World Health Organization

SEVENTY-SIXTH WORLD HEALTH ASSEMBLY **A76/33**
Provisional agenda item 23 **24 April 2023**

Update on the Infrastructure Fund

Update on information management and technology

Report by the Director-General

1. This present report responds to the request in decision WHA70(16) (2017) for reporting to the Board at future sessions both on the implementation of the Infrastructure Fund and on the financing of the Fund, and to the request to the Secretariat for further updates on progress in information management and technology, made by the twenty-fifth meeting of the Programme, Budget and Administration Committee.[1]

2. Additionally, at the thirty-fifth meeting of the Programme, Budget and Administration Committee in January 2022, the Independent Expert Oversight Advisory Committee reported that additional funding in headquarters would enable the absorption of additional operational costs resulting from approved initiatives and new projects.[2] The Secretariat was encouraged to look at sustainable financing for information management and technology.

THE INFORMATION MANAGEMENT AND TECHNOLOGY STRATEGY 2019: PROGRESS REPORT

3. The revised information management technology strategy was presented at the thirty-third meeting of the Programme, Budget and Administration Committee in January 2020.[3] Since then, the pandemic of coronavirus disease (COVID-19) was declared and the ways of working have significantly changed. A number of the strategic objectives that were set forth were advanced, new priorities emerged, and other objectives were assigned lower priority to allow the Secretariat to use resources accordingly and respond swiftly.

4. The Secretariat focused on the eight key areas underpinning the 2019–2021 strategy:

(a) **Data and analytics:** There was strong collaboration with the Division of Data, Analytics and Delivery for Impact to provide the technology foundation for data processes, including collection, storage, analysis and visualization.

(b) **Innovation and digital transformation:** The Information Management and Technology Steering Committee approved the allocation of 10% of the information technology component of the Infrastructure Fund, namely US$ 1.5 million per biennium, to innovative projects in order to

[1] Document EB140/5, paragraph 15.

[2] Document EBPBAC35/2.

[3] Document EB146/40.

foster a culture of innovation across the Organization. The funding has been instrumental in launching and sustaining the LEAD Innovation Challenge for internal innovation.

(c) **Mobile platforms:** Work continued to support the publication of new mobile applications through the presence on the two major application stores on which a number of new applications were released.

(d) **Advisory and consultancy:** The Secretariat established a business relationship management practice and is primarily the first point of contact for health technical departments for their technology needs.

(e) **Applications platforms and services:** The Secretariat has implemented standard platforms (for example, a customer relationship management platform, content management system, and business process low-code platform) that are used to implement new business capabilities. More importantly, these would be key levers by which the technology landscape could be rationalized and the number of legacy systems reduced.

(f) **Internal capabilities and staffing:** Following the WHO's transformation agenda, the team was organized according to strategic capabilities and was complemented by establishing partnerships with different third-party entities to obtain additional resources whenever required.

(g) **Cybersecurity:** The Secretariat has implemented a robust cybersecurity team, technologies, processes, procedures and measures to identify, protect, detect, respond and recover when a cyberattack occurs.

(h) **Governance and processes:** The Secretariat established two competency centres on project management and change management. It also strengthened its change control processes, operational services and application management. Moreover, the Secretariat continues its governance practices in managing the Infrastructure Fund for information technology investments.

REVISED STRATEGY ON INFORMATION MANAGEMENT AND TECHNOLOGY

5. The COVID-19 pandemic had highlighted capabilities and gaps in the current environment. Furthermore, since the last report, new departments had been established and mandated to work on data, digital health and innovation. The global information (IT) leadership team[1] recognized that, while the vision and mission of the Secretariat remain the same, the strategic objectives could be simplified and streamlined.

6. From eight strategic objectives, the Secretariat will be moving forward with five. The revised set of strategic objectives for 2023–25 are set out below.

[1] The membership comprises all headquarters information management and technology heads and team leads and regional IT managers (including the International Agency for Research on Cancer (IARC) and the Regional Office for the Americas (AMRO)/Pan American Health Organization (PAHO).

(a) **Work closely with stakeholders to understand needs and deliver value.** Strengthen engagement and governance with administrative and health technical departments, better understand their intended outcomes longer term, and help them achieve outputs and deliver value.

