



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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

*Washington, D.C., USA, 14-16 March 2012*

---

*Provisional Agenda Item 4.4*

SPBA6/10 (Eng.)

6 February 2012

ORIGINAL: ENGLISH

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

1. The 48th Directing Council (2008), in accordance with Resolution CD48.R1 (1), approved the use of the Holding Account to fund priority projects as listed in Document CD48/22 (2). The resolution calls for the Pan American Sanitary Bureau (PASB) to present to the Executive Committee, through the Subcommittee on Program, Budget, and Administration (SPBA), periodic status reports on the projects funded from the Holding Account. This document represents an update as of 31 December 2011.
2. Under Resolution CD48.R1, seven of the original 14 projects proposed (1.A, 1.B, 4.A, 4.C, 4.D, 4.E, and 4.F) were approved in their entirety; six (2.A, 2.C, 3.A, 3.B, 3.C, and 4.B) were approved with respect to their first phase; and one (2.B) was not approved. Since then, the budgets of six of the 13 approved projects have been revised based on updated information: three project budgets were reduced, and three were increased. During the 148th Session of the Executive Committee in June 2011, a new project 4.D—the Modernization of the PASB Management Information System, Phase 2—was approved with the unallocated balance in the Holding Account of \$9.135 million, in accord with Resolution CD50.R10 (2010) (3). The total amount of \$25,290,000 originally available in the Holding Account has now been fully allocated.<sup>1</sup>
3. Table 1 summarizes information on all 15 projects, 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.

---

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

4. Table 2 summarizes the budget implementation as of 31 December 2011 for all projects, showing that a combined \$6.932 million has been disbursed against the \$25.290 million of authorized funding. The unspent balance of \$18.358 million, a portion of which is already committed, will be available throughout the 2012–2013 biennium and beyond. The Bureau will continue to provide updated reports until all projects have been fully implemented.

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

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

6. The Subcommittee on Program, Budget, and Administration is invited to examine this document and to provide its recommendations to the 150th Session of the Executive Committee.

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

No.	Title	Description	Revised Budget	Estimated from Holding Account	Estimated from Other Sources
1.A	<b>Emergency Operations Center and Knowledge Center (EOC/KC)</b>	A regional EOC/KC is a central hub that conducts the corporate functions of emergency event assessment and management, disaster response coordination, and information and knowledge management. It also serves as a forum for analysis and information exchange to facilitate decision-making in support of efficient and timely response to all events that may constitute a public health event of international concern (PHEIC), as defined under the International Health Regulations (2005). For further details, please refer to Project Profile 1.A in the Annex.	<b>3,278,000</b>	2,900,000	378,000
1.B	<b>Establishment of National Focal Points for International Health Regulations</b>	The national liaison centers for the International Health Regulations in the countries should receive support to boost their capacity to instantly generate information and manage knowledge; assess health risks; respond to situations that could constitute public health emergencies, such as natural disasters, communicable disease outbreaks, or chemical and radio-nuclear incidents; and meet the requirements set forth in the International Health Regulations (2005). For further details, please refer to Project Profile 1.B in the Annex.	<b>3,000,000</b>	1,500,000	1,500,000

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

No.	Title	Description	Revised Budget	Estimated from Holding Account	Estimated from Other Sources
2.A	<b>Strengthening PAHO's Public Health Information Systems</b>	A new health information systems strategy should be put in place to rectify the fragmentation and lack of integration among systems, the duplication of systems that overwhelms countries with multiple requests for information, and the insufficient dissemination of available information. For further details, please refer to Project Profile 2.A in the Annex.	<b>5,000,000</b>	2,225,000	2,775,000
2.B	<b>Adoption of Networking Strategies to Transform the Delivery of Technical Cooperation</b>	Project proposal not approved by Member States.	N/A	N/A	N/A
2.C	<b>Strengthening Communications through Improved PWR Connectivity</b>	A PAHO Private Network will support the communications needs of the Organization's modern corporate management systems by providing the required connectivity through added communications capacity, bandwidth, security, and reliability. This network will enable and support social networking, knowledge-sharing, electronic meetings, and videoconferencing, and will provide connectivity to extend systems in health institutions. The network will also provide a foundation for the future direct involvement of Member States in the activities of the Secretariat. For further details, please see Project	<b>2,100,000</b>	2,000,000	100,000

