



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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PROJECTS USING THE PROGRAM BUDGET INCOME EXCEEDING THE AUTHORIZED EFFECTIVE WORKING REGULAR BUDGET

Status Update: Use of Holding Account Funds (Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007)

1. The 48th Directing Council, through Resolution CD48/R1,¹ approved the use of the Holding Account to fund priority projects as listed in document CD48/22. The Resolution also calls for the Bureau to present to the Executive Committee, through the Subcommittee on Program, Budget and Administration, an updated status report on the use of these funds at the appropriate intervals.
2. Table 1 shows the current funding status of each of the projects. The full document of reference, CD48/22,² can be found at the Governing Bodies website devoted to the 48th Directing Council.
3. Since document CD48/22 was approved, updated assessments of three of the projects will require additional funding during 2008-2009 than had been originally anticipated, because of accelerated time tables. In all three cases, the increased funding required for 2008-2009 remains within the total estimated budget for each of the projects.
4. Therefore, the following changes are proposed:

Project 1.A The amount required for 2008-2009 is US\$ 1.5 million, which represents an increase of \$500,000 from the \$1 million originally

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>

anticipated to be implemented during that biennium. Reason: the estimated \$1.2 million for actual construction work is legally required to be on hand in order to put the work out to tender.

Project 3.C The amount required for 2008-2009 is \$300,000, which represents an increase of \$100,000 from the \$200,000 originally anticipated to be implemented during that biennium. Reason: IPSAS compliance for January 2010 requires that the full project be implemented by the end of the current biennium.

Project 4.B The amount required for 2008-2009 is \$620,000, which represents an increase of \$120,000 from the \$500,000 originally anticipated for that biennium. Reason: this will allow for energy savings by completing the replacement of all 400 windows of the south side of the headquarters building more efficiently in a single operation, rather than in two.

5. Furthermore, two additional project profiles have been revised as follows: project 2.A (Strengthening PAHO Public Health Information Systems) in response to queries made by the SPBA in order to provide an update to Member States on the progress of this important initiative, and; project 4F to include a revised scope to incorporate all headquarters' facilities. Neither of these two projects have changes to approved budgets.

6. The revised project profiles for projects 1.A (Annex A), 2.A (Annex B), 3.C (Annex C), 4.B (Annex D), and 4.F (Annex E) are attached.

Action by the Executive Committee

7. The Executive Committee is asked to review and approve the proposed changes to the funding levels authorized for 2008-2009.

Annexes

Table 1.

No.	Title	Description	Estimated Total Budget (All sources)	Estimated from Holding Account	Revised Estimate from Holding Account 2008-2009	Revised Estimate from Holding Account for future periods
1.A	Emergency Operations Center (EOC) and Knowledge Center (KC)	A regional EOC/KC is a central hub that conducts the corporate functions of emergency events 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 the efficient and timely response to all events that may constitute a PHEIC, as defined under the International Health Regulations (2005). For further details, please refer to Annex 1.A of Document CD48/22.	2,000,000	1,500,000 ^{1/}	1,500,000	0
1.B	National Emergency Operations Center (EOC)	Establishment of EOCs in countries to enhance their capacity to manage real-time information and knowledge to better assess health risks and respond to events that may constitute a public health emergency, such as natural disasters, communicable disease outbreaks, and chemical and radio-nuclear incidents, and to meet new IHR requirements. For further details, please refer to Annex 1.B of Document CD48/22.	3,000,000	1,500,000	500,000	1,000,000

^{1/} The original proposal for item 1.A included a total requirement of \$1,500,000 from the Holding Account; \$1,000,000 estimated for 2008-2009 and \$500,000 for future biennia. However, the timeline for the implementation for construction of the Emergency Operations/Knowledge Center at the Washington DC Headquarters Building has required that the entire amount of \$1,500,000 be made available during 2008-2009.

