work environment based on: (a) Windows 7, (b) Office 2010, (c) SharePoint 2010, (d) Exchange 2010, (e) Lync Server 2010, (f) Microsoft System Center, (g) Cisco Call manager, and (h) Citrix ZenApp for application virtualization. The use of these tools will ensure PAHO leverages the latest in software tools to support its work and to have in place the necessary technologies to support a “Cloud Computing” capability for anytime/anywhere work and thereby enhancing the PAHO’s business continuity capacity. This project is being done collaboratively with KMC to ensure that the design meets the KMC conceptual model and to ensure interoperability with (a) PAHO’s Intranet/Extranet 2.0, (b) WHO’s Global Institutional Repository, and (c) PAHO’s Virtual Public Health Campus; and with HSD/HC to ensure support to the PAHO Partners forum to support work with targeted external groups. The project also leverages the ongoing ITS work to consolidate all 36 PAHO domains into a single paho.org domain. On completion, this would allow the Organization to provide all PAHO staff, no matter where located, with an @paho.org email address, and improve infrastructure standardization to improved the ease of use and deployment of applications throughout the Organization.		

Project Profile 3.C

1. Project Title: Strengthen the Organization's capacity to be IPSAS-compliant by 2010
2. Coordinating Entity: Financial Resources Management (FRM) Participating Entities: All entities
3. Beneficiaries: All internal and external stakeholders
4. Main issues, challenges, and/or problems to be addressed: The United Nations System agreed to replace the United Nations System Accounting Standards (UNSAS) with the International Public Sector Accounting Standards (IPSAS) by 2010. The Pan American Health Organization's (PAHO) Governing Bodies approved the adoption of IPSAS by 2010. PAHO implemented IPSAS beginning on 1 January 2010. The ramifications and challenges posed by the transition to these new accounting standards may not have been fully understood when the January 2010 date was selected and, as a result, the majority of the United Nations and its specialized agencies have delayed implementation of IPSAS to 2011, 2012, and 2014. Therefore, PAHO is among a small group of 2010 implementers.
5. Brief description of impact: The introduction of IPSAS benefits the Organization and the readers of its financial statements by providing: (a) Comparability of PAHO's financial performance and position with other international organizations and governments. (b) Improved transparency in financial information, which contributes to better governance and internal financial management. (c) Harmonization of financial accounting and reporting within the United Nations System, as well as improved quality in the financial reports of the United Nations and its agencies. (d) Consistency in the reporting of financial information.
6. Linkage to the Strategic Plan (Strategic Objective and Regionwide Expected Results): RER 16.1: PASB is a results-based organization, whose work is guided by strategic and operational plans that build on lessons learned, reflect country and subregional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results. RER 16.2: Monitoring and mobilization of financial resources strengthened to ensure

Project Profile 3.C (cont.)

implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources.	
7. Total Estimated Cost: \$500,000	
Contributions from the PAHO Holding Account:	\$ 300,000
Contributions from financial partners:	\$ 0
Contributions from other sources:	\$ 200,000
8. Estimated duration (in months): 24 months.	
9. Comments:	
Background	
In December 2008, \$300,000 was made available from the Holding Account for the project “Strengthening the Organization’s capacity to be IPSAS-compliant by 2010.” These financial resources have enabled the Organization to:	
(a) Contract a project manager for the IPSAS implementation. (b) Contract professional actuarial services for determining the long-term liabilities for accrued annual leave, repatriation grant and travel, household removal, and after-service health insurance. (c) Secure the services of a member of the IPSAS Board to provide expert advice on the application of the new accounting standards, as well as to offer corporate- wide training on IPSAS. (d) Participate as a member of the United Nations Task Force on the Implementation of International Public Sector Accounting Standards.	
During the 2008-2009 biennium, a total of \$187,880 was disbursed for the project. The available balance of \$112,120 as of 31 December 2009 was transferred to 2010 to cover the payment of services provided in 2009, but not paid for as of 31 December 2009 (\$33,314), and to fund activities related to the IPSAS Project during the 2010-2011 biennium (\$78,806). Of this amount, \$74,809 has been used during 2010 for the following purposes:	
• \$45,000 for the actuarial valuation of PAHO’s liabilities arising from after-service benefits and terminal entitlements; • \$9,000 for the services of a financial instruments expert to review IPSAS requirements as they pertain to the investments of the Organization; • \$9,866 for participation in the United Nations Task Force Meetings regarding the interpretation and application of the standards; and	

Project Profile 3.C (cont.)