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

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

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

No.	Title	Description	Revised Budget	Estimated from Holding Account	Estimated from Other Sources
3.C	<b>Strengthening of the Organization's Capacity to be IPSAS-Compliant by 2010</b>	The United Nations System has agreed to replace the United Nations System Accounting Standards (UNSAS) with International Public Sector Accounting Standards (IPSAS) by 2010. PAHO's Governing Bodies have approved the adoption of IPSAS by 2010. In order to meet that commitment, the Organization must align its Financial Regulations and Rules, processes, and systems with IPSAS. Furthermore, significant training and oversight will be required to ensure that new policies are understood and implemented correctly. For further details, please refer to Project Profile 3.C in Document CD48/22 (2008).	<b>500,000</b>	300,000	200,000
3.D	<b>Modernization of the PASB Management Information System – Phase 2 (implementation)</b>	The PMIS Modernization Project will enable the Bureau to strengthen collaboration among all stakeholders and will lead to improved results-based management and organizational decision-making. The modernization project will replace most of the Bureau's aging administrative information systems and significantly improve its business processes and administrative operations, thus reducing overall operational costs. For further details, please refer to Project Profile 3.D in the Annex.	<b>20,300,000</b>	9,135,000	11,165,000

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

No.	Title	Description	Revised Budget	Estimated from Holding Account	Estimated from Other Sources
4.A	<b>Improvements to Facilities: MOSS Upgrades and Security Measures</b>	PAHO/WHO Representative Offices need one-time assistance to complete Minimum Operational Security Standards (MOSS) upgrades. For further details, please refer to Project Profile 4.A in the Annex.	<b>300,000</b>	300,000	0
4.B	<b>Improvements to Facilities: Energy-Saving Measures</b>	Many components of the Headquarters building and conference center are the original ones installed in 1965 and need to be replaced. Components to be replaced include the induction heating/cooling system and electrical cabinets on the 2nd and 10th floors, the windows of the main building and conference center, and the conference center roof. For further details, please refer to Project Profile 4.B in the Annex.	<b>2,500,000</b>	2,500,000	0
4.C	<b>Improvements to Facilities: Plaza Drainage System Repairs</b>	There are leaks in the plaza drainage system at Headquarters, and as a matter of regular maintenance, the entire system needs repair. For further details, please refer to Project Profile 4.C in the Annex.	<b>375,000</b>	375,000	0
4.D	<b>Improvements to Facilities: Security and Sanitary Measures</b>	Security upgrades are needed in the Headquarters lobby and 2nd floor, along with sanitary improvements in the building's restrooms. For further details, please refer to Project Profile 4.D in the Annex.	<b>330,000</b>	330,000	0

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

No.	Title	Description	Revised Budget	Estimated from Holding Account	Estimated from Other Sources
4.E	<b>Improvements to Facilities: Headquarters Office Tower Roof Repairs</b>	<p>The scheduled replacement of the roof over the main Headquarters office tower is overdue. There are increasing leaks during rainstorms, further damaging the building. For further details, please refer to Project Profile 4.E in Document CD48/22 (2008).</p>	<b>347,000</b>	250,000	97,000
4.F	<b>Improvements to Facilities: Refurbishment of Conference Rooms and Furniture</b>	<p>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.</p>	<b>1,075,000</b>	975,000	100,000
<b>Total</b>			<b>42,335,000</b>	<b>25,290,000</b>	<b>17,045,000</b>



**TABLE 2**  
**Holding Account Implementation Summary,**  
**as of 31 December 2011**  
**(in US\$)**

<b>Project Ref.</b>	<b>Project</b>	<b>Total Project Budget (Ref. only)</b>	<b>Authorized from Holding Account</b>	<b>Implemented*</b>	<b>Balance in Holding Account</b>	<b>Comments</b>
1.A	Emergency Operations Center and Knowledge Center (EOC/KC)	3,278,000	2,900,000	1,578,693	1,321,307	Expected to be operational by mid-2012
1.B	Establishment of National Focal Points for International Health Regulations	3,000,000	1,500,000	1,041,717	458,283	Completion of all focal points expected in June 2012
2.A	Strengthening PAHO's Public Health Information Systems	5,000,000	2,225,000	623,376	1,601,624	Phase 2 in progress during 2012-2013
2.C	Strengthening Communications through Improved PWR Connectivity	2,100,000	2,000,000	1,125,780	874,220	Completion expected in the 2012-2013 biennium
3.A	Modernization of the PASB Management Information System – Phase 1	1,000,000	1,000,000	919,751	80,249	Completed
3.B	Modernization of the Service Model for Delivery of IT and KM services	2,230,000	1,500,000	559,348	940,652	Work has begun in 2011
3.C	Strengthening of the Organization's Capacity to be IPSAS-Compliant by 2010	500,000	300,000	286,912	13,088	Completed
3.D	Modernization of the PASB Management Information System – Phase 2 (implementation)	20,300,000	9,135,000	330,790	8,804,210	Completion expected in the 2014-2015 biennium
4.A	Improvements to Facilities: MOSS Upgrades and Security Measures	300,000	300,000	153,953	146,047	To be completed in 2012
4.B	Improvements to Facilities: Energy-Saving Measures	2,500,000	2,500,000	0	2,500,000	Completion expected in 2012-2013
4.C	Improvements to Facilities: Plaza Drainage System Repairs	375,000	375,000	3,500	371,500	Completion expected in 2012
4.D	Improvements to Facilities: Security and Sanitary Measures	330,000	330,000	35,758	294,242	Completion expected in 2012-2013