No.	Title	Description	Estimated Total Budget (All sources)	Estimated from Holding Account Total	Revised Estimate from Holding Account 2008-2009	Revised Estimate from Holding Account for future periods
2.A	Strengthening PAHO's public health information systems	Develop and implement a new strategy for the different health information systems that will solve current problems such as the fragmentation and lack of integration among them; the duplication of systems, which causes the countries to be overwhelmed with multiple requests for information; and the insufficient dissemination of available information, etc. For further details, please refer to Annex 2.A of Document CD48/22.	8,000,000	TBD	500,000 (Phase 1)	TBD
2.B	Adoption of networking strategies to transform the delivery of technical cooperation	Project proposal to be resubmitted for future consideration.	TBD	TBD	TBD	TBD
2.C	Strengthening communications through improvement of country office connectivity	Implementation of a virtual private network (VPN) to provide the connectivity required by modernized corporate management systems and to increase communications capacity, bandwidth, security, and reliability, which will enable and support social networking, knowledge sharing, electronic meetings, and video conferencing, as well as interconnectivity of health systems and institutions. It also will provide a foundation for future direct Member State involvement in the activities of the Secretariat. For further details, please refer to Annex 2.C of Document CD48/22.	3,250,000	TBD	250,000 (Phase 1)	TBD

No.	Title	Description	Estimated Total Budget (All sources)	Estimated from Holding Account	Revised Estimate from Holding Account 2008-2009	Revised Estimate from Holding Account for future periods
3.A	Modernize PASB'S corporate management system	Establish a prototype environment to fully explore PAHO business processes and how they can be improved to align with WHO, to support a robust RBM framework, and to improve administrative efficiencies, reflecting the same high level of integration and interoperability that WHO expects to achieve through their implementation of the Global Management System (GSM). For further details, please refer to Annex 3.A of Document CD48/22.	TBD	TBD	1,000,000 (Phase 1)	TBD
3.B	Modernize the service model for the delivery of IT and KM services	Reduce the maintenance and management of the IT infrastructure in field offices; decrease current security vulnerabilities; provide one common image for all PAHO supported languages, reducing the management of desktops in country offices and simplifying local office support. For further details, please refer to Annex 3.B of Document CD48/22.	1,488,000	TBD	500,000 (Phase 1)	TBD
3.C	Strengthen the Organization's capacity to be IPSAS compliant by 2010	The United Nations System has agreed to replace the United Nations System Accounting Standards (UNSAS) with International Public Sector Accounting Standards (IPSAS) by 2010. PAHO Governing Bodies have approved the adoption of IPSAS by 2010. In order to meet that commitment, the Organization must align its Financial Regulations and Rules, processes, and systems with IPSAS. Furthermore, significant training and oversight will be required to ensure that new policies are understood and implemented correctly. For further details, please refer to Annex 3.C of Document CD48/22.	500,000	300,000	300,000 ^{2/}	0

^{2/} The original proposal for item 3.C included a total requirement of \$300,000 from the Holding Account; \$200,000 estimated for 2008-2009 and \$100,000 for future biennia. However, the timeline for the implementation of IPSAS has required that the entire amount of \$300,000 be made available during 2008-2009.

No.	Title	Description	Estimated Total Budget (All sources)	Estimated from Holding Account	Revised Estimate from Holding Account 2008-2009	Revised Estimate from Holding Account for future periods
4.A	Improvements to facilities: MOSS upgrades and security measures	A one-time assist to country offices to complete MOSS upgrades. For further details, please refer to Annex 4.A of Document CD48/22.	300,000	300,000	300,000	0
4.B	Improvements to facilities: energy savings measures	HQ building and conference center: many components of the building are the original ones installed in 1965 and need to be replaced. Components to be replaced include the induction heating/cooling system and electrical cabinets on the 2nd and 10th floors; the windows of the main building and the conference center; and the conference center roof. For further details, please refer to Annex 4.B of Document CD48/22.	2,900,000	TBD	620,000 ^{3/} (Phase 1)	TBD
4.C	Improvements to facilities: plaza drainage system	There are leaks in the plaza drainage system and, as a matter of regular maintenance cycle, they should be replaced. For further details, please refer to Annex 4.C of Document CD48/22.	375,000	375,000	375,000	0
4.D	Improvements to facilities: security and sanitary measures	Security upgrades in the lobby and the 2nd floor; sanitary improvements in HQ building restrooms. For further details, please refer to Annex 4.D of Document CD48/22.	330,000	330,000	330,000	0

