



CDC's Country Management and Support Initiative

Report Summary for December 2011 Country Management and Support Visit to China

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 State Department's 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

China Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in China from December 12-16, 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 seven subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural resources, procurements and grants, financial management, science, and key technical program areas (e.g., HIV care and treatment).

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Beijing (CDC/China), which 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 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/China’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 the CMS visits focus only on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

Program Background

The People’s Republic of China (henceforth referred to as China) has a population of over 1.3 billion (2010) and a land area of 3.7 million square miles covering 22 provinces, five autonomous regions and four directly-controlled municipalities. It has a concentrated HIV/AIDS epidemic in which the estimated national HIV seroprevalence is estimated to be 0.1% in age groups 15-49. There have been 26,000 estimated deaths from HIV/AIDS (2009). Over 65,480 persons are reported to be on ARV treatment, and 17,000-350,000 are estimated to be in need of ARV treatment.

CDC and the Government of China partnered in 2002 to control the spread of HIV, especially in high risk groups. CDC works with the National Center for HIV/AIDS Control and Prevention (NCAIDS) within the Chinese Centers for Disease Control and Prevention. The CDC country office was established in Beijing in 2003 and China became part of PEPFAR in 2006. An integrated management structure for CDC/DGHA and USAID was adopted in 2009. CDC will take over all of the USAID HIV/AIDS portfolio activities when they close their office in China in 2012.

CDC/DGHA’s vision statement emphasizes providing technical assistance on evidence-based policy development and guidelines to support China toward its goal of reducing HIV transmission and mitigating the impact of AIDS to achieve a goal of less than 1.0-1.2 million cases by 2015. CDC/DGHA provides technical support in five heavily-impacted provinces (Guangdong, Guangxi, Guizhou, Xinjing and Yunnan). The activities include: strengthening routine HIV testing, supporting surveillance, emphasizing risk reduction, improving linkage of identified cases with treatment, and laboratory quality assurance/quality control. In ten lower impact provinces the program supports pilot models and innovative research.

The fiscal year 2012 budget for the entire (CDC and USAID) China PEPFAR program is \$6 million, of which CDC’s portion is \$4.25 million. There are two in-country grantees: the World Health Organization (WHO) and the Chinese Centers for Disease Control and Prevention.

The challenges faced by the program in China include the enormous size of the population with many HIV/AIDS “hotspots”; inadequate human capacity in health at the lowest levels; inadequate national funding for the program priorities; limited involvement of civil society; severe poverty; and inequitable financing for health care for those living with HIV/AIDS.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Management and Operations. Staff morale is generally high with average job satisfaction rated as 4.5 on a scale of 1 (lowest) – 5 (highest). There is a high level of respect for the senior leadership and internal communication is very good. Staff feel satisfied with the current evaluation process and that they are valued in their work (17% of Embassy awards in the last two years were for CDC/China staff). The program manages its motor pool well and has an innovative cost allocation approach for the use of its six vehicles by different programs.

The management of time and attendance and personnel files is very good. The Embassy is supportive and CDC/China vacancies are filled in a timely manner. The Embassy letter offering employment, however, has no mention of CDC being the employing agency. Staff expressed concerns about the loss of real income with inflation and a sense of isolation from headquarters in Atlanta because of poor computer connectivity. There is a lack of clarity on the policy for training and nominations.

Recommendations:

- CDC/China should ensure that CDC is listed as the employer in the Embassy's job offer letter
- CDC/China should continue working with CDC/HQ's Information Technology Services Office to set up a test phase for a direct computer connection to the CDC network in Atlanta
- CDC/China should develop standard operating procedures and office policies for training opportunities

Technical Program Areas. CDC/China technical staff enjoy a very cordial and collaborative relationship with their main governmental partner: the China CDC/Division of NCAIDS. Technical assistance provided by CDC/China staff is of high quality and appreciated at the highest levels. There have been many joint publications as a result of the CDC/China collaboration. The CDC/China office is an excellent example of the technical assistance model and a best practice for other programs in the Asia region.