**TABLE 2**  
**Holding Account Implementation Summary,**  
**as of 31 December 2011**  
**(in US\$)**

Project Ref.	Project	Total Project Budget (Ref. only)	Authorized from Holding Account	Implemented*	Balance in Holding Account	Comments
4.E	Improvements to Facilities: Headquarters Office Tower Roof Repairs	347,000	250,000	250,000	0	Completed
4.F	Improvements to Facilities: Refurbishment of Conference Rooms and Furniture	1,075,000	975,000	22,397	952,603	Period of activities TBD
<b>Total</b>		<b>42,335,000</b>	<b>25,290,000</b>	<b>6,931,975</b>	<b>18,358,025</b>	

\*Note: Implementation is represented by disbursements only; unliquidated obligations (commitments not yet paid out) of approximately \$1.8 million collectively are not included. Updated figures will be included in the version presented to the 150th Executive Committee.

## References

1. Pan American Health Organization. Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007 [Internet]. 48th Directing Council of PAHO, 60th Session of the WHO Regional Committee for the Americas; 2008 Sept 29-Oct 3; Washington (DC), United States. Washington (DC): PAHO; 2008 (Resolution CD48.R1) [cited 2012 January 17]. Available from: <http://www.paho.org/english/gov/cd/CD48.r1-e.pdf>.
2. Pan American Health Organization. Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007 [Internet]. 48th Directing Council of PAHO, 60th Session of the WHO Regional Committee for the Americas; 2008 Sept 29-Oct 3; Washington (DC), United States. Washington (DC): PAHO; 2008 (Document CD48/22) [cited 2012 January 17]. Available from: <http://www.paho.org/english/gov/cd/cd48-22-e.pdf>.
3. Pan American Health Organization. Modernization of the PASB Management Information System [Internet]. 50th Directing Council of PAHO, 62nd Session of the WHO Regional Committee for the Americas; 2010 Sept 27-Oct 1; Washington (DC), United States. Washington (DC): PAHO; 2010 (resolution CD50.R10) [cited 2012 January 17]. Available from: [http://new.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=8974&Itemid=](http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=8974&Itemid=).

**Project Profile 1.A**

<b>1. Project title:</b> Emergency Operations Center and Knowledge Center (EOC/KC)	
<b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> GSO, PED, HSD, KMC, ITS	
<b>3. Beneficiaries:</b> The entire Organization (Member States, PAHO/WHO Representative Offices, and technical areas at Headquarters).	
<b>4. Total estimated cost (US\$):</b> \$3,278,000	
Architectural/engineering study:	\$343,000
Construction:	\$1,809,000
Contingency (construction):	\$376,000
Project management:	\$250,000
Business continuity study:	\$250,000
Other expenses (EOC):	\$250,000
Contributions from the PAHO Holding Account:	<b>\$2,900,000</b>
Contributions from financial partners:	<b>0</b>
Contributions from other sources:	<b>\$378,000</b>
\$1,500,000 was provided in 2008–2009 and an additional \$1,400,000 in September 2010.	
<b>5. Estimated duration:</b> 24 months.	
<b>6. Comments:</b> The circular design of the original structure and the limited space in the garage levels presented considerable difficulties. It challenged the architects to develop a floor plan that would provide the desired number of conference rooms and other working areas and also accommodate the mechanical systems (heating, air conditioning, and lighting) in the ceilings and emergency generator in the sub-basement. The approval of the construction documents incurred some delays, and long lead times for materials purchases pushed the construction completion date to late March 2012. Purchases were made in late 2011 of furniture, computers, video conferencing equipment, and other items to allow for rapid installation of the center so that it can open prior to the start of the 2012 hurricane season.	

### Project Profile 1.B

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

**Project Profile 1.B (cont.)**

**6. Comments:**

Proposals were received, reviewed, and approved for 11 countries of the Region and CAREC, which that is supporting its member countries by coordinating response efforts. 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). For all except Belize, funds were released in late April 2010. In Belize's case, funds were released on 29 August 2011.

From the total funds received for this purpose, \$300,000 has not been distributed, as Guyana, Haiti, and Jamaica have not presented their action plans. This has affected the implementation rate, which was 69.4% as of 31 December 2011. As a result of HSD's advocacy efforts for the presentation of an action plan, Haiti sent a proposal in December 2011 (review process within HSD in progress), and as of December 2011, the PWRs in Jamaica and Guyana were developing their proposals.