(b) **Drive digital transformation through innovation and partnerships.** There are different units driving the digitalization of the core work of the Secretariat. The information and management technology team will work with these entities by partnering on innovative solutions, artificial intelligence, machine learning, and in other areas.

(c) **Rationalize, modernize and extend technical architecture to support operational capabilities.** The Secretariat will continue to reduce its technology footprint, modernize its technology architecture, demonstrate a product-centred attitude, and improve its services that match operational capabilities.

(d) **Develop and engage the IT workforce to deliver value to the Organization.** Encourage a learning and growth attitude among the IT workforce by providing them with opportunities to develop new skills, competencies and behaviours needed to match the changing digital landscape.

(e) **Protect WHO's digital assets; ensure the ability to deliver services with an acceptable level of risk.** It is critical for the Secretariat to continue to invest and support efforts made on cybersecurity, thereby preventing loss of data or breaches.

UPDATE ON THE INFRASTRUCTURE FUND: INFORMATION TECHNOLOGY INVESTMENTS

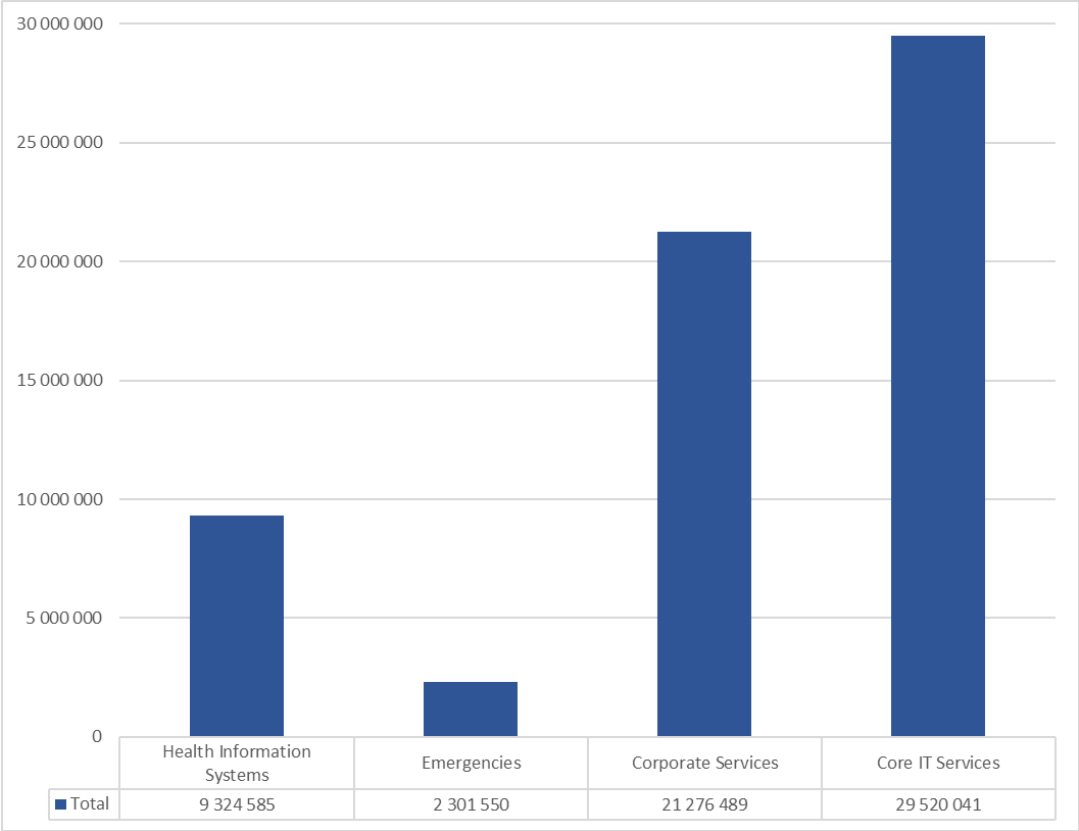
7. The Health Assembly in decision WHA70(16) (2017) on the Infrastructure Fund formally approved the renaming of the Real Estate Fund as the Infrastructure Fund, which includes information technology investments, and requested the Director-General to report on the implementation of the Fund and its financing.

8. The information technology component of the Infrastructure Fund is financed by the mechanism established in decision WHA70(16), that is through the allocation by the end of each biennium of at least US$ 15 million, as available, for information technology investment needs. That amount is separate and distinct from information technology operational costs, which cover longer-term staffing, outsourced service provision, maintenance and routine support.[1]

[1] Document A70/54, paragraph 7.