HIV/AIDS Treatment. HIV prevention and treatment programs are fully funded by the Government of China and over \$500 million has been invested thus far. The program has played a strong role in the development of very progressive guidelines for antiretroviral treatment. Great attention is given to measuring HIV drug resistance in persons who receive treatment as well as those who don't, and all persons who fail first line treatment have viral genotyping. Prevention of mother-to-child HIV transmission services are strong in the ten target provinces. For example, there is counseling and testing coverage of nearly 100% in pregnant women in the Guangxi Province. Antiretroviral treatment (Option B) coverage of HIV positive pregnant women and exposed newborns is also very high. Laboratory activities under CDC leadership are extremely strong, with special emphasis on quality assurance of HIV serology, CD4 and viral load testing. There is an ambitious program for introducing point-of-care testing for CD4 and viral load. NCAIDS is minimally engaged in the community component of care and treatment due to support by the Global Fund for AIDS, TB and Malaria of community based organizations; however, this support will cease that that funding ends. Adherence to guidelines for cotrimoxazole prophylaxis requires strengthening.

Recommendations:

- NCAIDS (with CDC/China support) should consider developing guidance for community support of HIV-infected patients in care
- CDC/China should work with CDC/NCAIDS to establish a national indicator on prescription of cotrimoxazole
- CDC/China should place more emphasis on guidance and communicating the importance of guidelines for CTX prophylaxis to health care providers

Science Office. There is not a designated Country Science Officer/Associate Director for Science, but all science technical and review activities are well-covered by the country director and senior locally employed staff. There are good procedures for in-country institutional review board review and clearance. Points-of-contact for laboratory and non-laboratory science are identified. All staff have completed the required ethics training and have had training in cooperative agreement technical review, cooperative agreement restrictions release, written standard operating procedures, and processes for assisting cooperative agreement grantees. Five staff recently received training on protocol development and exemptions. Public health evaluation/implementation science activities are very strong, and the track record of publications from this program is among the best in all of PEPFAR.

Communication with the CDC/DGHA Science Office has been good and the feedback received has been helpful. Some frustration was expressed with regard to the response time for extended reviews at the CDC/DGHA Science Office in Atlanta.

Program Management

Program Budget and Extramural Resources. DGHA's Program Budget and Extramural Management Branch (PBEMB) staff examined both CDC/China's internal budget and extramural grants management of partners. This review involved meeting with CDC/China staff responsible for fiscal and property management, and conducting site visits to NCAIDS and UNAIDS-China.

There are many best practices in the CDC/China office that other CDC country offices may greatly benefit from. CDC/China has a secure web-based database for grantees, which is accessible and used by grantees to submit applications to CDC/China for review, track progress of activities, outputs, budget expenses, and to develop the applications and reports submitted to CDC/HQ and the U.S. Office of the Global AIDS Coordinator. In addition, CDC/China developed a grants administration manual and training for grantees. The manual and the training have been shared with the 15 divisions and provinces implementing activities under the NCAIDS cooperative agreement. The activity managers at CDC/China spend approximately 40% of their time visiting the provinces and divisions implementing activities under the NCAIDS cooperative agreement. After each visit, a trip report is drafted and saved into a cooperative agreement file.

Procurement and Grants. CDC's Procurement and Grants Office (PGO) staff conducted site visits for both cooperative agreement grantees in China (NCAIDS and UNAIDS-China) to review documentation required under Notices of Award. A previous partner visit was conducted with UNAIDS by DGHA's Program Budget and Extramural Management Branch/PGO staff in Geneva, Switzerland in September 2011. This visit revealed adequate management of funding and adherence to regulations for this centrally-held cooperative agreement. The review of assorted documentation for the two grantees was found to be satisfactory. Both grantees fully satisfy the requirements for organizational charts, recent audits, electronic accounting systems and a ledger for receipts and disbursements. There are appropriate written policies and procedures for timekeeping, personnel, procurement, property management, travel and electronic funds transfers.

Financial Management

Financial Management. CDC's Financial Management Office (FMO) staff reviewed CDC/China's financial stewardship. Prior to the visit, FMO staff reviewed U.S. Department of State Consolidated Overseas Accountability Support Toolbox (COAST) reports, open obligations, purchase orders issued at post, and Country Status of Funds reports. In addition, FMO staff reviewed supporting documentation for a selected sample of financial transactions from the major object classes (excluding salary and benefits). During the visit, FMO staff met with CDC/China budget management staff and cashiers at CDC and the Financial Management Officer and associates at the U.S. Embassy. FMO staff will review data collected in Atlanta and issue a separate report noting findings and recommendations.

Next Steps

The CMS team shared their key findings and recommendations with the CDC/China 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 date, and primary point of contact for each issue.