For those countries that have received funding to support the National IHR Focal Points functions with technical guidance and equipment, activities have been implemented according to action plans. Many of these activities involve the purchase of equipment such as computers and navigation systems. Most beneficiary countries have completed their procurement process.

Besides the purchase of equipment for the improvement of the IHR facility, all beneficiary countries have sought to strengthen their human resource capacities. This has been achieved by holding training sessions for personnel involved in the management of public health events, at the national and local levels, or through participation at international meetings.

Examples of activities supported include a simulation in La Paz, Bolivia; Cuba's participation at the Regional GOARN meeting; training on GIS and IHR legislation for Dominica's representatives; assessment of airports and ground crossings in the Dominican Republic; local meetings for public health professionals at the peripheral level in Ecuador, Guatemala, and Nicaragua; cross-border meetings and preparation of training materials in El Salvador; assessment of the risk detection capacity at the local level in Honduras; preparation and dissemination of graphic materials and participation at an international IHR course for representatives of Suriname. These activities are a small sample of the many activities that strengthen the public health surveillance and response systems across all levels so that the National IHR Focal Point functions can be carried out effectively. It is expected that similar activities will intensify this year in all countries of the Region.

It should be noted that Bolivia, CAREC, Dominica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, and Nicaragua have execution rates of 95% or more.

**Project Profile 1.B** *(cont.)*

Only Belize has a very low execution rate (20.5%), but this is expected, as they received funding only in late August 2011. HSD, both at Headquarters and through HSD focal points in PWRs, 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 a National IHR Focal Point.

### Project Profile 2.A

<p><b>1. Project title:</b> Strengthening PAHO's Public Health Information Systems</p>				
<p><b>2. Coordinating entity:</b> Health Surveillance and Disease Prevention and Control (HSD) <b>Participating entities:</b> HSD, KMC, ITS</p>				
<p><b>3. Beneficiaries:</b></p> <p>The beneficiaries include the countries of the Americas, especially those with poor health information, and all PAHO areas that will benefit from better organization and availability of data. Civil society and the general public will also benefit by being able to access well-organized health information and analyses from all countries of the Region.</p>				
<p><b>4. Total estimated cost (US\$):</b> \$5,000,000</p> <table> <tr> <td>Estimated contribution from PAHO Holding Account:</td> <td>\$2,225,000</td> </tr> <tr> <td>Estimated contribution from other sources:</td> <td>\$2,775,000</td> </tr> </table> <p>From a revised total budget of \$5,000,000 originally planned for Project 2.A, a total of \$500,000 was expended during Phase 1 (from mid-2009 to the end of 2010), and a total of \$1,725,000 has been planned for Phase 2.</p>	Estimated contribution from PAHO Holding Account:	\$2,225,000	Estimated contribution from other sources:	\$2,775,000
Estimated contribution from PAHO Holding Account:	\$2,225,000			
Estimated contribution from other sources:	\$2,775,000			
<p><b>5. Estimated duration:</b> 48 months.</p>				
<p><b>6. Comments:</b></p> <p>A total of \$500,000 from the PAHO Holding Account was approved for the first phase (Phase 1) of this project.</p> <p>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 the results of situation analysis on health issues to support decision-making and health policies in the Region. Plans called for implementation of Phase 1 in the 2008–2009 biennium.</p> <p>Phase 2 includes the consolidation, maturity, and scale-up of the PAHO Health Information Platform as a corporate authoritative information resource, meaning that it hosts health data and information from most of the technical units and programs across</p>				

**Project Profile 2.A (cont.)**

the Organization and this resource is available and accessible to all technical units and programs located at PAHO Headquarters, PAHO Centers, and PAHO/WHO Representative Offices.

Phase 2 also includes an improvement of the quality and quantity of health data and information hosted by PHIP as a result of intensive work with national authorities and health information departments in ministries 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 (RELAC SIS). This phase was originally supposed to be implemented in the 2010–2011 biennium, but it actually started at the beginning of 2011 and is being extended to the end of 2012.

A Phase 3 is also envisioned, with a view to establishing a sound interoperable network of health information systems that includes PHIP and national health information systems. This phase will feature a collaborative 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 expected to be implemented in the 2013–2014 biennium.

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

Phase 2 started in January 2011, and its activities and tasks are currently underway. A total of \$500,000 from the PAHO Holding Account was allocated to carry out activities and tasks programmed during Phase 2.

Major project achievements in each year are presented below.