^{3/} The original proposal for item 4B included a total requirement of \$2.9 million from the Holding Account; \$500,000 estimated for 2008-2009 and \$2.4 million for future biennia. However, the timeline for the implementation of window replacement program (south tower wall) of the Washington DC Headquarters Building requires that the original amount be increased from \$500,000 to \$620,000, to be made available during 2008-2009.

No.	Title	Description	Estimated Total Budget (All sources)	Estimated from Holding Account	Revised Estimate from Holding Account 2008–2009	Revised Estimate from Holding Account for future periods
4.E	Improvements to facilities: HQ office tower roof	The roof over the main HQ office tower I is past scheduled replacement. There are increasing leaks during rainstorms, causing further damage in the building. For further details, please refer to Annex 4.E of Document CD48/22.	250,000	250,000	250,000	0
4.F	Improvements to facilities: refurbish headquarters' buildings	The Organization's principal physical assets are the Headquarters office tower, the conference wing, and the adjacent rented office annexes. These facilities require on-going maintenance to ensure continued usefulness to support the work of the Bureau in providing technical cooperation to Member States, and to meet technological and ergonomic requirements and work safety standards. For further details, please refer to Annex 4.F.	575,000	575,000	575,000	0
Total			22,968,000	TBD	7,000,000	TBD

Annexes

Project Profile
(1.A)

1. Project Title: Emergency Operations Center and Knowledge Center (EOC/KC)
2. Coordinating Entity: HDM/PED Participating Entities: HDM, PED, GSO, KMC, ITS
3. Beneficiaries: The entire organization (Member States, Country Offices, Technical Areas in Headquarters)
4. Main issues and challenges and/or problems to be addressed: The Emergency Operations Center/Knowledge Center (EOC/KC) is a central hub where the corporate functions of emergency events assessment and management, disaster response coordination, and information and knowledge management are conducted. It also serves as an analysis and information exchange venue to facilitate decision-making in support of the efficient and timely response to all events that may constitute a PHEIC, defined as such under the International Health Regulations (2005). There are two states envisioned: Emergency operations: Emergency Preparedness and Disaster Relief (PED) and Health Surveillance and Disease Management, Communicable Diseases (HDM/CD) with the support of the Disaster Task Force (DTF) or the Epidemic Alert and Response Task Force (EARTF), will activate the expanded EOC when there is a need to mobilize and manage the Organization's overall response and coordinate with other institutions and agencies such as a Public Health Emergency of International Concern (PHEIC) or other health crisis. During Emergency Operations the entire EOC/KC facility will be devoted to handling the event, including the priority use of the space, knowledge management processes, and technical and human resources for coordination, operation, and information activities. Non-emergency operations: During regular working mode, the space will be a multi-purpose space that will include: <ul style="list-style-type: none">• Core EOC: The staff will permanently maintain PED and HDM/CD epidemic intelligence; monitor natural and manmade 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 the International Health Regulations (2005), must be accessible on a 24/7 basis, since countries are required to inform PAHO within 24 hours of assessment of all events that may constitute a PHEIC.• Knowledge Center (KC): Knowledge Management and Communication will provide the Organization support in knowledge development (brainstorming, concept mapping, capturing of lessons learned, collaborative development of good practices, etc), knowledge sharing (nurturing and facilitating communities of practice), and knowledge applications (content management, virtual collaboration, geographic information systems, etc).• Common area: Hold daily morning meetings with technical units and Country Offices to conduct risk assessment and decide on actions on current events. The Center, as a space for gaining knowledge, provides synergy and cost savings to these fundamental needs of the Secretariat by complementing them through sharing knowledge management methodologies and tools, information technology and communication infrastructure, and facilities while each function benefits the other through closer interaction.