9. Since 2017, some 72 proposals have been received with a total cost of US$ 75.7 million, but only 64 proposals have been approved, with a total approved value of US$ 62.4 million. The Figure below shows the distribution of approved costs for projects by areas.

Figure. Allocations for projects by areas from the information technology component of the Infrastructure Fund since 2017



10. Approved projects once deployed in production incur operating costs. These costs are not funded anywhere, either in the operational budget of IT or in health technical departments. In 2021, the IT Steering Committee approved and allocated US$ 7 million of the Infrastructure Fund for the biennium 2022–2023 in order to ensure continuity of operations.

11. The balance of the information technology component of the Infrastructure Fund as at end-October 2022 is set out in the Table.

Table. Balances and commitments of the information technology component of the Infrastructure Fund in 2022–2023

Opening balance of the IT component of the Infrastructure Fund 2022–2023	US$ 25.63 million
Commitments made from for 2022–2023[1]	US$ 23.28 million
Uncommitted balance of the IT component of the Infrastructure Fund	US$ 2.35 million

[1] Including staffing for projects approved within the information technology component of the Infrastructure Fund.

12. All projects approved by the Information Management and Technology Steering Committee are managed through the standard project management approach adopted by the Organization.

RECURRING COSTS FROM INVESTMENTS

13. The information and management technology landscape is evolving fast. The adoption of new systems and tools is driven by the obsolescence of existing technologies, market trends and changing needs of the Organization. Additionally, the COVID-19 pandemic has compelled the Secretariat to act quickly and implement new solutions in relatively shorter time frames.

14. The Secretariat has been responsive to the digital needs of the Organization. It has made investments in several domains and has delivered the intended outcomes to help achieve its global mandate. This has been achieved through several mechanisms:

(a) The Infrastructure Fund, which came into existence in 2017,[1] has been instrumental in funding strategic investments in information technology. Examples include the upgrade to the Global Health Observatory and the WHO public website, the implementation of a customer relationship management platform, continuation of the cybersecurity programme, and several initiatives to refresh the digital workplace.

(b) Pro bono agreements with third-party entities were leveraged at the height of the COVID-19 pandemic in 2020 and has produced a number of systems to assist the Secretariat in its operations.

(c) Different health technical departments, through grants received, financed several digital solutions for IT teams to develop and deploy.

15. However, the Secretariat is incurring additional operational costs that will have to be sustained for years to come. The speed and ability to financially support recurring costs are constantly challenged.

(a) As already noted in the report to the Seventy-fourth World Health Assembly in 2021,[2] the Infrastructure Fund was designed to fund strategic investments in information technology. It is not meant to finance recurring or operational costs and yet the Secretariat has to allow for continuity of operations of new systems.

(b) Solutions borne out of pro bono agreements need to be maintained and supported, the costs of which are ordinarily not included in donor agreements.

(c) Grants used for applications or solutions development only cover the one-time implementation costs and not the operational costs for the succeeding years.

16. All these new solutions contribute to the expanding application landscape, which already includes over 800 applications[3] globally – with each solution having its own operational costs.

[1] See decision WHA70(16) (2017).

[2] Document A74/23.

[3] Result of a third-party study conducted in June 2021.

OTHER FACTORS IMPACTING RECURRING COSTS

17. Apart from the development of applications, there are other factors that increase the total recurring operational costs for the Secretariat:

(a) *Cybersecurity.* At the thirty-third meeting of the Programme Budget and Administration Committee of the Executive Board in January 2021,[1] the Secretariat provided a detailed update on its cybersecurity programme. Cyberattacks against the Secretariat have increased considerably in volume and complexity due to the COVID-19 pandemic. Based on information from Member States and private companies, sophisticated cyberattacks will continue.

Cybersecurity investments incur operational costs to continue protecting the Secretariat from attacks, which, if not detected or prevented, could cause loss of information assets, unnecessary delays and costs, loss of integrity and reputational damage. It is estimated that US$ 8.6 million is needed every biennium to keep cybersecurity services running.