Progress of Phase 2 up to 31 December 2011 is as follows:

- (a) The progress of the project was assessed and evaluated by a wide group of professionals across the Organization using the modality of a Community of Practice. The project was evaluated positively, and the evaluation group recommended continuing the development of the PAHO Health Information and Intelligence Platform as an essential resource to provide access to health data and information and support decision-making in health.
- (b) New information technology infrastructure was installed and set up and all software, databases, and applications were migrated to the new infrastructure. PHIP was scaled up as planned and programmed, providing the capacity and performance required for Phase 2.
- (c) During 2011, the PHIP Health Data Warehouse was updated and populated with new data from the regional mortality database and technical programs across the



**Project Profile 2.A (cont.)**

Organization, including data from global programs such as tuberculosis and health development partners such as the UN Population Division, World Bank, OECD, IHME, and UN interagency groups for child mortality and maternal mortality estimates Maternal Mortality Estimation Interagency Group (MMEIG) and the Inter-agency Group for Child Mortality Estimation (IGME)). All sources are ready to be used for analysis by PAHO analysts and professionals in the Organization, including PAHO/WHO Representative Offices and PAHO Centers.

- (d) The Health Intelligence Service of the PAHO Health Information Platform is fully operational and available at <http://phip.paho.org> (accessible only to registered users). This service serves content to the PAHO technical areas and programs, PAHO/WHO Representative Offices, PAHO Centers, and the general public through the PAHO website and other web applications.
- (e) The Health Information and Analysis team (HSD/HA) in coordination with technical programs produced several new health analytical themes. Health themes and information products were published and are being disseminated in the Open Portal of the Regional Health Observatory available at <http://www.paho.org/rho>.
- (f) HSD/HA has provided technical cooperation to areas and technical programs in order to facilitate access to data and information and develop capacity for health situation analysis. Capacity building on access to and use of PHIP has been systematically provided to technical programs.
- (g) New and more efficient ways to disseminate data and information have been implemented. All data sets were catalogued and published on the RHO portal at <http://www.paho.org/rho> (see the Health Data page).
- (h) The Country Statistics page of the RHO portal (<http://www.paho.org/rho>) has been improved with new information products. This section includes an interactive indicator profile and other information products at the country level. Information products developed by countries are also disseminated in this section.
- (i) The number of areas, technical programs, and projects across PAHO using the PAHO Health Information Platform has increased substantially this year. PHIP has become an essential resource for monitoring epidemic diseases, international health events, and vaccine-preventable diseases and vaccine coverage; assessing institutional performance (PMA); monitoring key performance indicators from the Revolving Fund; conducting health situation analysis; assessing the magnitude, geographic distribution, and trend of mortality and causes of death; and assessing procurement performance indicators.

**Project Profile 2.A (cont.)**

- (j) The Regional Health Observatory portal was redesigned and improved. Interoperability between the PAHO website, the RHO portal, and PHIP has been implemented following the institution strategy for Web 2.0. Currently, all information products published through the RHO portal are being served by PHIP through standards and interoperability mechanisms.
- (k) Technical cooperation was provided to countries in order to improve the coverage and quality of health data, particularly vital statistics and health indicators.
- (l) During 2011, a group of epidemiologists and health professionals from countries and from PAHO, with the coordination and assistance of HSD/HA, have been working together to produce a guideline for health situation analysis.
- (m) Technical cooperation for strengthening national health information systems and improving the quality of health data was also provided in this period, particularly to English-speaking Caribbean countries, the Dominican Republic, El Salvador, Bolivia, Paraguay, Uruguay, and Mexico.
- (n) HSD/HA has been working collaboratively with the Global Health Observatory team. In this period a technical meeting was conducted to coordinate efforts, discuss and share experiences in the implementation of health information and intelligence platforms and health observatories, and identify future directions.
- (o) Data visualizations, dashboards, and information products from PHIP are optimized for mobile devices.

The Health Information and Analysis team (HSD/HA) will continue working on the planned activities and tasks for Phase 2 during 2012.

**Implementation Plan for Phase 3:**

Given that Phase 2 is expected to be implemented during the 2012–2013 biennium, it is anticipated that Phase 3 will begin in 2014.

Phase 3 will focus on the implementation of a sound interoperable network of health information systems (a) within the Region, that is, between national health information systems and the PHIP, and (b) between other parts of WHO, including headquarters and regional offices.

It is expected that Phase 3 will require an estimated budget of \$2,775,000; however, a more in-depth analysis to determine the actual budget should be done at the end of Phase 2. It is anticipated that funds for Phase 3 will need to come from other sources.

**Project Profile 2.A (cont.)**

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

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

The open portal of the Regional Health Observatory (RHO), for data and information dissemination, was designed and implemented. Available from:

<http://www.paho.org/rho>.

Phase 1 of the project was finished as planned that year. For additional details, please refer to Project 2.A in the annex of Document SPBA5/7. Available from:

<http://new.paho.org/hq/dmdocuments/2011/SPBA5-07-e.pdf> page 9.