<p>5. Brief description of impact:</p> <p>Greatly facilitate decision-making capacity to respond to emergency events, including those that may constitute a PHEIC, as defined under the International Health Regulations (2005).</p>								
<p>6. Linkage to the Strategic Plan (Strategic Objective and Region-wide expected result):</p> <p>RER/5.1 Member States and partners supported through technical cooperation for the development and strengthening of emergency preparedness plans and programs at all levels.</p> <p>RER/5.2 Timely and appropriate support provided to Member States for immediate assistance to populations affected by crises.</p> <p>RER/5.3 Member States supported through technical cooperation for reducing health sector risk in disasters and ensuring the quickest recovery of affected populations.</p> <p>RER/5.4 Member States supported through coordinated technical cooperation for strengthening preparedness, recovery and risk reduction in areas such as communicable disease, mental health, health services, food safety, and nuclear radiation.</p>								
<p>7. Total Estimated Cost: \$2,000,000</p> <table><tr><td>Architects and Engineering Study</td><td>\$275,000</td></tr><tr><td>Construction/furnishings</td><td>\$1,250,000</td></tr><tr><td>Business Continuity Study</td><td>\$225,000</td></tr><tr><td>Other expenses</td><td>\$250,000</td></tr></table> <p>Contributions from the PAHO Holding Account: \$1,500,000 Contributions from financial partners: (unknown) Contributions from other sources: \$500,000</p>	Architects and Engineering Study	\$275,000	Construction/furnishings	\$1,250,000	Business Continuity Study	\$225,000	Other expenses	\$250,000
Architects and Engineering Study	\$275,000							
Construction/furnishings	\$1,250,000							
Business Continuity Study	\$225,000							
Other expenses	\$250,000							
<p>8. Estimated duration (in months):</p> <p>18 months</p>								
<p>9. Comments:</p>								

Project Profile
(2.A)

<p>1. Project title: Strengthening of public health information systems</p>
<p>2. Coordinating entity: HSD Participating entities: HSD, KMC, ITS</p>
<p>3. Beneficiaries: All the countries in the Region of the Americas, especially those with problems related to under-registration and the quality of health information; all areas of PAHO that work with and/or need information will benefit from the organization and availability of data; also, civil society as a whole, which will be able to access health information from the all the countries in an organized manner and with the available analyses.</p>
<p>4. Main themes, challenges, needs, and/or problems to be addressed: PAHO needs to develop and implement a new strategy for the different health information systems that will solve current problems such as the fragmentation and lack of integration among them, the duplication of systems, which causes the countries to be overwhelmed with multiple requests for information; insufficient dissemination of the available information, among others.</p> <p>This new strategy should be based on the idea that PAHO's role in this field is: (1) to facilitate data collection in the countries by setting standards and providing technical cooperation to enable them to publicize relevant information and analyses so that all stakeholders (decision-makers, health professionals, the media, civil society organizations, academic institutions, international organizations, etc.) 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 the mandates issued by the Member States; (3) to develop a model for the organization of health data and information.</p> <p>Development and implementation of the new strategy will reduce the work involved in collecting data from the countries and increase the use of health information (morbidity, risk and protective factors, mortality, health services, human resources, health systems, vulnerable populations, among others) in decision-making.</p> <p>Objectives:</p> <ol style="list-style-type: none">1. Expand the coverage and quality of health information systems in the Region to improve priority setting, monitoring of the health situation, policy and program impact assessment, among others;2. Establish standards, flows, data collection instruments, and integrated analytical processes for all the information needed by the Secretariat to comply with its mandates, especially information related to the International Health Regulations, the Health Agenda for the Americas, and the Strategic Plan 2008-2012;3. Construct an integrated computer platform for PAHO health information systems that facilitates the collection of data from the countries, analysis and its dissemination. <p>The following is necessary for development and implementation of the strategy for strengthening health information systems:</p> <ul style="list-style-type: none">- Identification of information needs- Diagnosis of the data collection and dissemination situation in the countries- Development of the strategy- Procurement of software- Training of personnel

