



CDC's Country Management and Support Initiative

Report Summary for September 2011 Country Management and Support Visit to Angola

Background

As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State Office of the U.S. Global AIDS Coordinator. CDC uses its technical expertise in public health science and long-standing relationships with Ministries of Health across the globe to work side-by-side with countries to build strong national programs and sustainable public health systems that can respond effectively to the global HIV/AIDS epidemic. All CDC global HIV/AIDS PEPFAR-related activities are implemented by the Division of Global HIV/AIDS (DGHA) in CDC's Center for Global Health.

CDC's Commitment to Accountability

CDC/DGHA launched the Country Management and Support (CMS) initiative in 2011 to identify any challenges resulting from the rapid scale-up of complex PEPFAR/CDC programming as part of CDC's commitment to transparency and accountability. This initiative serves as a basis for ongoing, monitored quality improvement of CDC/DGHA's programs and operations through internal programmatic and financial oversight. CMS is a proactive response on the part of CDC to ensure that CDC/DGHA is supporting the Presidential Initiatives, Department of State, and Office of the U.S. Global AIDS Coordinator. The CMS strategy is designed to assess CDC/DGHA's accountability in the following key areas:

- **Intramural Resources:** Ensuring proper management and stewardship of financial resources, property, and human resources within CDC's overseas offices
- **Extramural Funding:** Ensuring responsible and accurate management of financial and other resources external to CDC's overseas offices
- **Public Health Impact:** Ensuring the delivery of consistently high quality interventions and technical assistance that positively impact the populations the program serves

Angola Country Management and Support Visit

CDC/DGHA conducted a combined desk review and CMS visit to Angola from September 10-14, 2011. The principal objectives of this CMS visit were to:

- Perform a CDC/DGHA headquarters assessment of internal controls in the field to ensure the highest level of accountability
- Provide clear feedback and support to the country office to improve current internal controls
- Refine, systematize, and modify CMS methodologies, processes, and associated tools for full implementation of the CMS across all CDC/DGHA-supported programs in the field

CDC/DGHA headquarters (CDC/HQ) in Atlanta, Georgia assembled an intra-agency multidisciplinary team of six subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, grants management, financial management, and one key technical program area (i.e., laboratory). DGHA's Program Budget and Extramural Management Branch, CDC's Procurement and Grants Office, CDC's Financial Management Office, and technical experts conducted their assessment from CDC/HQ as a desk review,

while the Country Manager spent five days in Angola performing an in-person assessment of CDC's country operations and portfolio management.

CMS Methodology

The CMS team conducted the CMS assessment during a five-day desk review and an in-country visit to the CDC/DGHA office in Angola (CDC/Angola). The assessment included reviews of financial documents, administrative and technical site visits with grantees, one-on-one meetings with staff, data quality spot checks, and reviews of internal financial controls and policies at CDC and grantee offices. Assessment tools and checklists were developed by CMS leadership in consultation with subject matter experts at CDC/HQ. This methodology was designed to provide a "point in time" synopsis of CDC/DGHA Angola's operations.

Scope

CMS visits are designed to provide an overview of CDC/DGHA country programs and identify best practices and areas for improvement. These visits should not be considered comprehensive and are not intended to replace Inspector General audits. The scope of this CMS visit focused only on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

Program Background

The CDC Angola office opened in 2002. In collaboration with the Angola Ministry of Health, current activities focus on laboratory and health system strengthening including blood safety, disease surveillance, and the prevention of medical transmission of HIV.

Several studies over the past decade support the conclusion that Angola has a generalized HIV epidemic with a national HIV prevalence rate of approximately two to three percent in the general population. Since 2002, data from National Antenatal Care (ANC) Sentinel Surveillance have indicated the highest HIV prevalence rates on the border with Namibia (7% to 9%) and the lowest rates in the central part of the country (less than 1%). The 2009 ANC surveillance study estimated that 166,500 Angolans are living with HIV/AIDS, of whom 18,000 adults and 6,000 children were newly infected. A 2009 WHO/UNAIDS/UNICEF survey estimated that 25% of Angolans in need of antiretroviral drugs (ARVs) are receiving treatment. The main driver of the epidemic is considered to be heterosexual sex coupled with a young age of sexual debut and frequent concurrent sexual relationships. A 2008 study estimated that 32% of youth initiate sexual intercourse before the age of 15 (UNAIDS, 2008). Target interventions have focused on improving consistent and correct condom use, decreasing rates of concurrent sexual partnerships, and delaying age of sexual debut. Efforts have focused in provinces with high HIV prevalence and in those bordering countries with high HIV prevalence.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. The CDC/Angola office is comprised of seven staff. All staff rated job satisfaction, morale and career development highly. A few key areas for improvement were noted, such as general communication, including keeping the staff informed of all CDC activities, and the difficult hiring process currently in place.