***Summary of progress up to 31 December 2009***

Phase 1 of the project was started with a review of data collection, flow, analysis and dissemination processes of all health information systems from technical programs across the Organization. Based on specifications, technical and functional requirements for PHIP, the system architecture and information technology infrastructure were drafted and a functional prototype was designed and implemented in a test environment. This functional prototype included implementation of key components of PHIP; availability of integrated health data in a data warehouse; and production of reports, interactive data visualizations, and dashboards. For additional details, please refer to Project 2.A in the annex of Document SPBA4/10. Available from:

<http://new.paho.org/hq/dmdocuments/2010/spba4-10-e.pdf>.

### Project Profile 2.C

<b>1. Project title:</b> Strengthening Communications through Improved PWR Connectivity	
<b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> ITS, KMC, BIR	
<b>3. Beneficiaries:</b>  Beneficiaries include all PAHO staff members at Headquarters, PAHO/WHO Representative Offices (PWRs), and centers. Secondary beneficiaries include Member States and other stakeholders, given that this investment will lead to an increase in collaboration with partners.	
<b>4. Total estimated cost (US\$):</b> \$2,100,000	
Contractor to support implementation of the telephony component:	\$200,000
Project manager to implement the PAHO Network:	\$60,000
Integration of in-country phone systems with HQ:	\$180,000
Penalties to terminate in-country ISP contracts (maximum amount—may be less):	\$120,000
Quality of service devices (leveraging WHO standards):	\$450,000
One-time transition costs to support interoffice long-distance costs:	\$300,000
Backup satellite facility to ensure continuity of connectivity in a disaster:	\$615,000
Additional phone system for Venezuela:	\$35,000
Contingencies:	\$40,000
Contributions from the PAHO Holding Account:	<b>\$2,000,000</b>
Contributions from other sources:	\$100,000
Estimated annual contributions from PWRs for local ISP and inter-country long distance costs:	\$1,000,000
<b>5. Estimated duration:</b> 24 months.	
<b>6. Comments:</b>  Phase I of the PAHO Private Network has been completed in 21 PWRs and centers.  Procurement will present for approval of the Contract Review Committee the contracting of the company SITA for MPLS services for the countries not covered under the present contract with the current provider Telefónica. It is foreseen that a contract will be negotiated and signed in the month of January.	

**Project Profile 2.C (cont.)**

The new PAHO Private Network supports 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 has updated most of the phone systems in the Region to ensure a seamless communications system for all staff.

**Project Profile 3.B**

<b>1. Project title:</b> Modernization of the Service Model for Delivery of IT and KM Services	
<b>2. Coordinating entity:</b> Information and Technology Services (ITS) <b>Participating entities:</b> ITS, KMC, PWRs, and Pan American centers	
<b>3. Beneficiaries:</b>  Beneficiaries include all PAHO staff members at Headquarters, PAHO/WHO Representative Offices (PWRs), and centers. Secondary beneficiaries include Member States and other stakeholders, given that the knowledge management component will improve the dissemination of knowledge and enhance collaboration with partners.	
<b>4. Total estimated cost (US\$):</b> \$2,230,000	
Development of next generation desktop, collaboration, and managed systems, including implementation to a pilot group:	\$400,000
Deployment of next generation desktop, collaboration and managed systems environment into all PAHO offices:	\$300,000
Learning conference for systems administrators to support in-country implementation:	\$150,000
Funds to supplement current KMC and ITS work on Intranet 2.0:	\$300,000
Acquisition and deployment of training materials for end-users:	\$100,000
Strengthened identity management to support PMIS and service management:	<u>\$250,000</u>
Contributions from the PAHO Holding Account:	<b>\$1,500,000</b>
Contributions from financial partners:	0
Contributions from other sources— funds from the Master Capital Investment Fund (MCIF):	\$730,000
<b>5. Estimated duration:</b> 48 months.	
<b>6. Comments:</b> A total of \$1 million has been released, and work is underway. The complex integrated	

**Project Profile 3.B** *(cont.)*

work environment that was envisioned initially has been modified in order to reduce the risks associated with multiple linked systems being implemented/upgraded concurrently, and to obtain significant savings on the project.

Status to date on each objective:

- (1) The domain consolidation project is 80% finished, with an expected completion date of March 2012.
- (2) The Microsoft Exchange 2010 update has started, with upgrades being done as each office is consolidated to the WDC domain; expected completion date is December 2012.
- (3) Desktop software refresh based on Windows 7 and Office 2010 is in progress; a centralized virtual/cloud application delivery model is being deployed in HQ to be followed in PWRs and Centers where adequate communications are in place
- (4) A single integrated PAHO Service Request System for knowledge management and ICT service functions has been put in place.
- (5) Ongoing centralized management of desktop software configuration and virtual application delivery is planned for each PAHO Office, once the domain consolidation project has been completed.

