



CDC's Country Management and Support Initiative

Report Summary for August 2011 Country Management and Support Visit to the Caribbean Region

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

Caribbean Region Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC Caribbean Region Office (CRO) in Barbados from August 28 -September 2, 2011. In addition to Barbados, the CRO supports Antigua and Barbuda, Bahamas, Belize, Dominica, Grenada, Jamaica, Montserrat, St. Kitts & Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago. The principal objectives of this CMS visit were to:

- Perform a CDC 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 ten subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, procurement and grants, financial management, science, and key technical program areas (e.g., strategic information, laboratory, monitoring and evaluation).

CMS Methodology

The CMS team conducted a five-day visit to the to the CDC/DGHA office in the Caribbean Region (CDC/CRO), 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 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/Caribbean’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.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. Staff morale is positive despite small office space and changes in personnel. Since the sharing of initial CMS findings and recommendations, CDC/CRO has started to define staff roles and responsibilities more clearly, as well as institute proposed personnel changes, which have been submitted to the Embassy Human Resources for processing. DGHA is the only CDC program in Barbados. Motor pool is provided through the International Cooperative Administrative Support Services (U.S. Department of State billing mechanism for embassy-provided services) at the U.S. Embassy. CDC/CRO senior management has done a phenomenal job in a short time in terms of boosting morale and providing leadership and direction.

Country Management. There are limited staff to manage CDC/CRO’s fourteen cooperative agreements. Only one staff person is trained as a Contracting Officers’ Representative (COR).

Recommendations:

- CDC/CRO should ensure that staff structure and program management responsibilities and activities are clearly defined and communicated. Recommend additional staff undergo COR certification. CDC/CRO should identify and address gaps in staff’s understanding of program management responsibilities, and provide training and guidance as needed
- CDC/CRO should standardize and document cooperative agreement technical and financial/administrative management procedures, and ensure that all technical staff are trained in these procedures. Recommend Technical Activity Managers also be actively involved in the review of all relevant work plans and budgets
- CDC/CRO senior staff should engage with local grantees and other regional agencies to review CRO priorities and activities within the current regional context and the PEPFAR portfolio

Technical Program Areas. In general, CDC/CRO is actively engaged with grantees in a supportive environment. Grantees reported a positive relationship with CRO and interest in further collaboration to expand the scope of laboratory activities. Challenges associated with implementing strategic information and monitoring and evaluation activities include varying contexts and challenges to conducting surveillance activities, and differing priorities applicable to each country.

Science Office. Science Office activities are carried out by the Senior Lab Advisor at CDC/CRO who is also the Associate Director for Science. Some procedures are in place; however, standard operating procedures and documentation of human subject review and clearance procedures are lacking. Regulations and submission requirements for in-country and grantee Institutional Review Boards are not documented. Additionally, processes for cooperative agreement technical review and cooperative agreement restriction release have not been established.

Recommendation:

- Senior Lab Advisor and other available staff should be identified, trained, and charged with specific Associate Director for Science-related functions. Recommend standard operating procedures be developed and communicated to all appropriate staff to ensure clarity and consistency of processes

Program Management

Procurement and Grants. CDC's Procurement and Grants Office review was limited to a desk review. Grantee files were reviewed at CDC/HQ. There were no significant findings.

Program Budget and Extramural Management. In general, CDC/CRO is managing the budget and extramural funding well. CDC/CRO is executing all expected budget functions and tasks. Nonetheless, the effectiveness of budget operations could be improved. The current office manager has a great amount of historical knowledge, but was unavailable for interview at the time of the CMS assessment. CDC/CRO recently hired a second financial specialist to assist with financial duties.

Financial Management

CDC's Financial Management Office review was limited to the CDC/Barbados office located in the capital city of Bridgetown. CRO supports the country of Barbados (as well as 11 other countries) and, therefore, policies and procedures were reviewed that relate to all CRO countries. The Barbados office does not keep a petty cash fund. The office is very small and has recently hired another financial management specialist. Once this new employee is trained, the duties of the budget staff can be divided, which would allow for better control and review of office obligations and expenses.

Next Steps

The CMS team shared their key findings and recommendations with the CDC/CRO 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.