- \$10,943 for other requirements arising from the implementation of IPSAS, such as the expert valuation of PAHO-owned buildings and land, and the visit to Haiti to assist the country offices with the Fixed Assets and Expense Recognition exercises.

There is \$3,997 available to fund additional requirements regarding the implementation of IPSAS during 2011.

Additional funds from “Other Sources” were utilized to alter PAHO’s corporate financial systems so that they support accrual accounting and the capitalization and depreciation of property, plant, and equipment, as well as to provide additional training seminars.

Situation Analysis

PAHO has worked diligently to meet the 1 January 2010 implementation date and has provided overviews of IPSAS and the status of its implementation to PAHO’s Governing Bodies.

The IPSAS standards ensure that best practices will be used in preparing financial statements. The significant changes which IPSAS requires are:

- (a) Annual audited financial statements.
- (b) Accrual of revenue, expense, assets, and liabilities.
- (c) Capitalization and depreciation of property, plant, and equipment.

Beginning with the 2010 financial reporting period, PAHO will provide annual audited financial statements. These statements will be significantly different from the biennial financial statements produced under UNSAS. Many of the standard schedules the reader is accustomed to seeing will no longer form part of the “audited financial statements.” However, as the Organization believes this information is useful to donors, partners and stakeholders, these schedules will continue to be produced and included in an unaudited annex immediately after the Audited Statements and disclosure notes.

PAHO has transitioned from modified cash basis accounting to accrual basis accounting. Under accrual accounting, PAHO must recognize its financial commitments to its staff members and retirees for terminal payments (i.e., annual leave, repatriation, etc.) and after-service health insurance. Recognizing these financial commitments in the Organization’s financial statements will result in the reporting of significant unfunded liabilities.

One of the critical early requirements for the IPSAS implementation was the determination of the 1 January 2010 opening balances for those accounts which are reflected on the Statement of Financial Position. Every opening balance category in the Statement of Financial Position of the Organization was audited by the External Auditor’s team in October 2010.

PAHO established its IPSAS-compliant accounting policies in discussions with a technical expert, the current Chairman of the IPSAS Board, and then presented them to the External

Project Profile 3.C (cont.)

Auditor's team for its consideration.

Furthermore, in order to ensure that the IPSAS standards were accurately applied to the Organization's accounts, PAHO provided position papers on all the topics related to the changes in accounting treatment to the External Auditor's team. The PASB also provided pro forma financial statements as of 30 June 2010 and 30 September 2010 for the team's consideration. The incorporation of the External Auditor's comments from these pro forma statements into the 31 December 2010 financial statements allows the PASB to finalize these statements in a timely manner.

The concurrence and funding by the Governing Bodies have been critical to the IPSAS implementation. Equally important has been the unwavering support of the Organization's Director and Executive Management, whose leadership has contributed to PAHO maintaining its focus on the requirements for the IPSAS implementation throughout the last three years.

Conclusion

With the implementation of the International Public Sector Accounting Standards, effective 1 January 2010, the Pan American Health Organization's financial statements will provide:

- (a) A comprehensive reporting of assets and liabilities;
- (b) A full representation of the Organization's consolidated financial status; and
- (c) An accurate basis for comparison with other international organizations and governments.

The additional information in the IPSAS-compliant financial statements may contribute to improved governance and enhanced strategic planning by the Organization's Governing Bodies, Director, and Executive Management. Furthermore, the readers of the Organization's financial statements will better understand its financial position and performance.