These projects are being implemented collaboratively with KMC to ensure that the design integrates with the KMC conceptual model and to ensure interoperability with the PAHO Intranet/Extranet 2.0, the WHO Global Institutional Repository, and the PAHO Virtual Public Health Campus; and also with HSD/NC to ensure support to the PAHO Partners forum supporting work with targeted external groups.

### Project Profile 3.D

<b>1. Project title:</b> Modernization of the PASB Management Information System – Phase 2
<b>2. Coordinating entity:</b> Planning, Budget and Resource Coordination (PBR) <b>Participating entities:</b> PBR, AM, FRM, HRM, PRO, ITS, GSO, KMC, ERP, CFS, BRA, GUY
<b>3. Beneficiaries:</b> All internal and external stakeholders.
<b>4. Total estimated cost (US\$):</b> \$20,300,000 The 50th Directing Council authorized up to \$10 million to be used from the Holding Account for this project. Remaining funds (\$10.3 million) are expected to come from other sources, including a possible Post Occupancy Charge (POC).
<b>5. Estimated duration:</b> This project will conclude in the 2014-2015 biennium.
<b>6. Comments:</b> This project follows the successful conclusion of Project 3.A, which produced guiding principles for system modernization, comprehensively documented PASB business processes leading to some preliminary improvements, and provided the analyses which led to the authorization to proceed with this project. Progress toward major milestones: <ul style="list-style-type: none"><li>• <i>2011 to mid-2012:</i> Project initiation, software acquisition, and simplification of business processes. During 2011, this project was formally initiated, much of the project foundation was put in place, and some business processes were simplified in conjunction with the acquisition software and system implementation services. This acquisition is an open and competitive process. It is ongoing, assisted by an independent consultant. In 2011 the project disbursed \$330,790, mostly in support of the acquisition process.</li><li>• <i>Mid-2012 to mid-2013:</i> Replacement of current systems supporting Program Planning and Management, Human Resources, and Payroll</li><li>• <i>Mid-2013 to mid-2014:</i> Implementation of current systems supporting Finance and Procurement.</li><li>• <i>Mid-2014 to year-end 2014:</i> System stabilization and support.</li></ul>



**Project Profile 4.A**

<b>1. Project title:</b> Improvements to Facilities: MOSS Upgrades and Security Measures	
<b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> AM, GSO, PWRs	
<b>3. Beneficiaries:</b> PAHO staff members in PAHO/WHO Representative Offices (PWRs).	
<b>4. Total estimated cost (US\$):</b> \$300,000	
Contributions from the PAHO Holding Account:	\$ 300,000
Contributions from financial partners:	0
Contributions from other sources:	0
\$300,000 provided in 2008–2009.	
<b>5. Estimated duration:</b> Current estimate: 6 months, as an estimated \$14,603 remains available from the original \$300,000 for projects in the 2012–2013 biennium.	
<b>6. Comments:</b>	
<p>During the 2010–2011 biennium, \$153,953 was spent on a wide variety of security upgrades in 15 locations, including the Bahamas, Bolivia, El Paso, Haiti, Peru, Suriname, Trinidad and Tobago, and Uruguay. Of the \$146,147 remaining from the original \$300,000 amount, only \$14,603 is uncommitted to specific projects, and this small amount will be approved for projects in 2012. The types of expenses funded by this program include radios for official vehicles and individual staff members, blast film on office and car windows, alarm and closed-circuit camera systems, and satellite telephones.</p>	

### Project Profile 4.B

<b>1. Project title:</b> Improvements to Facilities: Energy-Saving Measures
<b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> AM, GSO
<b>3. Beneficiaries:</b> Beneficiaries include the Member States, because the Regional Headquarters building is a major investment needed to house the PAHO Secretariat and accommodate visitors to the building's conference wing. Any energy cost savings will produce more funding for technical cooperation among the Member States.
<b>4. Total estimated cost (US\$):</b> \$2,500,000  Contributions from the PAHO Holding Account: \$2,500,000 Contributions from financial partners: 0 Contributions from other sources: 0  The Executive Committee approved \$620,000 in 2008–2009 for windows and \$1,100,000 in June 2010 for the HVAC project.
<b>5. Estimated duration:</b> Each project would have a different duration, but the work would require approximately 2 years to complete.
<b>6. Comments:</b> Working with a consulting firm, GSO has obtained the draft contract specifications to bid out the replacement of windows in the conference room and the emergency stairwells of the Headquarters building. To minimize construction conflict, the plan is to send this contract out to bidders in spring 2012 after the Emergency Operations Center/Knowledge Center project is completed and the elevator project has started. An architectural and engineering study to design the plans for the HVAC project should also begin in spring 2012 with the plan to bid out for construction in late 2012.