<p>5. Brief description of the impact:</p> <p>Improvement of the data collection, processing, and analysis of health information in the countries. Construction of reliable information for health situation analysis and health service, program, and policy impact assessment. Organization and improvement of information flow from the countries to PAHO and from PAHO to the countries. Organization and availability the internal information in PAHO as the basis for constructing a Health Observatory of the Countries of the Americas.</p>
<p>6. Relation to the Strategic Plan (Strategic Objectives and Region-wide Expected Results):</p> <p>RER 11.2 Member States supported through technical cooperation for improving health information systems at regional and national levels.</p> <p>Indicators:</p> <p>11.2.2 Number of countries that has financed strategic plan for strengthening vital and health statistics, including the production of health information and use of the Family of International Classification according to International standards established by PAHO/WHO and Health Metrics Network.</p> <p>11.2.3 Number of countries that has implemented the Regional Core Health Indicator Initiative and which produce and publishing their Core Health Indicators at sub-national levels (first and second administrative level).</p> <p>RER 11.3 Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge and scientific evidence for decision-making.</p> <p>Indicator:</p> <p>11.3.2 Number of countries that has improved their analytical capacity for health information and knowledge generation, measured by periodic updates of country profiles.</p> <p>RER 11.5 PAHO is the authoritative source and broker of evidence-based public health information and knowledge, providing essential health knowledge and advocacy material to Member States, health partners and other stakeholders.</p> <p>Indicators:</p> <p>11.5.2 Maintain the number of countries that have access to evidence-based, health information and advocacy material for the effective delivery of health programs as reflected in the country cooperation strategies.</p> <p>11.5.3 PAHO Regional Information Platform created, integrating all the PASB technical health databases and information from health and development partners.</p>
<p>7. Estimated cost: \$8,000,000</p> <p>Contribution from PAHO Holding Account: TBD (seer comments) Contribution from financial partners: shared cost is anticipated Contribution from other sources:</p>
<p>8. Estimated duration (in months)</p> <p>48 months</p>

9. Comments

The first phase of the project was approved for a total of \$500,000, with funds from PAHO Holding Account.

This first phase includes consultation, consensus, design and preparation of a model of PAHO Health Information and intelligence Platform and the Regional Health Observatory, whose results will permit to share available data and information as well as to disseminate more widely analytical results of the situation on various health issues to support decision-making and health policies of the Region.

Based on the results, another proposal for the following phases will be produced.

The project is ongoing, and during the first semester of 2009 the following progress has been made:

- (a) the data collection, data flows, analysis and dissemination processes of the mortality data have been reviewed and a new regional mortality information system is under development. As part of this review, several mortality estimation methods are being compared in order to select the most appropriate for the Region.
- (b) the data collection, flows, analysis and dissemination processes of the Basic Health Indicators have been reviewed. In this context, a functional prototype of information system has been developed and currently is being evaluated by five countries and PAHO country offices.
- (c) a similar review process for the data of the programs of tuberculosis, HIV/AIDS, malaria and dengue on a priority basis will be initiated.
- (d) the technological architecture, data model and application architecture of the PAHO Health Information and Intelligence Platform has been designed. As part of the first phase, the technological infrastructure and the data model of the Data Warehouse has been setup. Currently, the data warehouse is populated with information on mortality, demographic and world development indicators and access mechanism to them is being implemented. Currently the data integration processes from priority programs as Dengue, Tuberculosis and HIV/AIDS is being developed and implemented.
- (e) the health intelligence service component of the Information Platform (<http://phip.paho.org>) is setup. Design and development of interactive analytical reports are ongoing. This component permits to share and disseminate data, information and analytical results of health subjects in the Organization.
- (f) the strategy and mechanisms of access to available health data in the Data Warehouse is being defined, as well as the process that facilitates its use for the analyses as well as the dissemination of the analytical results in the Health Information Platform
- (g) a functional prototype of Open Portal of the Health Information Platform is under construction. It aims to facilitate access to data, information, health analytical tools, recommendations, analytical briefings and knowledge about health themes (see <http://ais.paho.org/phip>).