Project Profile 4.A

1. Project Title: Improvements to Facilities: MOSS Upgrades and Security Measures						
2. Coordinating Entity: Office of the Director of Administration (AM) Participating Entities: AM, GSO, Country Offices						
3. Beneficiaries: PAHO staff members in Country Offices						
4. Main issues and challenges and/or problems to be addressed: 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.						
5. Brief description of impact: A one-time assist to country offices to complete MOSS upgrades.						
6. Linkage to the Strategic Plan (Strategic Objective and Region-wide expected result): RER 16.6: PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff. Indicator: 16.6.3: Percentage of HQ and PAHO Pan American Country Offices that have implemented policies and plans to improve staff health and safety in the workplace, including Minimum Operating Security Standards (MOSS) compliance.						
7. Total Estimated Cost: US\$ 300,000 <table><tr><td>Contributions from the PAHO Holding Account:</td><td>\$ 300,000</td></tr><tr><td>Contributions from financial partners:</td><td>\$ 0</td></tr><tr><td>Contributions from other sources:</td><td>\$ 0</td></tr></table> \$300,000 provided in 2008-2009	Contributions from the PAHO Holding Account:	\$ 300,000	Contributions from financial partners:	\$ 0	Contributions from other sources:	\$ 0
Contributions from the PAHO Holding Account:	\$ 300,000					
Contributions from financial partners:	\$ 0					
Contributions from other sources:	\$ 0					
8. Estimated duration (in months): Funds should be expended by the end of December 2011.						

Project Profile 3.C (cont.)

9. Comments:

During the 2008-2009 biennium, the sum of \$107,695 was obligated by 10 countries for security improvements, and \$192,305 was carried over into the 2010-2011 biennium. During 2010, \$107,168 was obligated, and the remaining balance of \$85,144 should be expended in 2011. The planed expenses include: radios for official vehicles and individual staff members, blast film on office and car windows, alarms, closed circuit camera systems, and satellite telephones.

Project Profile 4.B

1. Project Title: Improvements to Facilities: Energy-Saving Measures
2. Coordinating Entity: Office of the Director of Administration (AM) Participating Entities: AM, GSO
3. Beneficiaries: PASB staff, Member States, and visitors to the Headquarters building conference wing. Any energy cost savings will result in more funding for technical cooperation among the Member States.
4. Main issues and challenges and/or problems to be addressed: The Organization's principal physical asset is the Headquarters office tower and conference wing. Completed in 1965, the HQ building requires ongoing maintenance to ensure its continued usefulness 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.
5. Brief description of impact: 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.
6. Linkage to the Strategic Plan (Strategic Objective and Region-wide expected result): RER 16.6: PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff. Indicator: 16.6.4: Percentage of PASB regional entities and PAHO Pan American Centers that improve and maintain their physical infrastructure, office equipment, furnishings, information technology equipment and transport, as programmed in their Biennial Work plans.

Project Profile 3.C (cont.)

7. Total Estimated Cost: US\$ 2,500,000

Contributions from the PAHO Holding Account:	\$	2,500,000
Contributions from financial partners:	\$	0
Contributions from other sources:	\$	0

\$620,000 provided in 2008-2009 for windows; \$1,100,000 provided in June 2010 for HVAC and additional \$780,000 for windows to be requested in early 2011 for windows.

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

9. Comments:

The original program was as follows:

\$1.1 million	2nd and 10th floor heating ventilation, air conditioning (HVAC) 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. Therefore, GSO has cancelled this sub-project.

GSO requested funding for the south side of the office tower in 2008-2009 (\$620,000). However, contacts with manufactures have suggested that purchase of all windows in one package would be more cost advantageous. PAHO’s Procurement Office is preparing a request for proposal (RFP) for release in early 2011 in order to request the balance of funding in the 148th Session of the Executive Committee.

GSO has requested approval of the full estimated costs (\$1.1 million) for the HVAC. The first step is to engage an engineering firm to update drawings received from a previous A/E study of the HVAC problem. GSO must first upgrade the electrical cabinets (estimated cost \$100,000) 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 was requested in advance.