**Project Profile 4.C**

<p><b>1. Project title:</b> Improvements to Facilities: Plaza Drainage System Repairs</p>						
<p><b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> AM, GSO</p>						
<p><b>3. Beneficiaries:</b> Beneficiaries include the Member States, because the Regional Headquarters building is a major investment needed to house the PAHO Secretariat and accommodate visitors to the building's conference wing.</p>						
<p><b>4. Total estimated cost (US\$):</b> \$375,000</p> <table> <tr> <td>Contributions from the PAHO Holding Account:</td> <td>\$375,000</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> <p>\$375,000 provided in 2008–2009.</p>	Contributions from the PAHO Holding Account:	\$375,000	Contributions from financial partners:	0	Contributions from other sources:	0
Contributions from the PAHO Holding Account:	\$375,000					
Contributions from financial partners:	0					
Contributions from other sources:	0					
<p><b>5. Estimated duration:</b> 5 months of actual construction. Project completion expected in early 2013.</p>						
<p><b>6. Comments:</b> This project was not begun in 2008–2009 because GSO was fully occupied with EOC and roof projects. This project cannot be initiated until the EOC construction is completed (in March 2012) because the working areas are directly adjacent. Construction bidding is complete and procurement action is in process for an award to the winning firm to perform the first phase (estimated at \$110,000). The second and final phase of the project for the plaza pavers should be awarded in fall 2012.</p>						

**Project Profile 4.D**

<b>1. Project title:</b> Improvements to Facilities: Security and Sanitary Measures	
<b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> AM, GSO	
<b>3. Beneficiaries:</b> Beneficiaries include the Member States, because the Regional Headquarters building is a major investment needed to house the PAHO Secretariat and accommodate visitors to the building's conference wing.	
<b>4. Total estimated cost (US\$):</b> \$330,000  Contributions from the PAHO Holding Account:           \$330,000 Contributions from financial partners:                               0 Contributions from other sources:                                       0 \$330,000 provided in 2008–2009.	
<b>5. Estimated duration:</b> Work is expected to take approximately 24 months or longer.	
<b>6. Comments:</b> The original program included the following elements: Lobby security upgrade/new ID card system/garage gate:                               \$50,000 Exchange women's and men's restrooms on the 2nd floor:                               \$80,000 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:                               \$100,000  A new ID card system was purchased in November 2011 and various swipe card stations have been installed. Reissuance of new ID cards to over 650 personnel is in progress and the system should be functioning in February 2012.  Due to internal GSO upgrades for restrooms over the past several years, the full renovation (including retiling of the bathrooms) has been placed on hold while a complete assessment is made. The numerous renovation projects funded by the Master Capital Investment Fund and the Holding Account are being analyzed for priority and sequence. Given the nature of construction work, there is a limit on the number of projects that can be done at the same time.	

**Project Profile 4.F**

<p><b>1. Project title:</b> Improvements to Facilities: Refurbishment of Conference Rooms and Furniture Replacement at Headquarters</p>											
<p><b>2. Coordinating entity:</b> Office of the Director of Administration (AM) <b>Participating entities:</b> AM, GSO</p>											
<p><b>3. Beneficiaries:</b> Beneficiaries include the Member States, because the Regional Headquarters building is a major investment needed to house the PAHO Secretariat and accommodate visitors to the building's conference wing.</p>											
<p><b>4. Total estimated cost (US\$):</b> \$1,075,000</p> <table border="0"> <tr> <td>Contributions from the PAHO Holding Account:</td> <td>\$975,000</td> <td></td> </tr> <tr> <td>Contributions from financial partners:</td> <td>0</td> <td></td> </tr> <tr> <td>Contributions from other sources:</td> <td>\$100,000</td> <td>(regular budget)</td> </tr> </table>			Contributions from the PAHO Holding Account:	\$975,000		Contributions from financial partners:	0		Contributions from other sources:	\$100,000	(regular budget)
Contributions from the PAHO Holding Account:	\$975,000										
Contributions from financial partners:	0										
Contributions from other sources:	\$100,000	(regular budget)									
<p><b>5. Estimated duration:</b> 18 months.</p>											
<p><b>6. Comments:</b> In mid-June 2011, GSO installed electrical outlets in the delegation tables of Rooms B and C to allow visitors to power their laptops and other devices. During the last six months of 2011, GSO worked with several firms on options to replace the fixed and castor chairs in Rooms B and C, which date to 1965. To avoid a complete and costly replacement of the pedestals for the fixed chairs, GSO used a firm with an existing U.S. Government contract. An order to this firm is expected in late January 2012 for a spring delivery of the chairs. Attention will then move to Room A. The furniture replacement project for Virginia Avenue will be made after the conference rooms are completed.</p>											