Project Profile
(3.C)

<p>1. Project Title: Strengthen the Organization's capacity to be IPSAS-compliant by 2010.</p>
<p>2. Coordinating Entity: FRM Participating Entities: All entities</p>
<p>3. Beneficiaries: All internal and external stakeholders.</p>
<p>4. Main issues and challenges and/or problems to be addressed: 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 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.</p>
<p>5. Brief description of impact: The financial statements of the Organization will more accurately support the requirements of Results Based Management, as well as best practices in financial reporting, and will be comparable across the United Nations Systems, thus benefiting external stakeholders.</p>
<p>6. Linkage to the Strategic Plan (Strategic Objective and Region-wide expected result): 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 sub regional needs, are developed jointly across the Organization, and are effectively used to monitor performance and evaluate results. RER 16.2 Monitoring and mobilization of financial resources strengthened to ensure implementation of the Program Budget, including enhancement of sound financial practices and efficient management of financial resources.</p>
<p>7. Total Estimated Cost: \$500,000 Contributions from the PAHO Holding Account: \$300,000 Contributions from financial partners: Contributions from other sources: \$200,000</p>
<p>8. Estimated duration (in months): 18 months</p>
<p>9. Comments: The \$500,000 represents costs associated with professional accounting services, actuarial services, systems development costs, and tailored training for staff across the Organization. This estimate does not include the potential incremental cost for annual audits performed by the External Auditors as prescribed by IPSAS.</p>

**Project Profile
(4.B)**

1. Project Title: Improvements to facilities: energy savings measures
2. Coordinating Entity: AM Participating Entities: AM, GSO
3. Beneficiaries: All staff members working in Washington, D.C., and visiting Member States and outside stakeholders
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 that it remains useful to support the technical cooperation efforts with Member States. Due to a lack of funding, the 1999–2002 renovation did not replace the heating and ventilation systems on the 2 nd and 10 th floors nor the electrical cabinets on these floors. All of the windows in the building date from 1965; they are single pane and very energy inefficient. Recent improvements in building reconstruction, as well as UN-wide initiatives, encourage "green roofs" to save energy; the conference building roof would be a good candidate, especially because its replacement is overdue.
5. Brief description of impact: Energy costs continue to dramatically rise, and all of the above projects, while costly in the short term, will reduce future 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.
7. Total Estimated Cost: \$2,900,000 Contributions from the PAHO Holding Account: \$620,000 Contributions from financial partners: \$0 Contributions from other sources: MCIF
8. Estimated duration (in months): Each project would have different lengths, but work would require approximately 2 years to complete.
9. Comments: The \$620,000 represents an initial investment and is based on a budget estimate provided by a window supplier for replacing the 400 windows on the south side of the Headquarters building. As more information on costs is obtained, a further proposal may be submitted with updated costs.

**Project Profile
(4.F)**

<p>1. Project Title: Improvements to facilities: refurbish conference rooms and furniture replacement at Headquarters.</p>
<p>2. Coordinating Entity: AM Participating Entities: AM, GSO</p>
<p>3. Beneficiaries: PAHO</p>
<p>4. Main issues and challenges and/or problems to be addressed: 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 on-going maintenance to ensure its continued usefulness to support the technical cooperation efforts with the members 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 until 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, especially in providing the latest ergonomic design to help prevent meta carpal damage to staff members.</p>
<p>5. Brief description of impact: The useful life of the furniture has past its expected lifetime, and replacement will maintain conference facilities for several decades.</p>
<p>6. Linkage to the Strategic Plan (Strategic Objective and Region-wide expected result): 16.6</p>
<p>7. Total Estimated Cost: \$575,000</p> <p>Contributions from the PAHO Holding Account: \$575,000 Contributions from financial partners: \$0 Contributions from other sources: MCIF</p>
<p>8. Estimated duration (in months): 18 months</p>
<p>9. Comments:</p>