Project Profile 4.C

1. Project Title: Improvements to Facilities: Plaza Drainage System Repairs	
2. Coordinating Entity: Office of the Director of Administration (AM) Participating Entities: AM, GSO	
3. Beneficiaries: PASB staff, Member States, and visitors to the Headquarters building conference wing.	
4. Main issues and challenges and/or problems to be addressed: The Organization's principal physical asset is the Headquarters office tower and conference wing. Completed in 1965, the HQ building requires ongoing maintenance to ensure its continued usefulness 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.	
5. Brief description of impact: A complete repair will maintain the structural integrity of the building and avoid more costly repairs in the future.	
6. Linkage to the Strategic Plan (Strategic Objective and Region-wide expected result): RER 16.6: PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff. Indicator: 16.6.4: Percentage of PASB regional entities and PAHO Pan American Centers that improve and maintain their physical infrastructure, office equipment, furnishings, information technology equipment and transport, as programmed in their Biennial Work plans.	
7. Total Estimated Cost: US\$ 375,000 Contributions from the PAHO Holding Account: \$ 375,000 Contributions from financial partners: \$ 0 Contributions from other sources: \$ 0 \$375,000 provided in 2008-2009	

Project Profile 4.C (cont.)

8. Estimated duration (in months): 5 months
9. Comments: This Project was not begun in 2008-2009 because GSO was fully occupied with the EOC and roof projects. This project cannot be initiated until the EOC construction (now planned for March-August 2011) is completed; period during which the contractor will store building materials and equipment in the area where the plaza drains are located. Given weather and contracting issues, GSO forecasts that this project will commence in late 2011 and continue into early 2012.

Project Profile 4.D

1. Project Title: Improvements to Facilities: Security and Sanitary Measures
2. Coordinating Entity: Office of the Director of Administration (AM) Participating Entities: AM, GSO
3. Beneficiaries: PASB staff, Member States, and visitors to the Headquarters building conference wing.
4. Main issues and challenges and/or problems to be addressed: The Organization's principal physical asset is the Headquarters office tower and conference wing. Completed in 1965, the HQ building requires ongoing maintenance to ensure its continued usefulness 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.
5. Brief description of impact: 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.
6. Linkage to the Strategic Plan (Strategic Objective and Region-wide expected result): RER 16.6: PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff. Indicator: 16.6.3: Percentage of HQ and PAHO Pan American Country Offices that have implemented policies and plans to improve staff health and safety in the workplace, including Minimum Operating Security Standards (MOSS) compliance. 16.6.4: Percentage of PASB regional entities and PAHO Pan American Centers that improve and maintain their physical infrastructure, office equipment, furnishings, information technology equipment and transport, as programmed in their Biennial Work plans.

Project Profile 4.D (cont.)

7. Total Estimated Cost: US\$ 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									
8. Estimated duration (in months): 24 months, possibly longer									
9. Comments:									
The original proposal included the following elements: <table> <tr> <td>\$50,000</td><td>Lobby security upgrade/new ID card system/garage gate</td></tr> <tr> <td>\$80,000</td><td>Refurbish the women's and men's restrooms on the 2nd floor</td></tr> <tr> <td>\$100,000</td><td>Refurbishment/upgrades to 2nd floor reception/delegates lounge and 1st floor lobby area</td></tr> <tr> <td>\$100,000</td><td>Refurbishment of the restrooms elsewhere in the office tower and conference wing</td></tr> </table> 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 is working with ITS to find an ID card system which would be compatible for access to desktop computers and also various doors of the office building. This system would later be connected to a card controlled gate at the entrance to the basement garage, but the gate requires local zoning approval, which is a lengthy process. The space study (funded by the Master Capital Investment Fund) was reviewed by the architects contracted by PAHO and they had the following recommendations: (a) to relocate the guard desk to a new glass-walled entrance to be constructed under the western wing, in front of the existing entrance; (b) a matching glass wall structure would be located under the eastern wing for a small cafeteria/snack shop; and (c) 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. The architects, based on similar experience with work performed for the Federal Reserve, suggested that 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.		\$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	Refurbishment/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
\$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	Refurbishment/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								

Project Profile 4.D *(cont.)*

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. This will be undertaken after other major projects such as EOC, the plaza drains, windows and the HVAC project are completed.