(b) *Technology infrastructure management.* A considerable amount of work has been undertaken to standardize technical infrastructure across the Organization. However, there is work to be done in institutionalizing a standard process to manage their life cycle, leaving the timely update of infrastructure to local offices. There is a need to manage these one-off investments to ensure that all infrastructure is up to date (to reduce service unavailability and cybersecurity risks and improve efficiency of infrastructure management) and to keep this going on a regular basis.

(c) *Increased adoption of common standard platforms for consolidated digital solutions.* These are technology platforms that have already gone into production and are in the process of being implemented. Together, they have helped build consolidated global solutions. However, there is a need for funding to continuously run these platforms and to help decommission older systems and optimize operations for a longer period (application portfolio management).

(d) *Shifts from CAPEX to OPEX*. Changes in technology have led to implementations using Cloud-based platforms. This has changed the pattern of expenditure on technology solutions, in other words, shifting from up front large capital expenditures to immediate payment of operational costs through monthly subscriptions.

(e) *Digital accessibility.* The Secretariat made its commitment to improving digital accessibility. All new solutions would have to be mindful of potential costs to ensure accessibility compliance and regularly perform checks as these products evolve over time.

SUSTAINABILITY

18. Certainly, the solutions in which the Secretariat has already invested will need to be maintained and supported lest these services are disrupted and not fulfil their mandate. In this regard, the temporary arrangements utilized by the Secretariat are the following:

(a) With the allocation of US$ 7 million of the Infrastructure Fund for the 2022–2023 operations, this leaves the Infrastructure Fund with a reduced amount to allocate for the rest of

[1] Document EB148/30.

the biennium 2022–2023. This essentially implies that the Secretariat would not be able to invest in strategic initiatives or innovations to grow and transform WHO's digital landscape.

(b) Each health technical department that owns a solution, from an operational perspective, is asked to shoulder the recurring costs from the time the solution goes into production. This situation has created further challenges as grants or operational budgets of these departments do not cover the biennial recurring costs of IT systems. The department of information management and technology is compelled to absorb these costs.

(c) An additional US$ 5 million was allocated from the Programme budget 2022–2023 for the operational costs for cybersecurity.

19. The Independent Expert Oversight Advisory Committee, in its report to the thirty-fifth meeting of the Programme, Budget and Administration Committee of the Executive Board,[1] noted that "at WHO headquarters, further funding of an additional US$ 25 million on top of the existing US$ 60 million budget would enable the absorption of the additional operational costs resulting from approved initiatives and new projects."

20. In the short term, the Secretariat would require an injection of funds to ensure continuity of services and to support digital transformation. However, the Secretariat underscores that other factors must be considered beyond any one-off increase. It is important that the funding sources for recurring costs be institutionalized.

(a) Infrastructure and equipment would need to be refreshed at most every three bienniums (or six years). Currently, most of the allocations from the Infrastructure Fund are towards applications. The Infrastructure Fund is proposed to be re-designed to have defined allocations for infrastructure and applications in a given biennium and support the operation of new services, if required.

(b) The Independent Expert Oversight Advisory Committee, in its report to the thirty-fifth meeting of the Programme, Budget and Administration Committee of the Executive Board, recommended a centralized approach in order to avoid duplication and allow for efficiency gains.[2] Application consolidation would be a key thrust of the Secretariat. Different business operations and health technical units, in all major offices, would be asked to adopt and use common platforms (for example, the Cloud) to reduce the application footprint and leverage economies of scale. Bespoke solutions would be financed by the requesting unit – both for project and all recurring costs every biennium.

(c) The Secretariat is also looking at developing a policy for corporate and non-corporate applications and services. This will help define the funding model accordingly, in other words, centralized funding that will benefit the whole workforce or localized funding that is focused on a specific user base, group or function.

[1] Document EBPBAC35/2, page 3, paragraph 9.

[2] Document EBPBAC35/2, page 3, paragraph 10.

21. The Secretariat will address the above-mentioned elements during the operationalization of outcome 4.3 of the Proposed programme budget 2024–2025[1] and the allocation of the Infrastructure Fund during the biennium 2024–2025.

ACTION BY THE HEALTH ASSEMBLY

22. The Health Assembly is invited to note the report and provide guidance on the following question.

(a) What are the key strategic objectives for information management and technology that the Secretariat should prioritize during the biennium 2024–2025?

(b) How should the use of Infrastructure Fund be prioritized to meet the sustainability of investments for digital transformation?

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[1] Document A76/4.