Recommendations:

- CDC/Angola senior leadership should work to improve communication

- CDC/HQ should collaborate with CDC/Angola to address and improve both the language barrier that exists between U.S. direct hire and locally employed staff and the high cost of living in Angola, both of which have made hiring very difficult

Country Management. The CDC/Angola portfolio is heavily focused on laboratory strengthening, surveillance, and blood safety. Across all program areas, there is clear understanding and cooperation between U.S. Government (USG) agencies and grantees at all levels which create an atmosphere of achievement, support and productivity.

Science Office. The Country Director is responsible for monitoring Associate Director for Science (ADS) activities. Currently, CDC/Angola has a process for reviewing documentation. However, it requires other branch staff to assist, which adds to their work load. While staff are knowledgeable and work according to CDC policy, CDC/Angola needs to improve documentation and finalize all standard operating procedures for ADS procedures and site visits.

Recommendation:

- CDC/Angola should ensure all staff are trained on the purpose of technical reviews and the clearance processes. The country program needs to include a review of ADS guidelines, provide a review checklist, and acquire the proper training for ethics for each staff member at which time they will receive a unique Scientific Ethics Verification number

Program Management

Procurement and Grants. CMS team members from CDC's Procurement and Grants Office (PGO) conducted a desk audit and phone interview with administrative staff from key CDC grantees in Angola. With the exception of property management, subcontracting, and travel, in general CDC-Angola grantees reported having adequate budgetary and written grants management procedures in place. However, supporting documents (guidelines and standard operating procedures) were not provided to PGO for verification.

Recommendations:

- CDC/Angola should ensure that all grantees have established written guidelines for: accounting, timekeeping, personnel, procurement, budgetary controls, equipment and property management, travel, and consultant and contractual approval processes
- Grantees should use the USG Code of Federal Regulations grants policy statement along with their country-specific rules and regulations to establish these written policies
- CDC/Angola should perform site visits semi-annually or annually to verify that grantees adhere to USG requirements

Program Budget and Extramural Management. While the CDC/Angola office thoroughly examines the status of funds reports from CDC/HQ, a comprehensive budgeting system that allows for continuous and consistent updating and reconciliation needs to be implemented. Appropriate procedures are in place for CDC-Angola office property management and tracking. Staff also exhibit an adequate understanding of CDC policies and procedures related to cooperative agreement management and the Project Officer maintains files for all cooperative agreements. However, a system for monitoring grantee sites including clear documentation of processes and standard operating procedures is needed.

Recommendations:

- CDC/Angola should implement a comprehensive budgeting system that allows for continuous and consistent updating and reconciliation
- CDC/Angola Country Director should improve the documentation of grantee site visits by creating and ensuring that all Project Officers implement standard operating procedures

Financial Management

Currently the CDC office is comprised of four U.S. direct hires and six locally employed staff positions, four of which are vacant. The CDC Director (a U.S. direct hire) provides leadership, direction and overall execution of all CDC/Angola activities. The Country Director is assisted by a Deputy Director, also a U.S. direct hire, who provides operational support particularly in the areas of administrative, human resource, and financial management. The CDC/Angola field office operates an imprest (petty cash) fund in the amount of \$500 (U.S.). The designated sub-cashier also serves as the Administrative Assistant for the CDC office and is a locally employed staff member.

Next Steps

The CMS team shared their key findings and recommendations with the CDC/Angola office and CDC/HQ. The team also developed a scorecard for internal management use, which is populated with all of the issues identified during the visit, recommendations, due dates and primary point of contact for each issue.