Project Profile 4.E

1. Project Title: Improvements to Facilities: HQ Office Tower Roof Repairs
2. Coordinating Entity: Office of the Director of Administration (AM) Participating Entities: AM, GSO
3. Beneficiaries: PASB staff, Member States, and visitors to the Headquarters building conference wing.
4. Main issues and challenges and/or problems to be addressed: The Organization's principal physical asset is the Headquarters office tower and conference wing. Completed in 1965, the HQ building requires ongoing maintenance to ensure its continued usefulness 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.
5. Brief description of impact: Completion of this project will protect the building from water damage for several decades.
6. Linkage to the Strategic Plan (Strategic Objective and Region-wide expected result): RER 16.6: PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff. Indicator: 16.6.4: Percentage of PASB regional entities and PAHO Pan American Centers that improve and maintain their physical infrastructure, office equipment, furnishings, information technology equipment and transport, as programmed in their Biennial Work plans.
7. Total Final Cost: US\$ 347,000 Contributions from the PAHO Holding Account: \$ 347,000 (originally was 250,000) Contributions from financial partners: \$ 0 Contributions from other sources: \$97,000 \$250,000 provided in 2008-2009 from Holding Account with additional \$97,000 provided from regular PAHO budget in 2010-2011.

Project Profile 4.E (cont.)

8. Final duration (in months): 5 months: the project was completed in June 2010.
9. Comments: Roof repairs began in mid-January 2010, but were delayed by heavy snowfalls. The project was completed in June 2010. A roofing consultant was hired by PAHO to prepare contract specifications, assist in the contract review process, and serve as project manager. He recommended installation of anchors to provide safety points for workmen to use when washing and/or changing windows. These changes allowed PAHO to meet local safety codes.

Project Profile 4.F

1. Project Title: Improvements to Facilities: Refurbish Conference Rooms and Furniture
2. Coordinating Entity: AM Participating Entities: AM, GSO
3. Beneficiaries: PASB staff, Member States, and visitors to the Headquarters building conference wing.
4. Main issues and challenges and/or problems to be addressed: The Organization's principal physical asset is the Headquarters office tower and conference wing and adjacent rented office annexes. Completed in 1965, the HQ building requires ongoing maintenance to ensure its continued usefulness to support technical cooperation efforts with Member States. The existing chairs and conference tables in conference rooms A, B, and C are approximately 20-25 years old and require replacement. Extensive use has weakened the back supports of the chairs, and they are breaking with increasing frequency. The veneer on the surfaces of the conference tables has been refinished numerous times and it is now too thin to be repaired. The Virginia Ave annex was occupied in 1986 and the original modular furniture needs to be replaced to accommodate the latest in computer technology and, especially, to provide the latest ergonomic design to help prevent meta carpal damage to staff members.
5. Brief description of impact: The furniture is past its expected useful lifetime; replacing it will maintain conference facilities for several decades.
6. Linkage to the Strategic Plan (Strategic Objective and Region-wide expected result): RER 16.6: PASB strengthened through institutional development reforms and a physical working environment that is conducive to the well-being and safety of staff. Indicator: 16.6.4: 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.
7. Total Estimated Cost: US\$ 1,075,000 Contributions from the PAHO Holding Account: \$ 975,000 Contributions from financial partners: \$ 0 Contributions from other sources: \$ 100,000 (regular budget)

Project Profile 4.F (*cont.*)

8. Estimated duration (in months): 18 months
9. Comments: GSO has received \$20,000 to find a designer to plan for the renovation of Room B. Based on the results of this project, the other conference rooms (Room A and C) will receive upgrades. The chairs in room A need replacement. All rooms require improved electrical wiring to support power sockets for delegates' laptops. The tables in all rooms will be replaced to allow for easier movement of attendees. The furniture replacement project for Virginia Ave will be done after the conference rooms are completed.