



# CDC's Country Management and Support Initiative

## Report Summary for August 2011 Country Management and Support Visit to Central Asia 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

### Central Asia Region Country Management and Support Visit

CDC conducted a CMS visit to the CDC Central Asia Regional Office in Kazakhstan, Tajikistan, and Kyrgyzstan from August 22-26, 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 headquarters (CDC/HQ) in Atlanta, Georgia assembled an intra-agency multidisciplinary team of ten experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural resources, procurements and grants, financial management, and several key technical program areas (e.g., prevention of mother-to-child transmission, laboratories, care and treatment).

## CMS Methodology

The CMS team conducted a five-day visit to the CDC office in Kazakhstan, 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. The visit also involved site visits to DGHA grantees in neighboring Kyrgyzstan and Tajikistan. 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 operations in the CDC office in Kazakhstan.

## Scope

CMS visits are designed to provide an overview of CDC 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.

## Program Background

In 1996, CDC began work in Kazakhstan through an interagency agreement with USAID. After an initial focus on hepatitis, the program expanded to include tuberculosis (TB), HIV, and maternal and child health. Early activities were primarily concerned with HIV/AIDS surveillance, laboratory strengthening and starting up a Field Epidemiology Training Program. Later, CDC set up programs for cooperative biological engagement, influenza, international emergency and preparedness and international emerging infections. These programs, including the CDC/DGHA HIV program, are collectively called the CDC Central Asia Region Program (CDC/CAR).

The USAID interagency agreement ended in 2008 and PEPFAR funding for CDC/DGHA began the next year. Since then, CDC/DGHA has expanded its activities and now has staff in Kazakhstan, Uzbekistan, Tajikistan, and Kyrgyzstan.

## Summary of Key Findings & Recommendations

### Program Administration and Technical Oversight

**Country Operations.** The team found that basic country operations and management systems (e.g., time and attendance, personnel files, and motor pool arrangements) were working well. Staff morale and job satisfaction across programs is very high. CDC staff from non-DGHA programs expressed concern about the impact of potential funding cuts on their jobs. Staff members also identified several areas where CDC could improve integration and better leverage resources across programs. For example, several programs (e.g., HIV and Cooperative Biological Engagement) conduct separate laboratory trainings despite having similar content. CDC/CAR shares management staff and there is some confusion about supervision because the Deputy Director position is vacant.

#### Recommendations:

- CDC/CAR should maintain its own set of personnel records including individual development plans (IDPs) when available
- CDC/CAR leadership should clarify the chains of staff supervision across CDC programs

**Science Office.** The Science Office found no substantial issues regarding scientific oversight at this time. Staff (especially the Country Director and technical leads) may benefit from training on institutional review boards, ethical review, protocol writing, cooperative agreement technical review, and cooperative agreement restrictions release.

**Country Management.** Seven of the nine cooperative agreement grantees are government agencies (e.g., Republican AIDS, Narcology, and Blood Centers) in the CDC Programmatic Portfolios. The CMS team noted that while the grantees developed good first-year work plans, implementation has been hampered by their inability to draw down funding. CDC Program Managers have good working relations with the grantees. They are in frequent email and telephone contact and make regular site visits. However, the CMS team found that there is very little communication between grantees in Kazakhstan, Kyrgyzstan and Tajikistan to share innovational insights.

Recommendations:

- CDC/CAR technical leads should document all significant site visits and interactions they have with grantees. Their reports should include findings, concerns, and action items
- Grantees should have training in managing U.S. government grant funds
- Grantees should share best practices to increase communication between programs

### Technical Program Areas

**Key Populations.** The Republican AIDS Center in Tajikistan and Republican Narcology Center and Republican AIDS Center in Kyrgyzstan will pilot mobile services for key populations. These innovative approaches should be evaluated for their effectiveness. There appears to be considerable government resistance to medically assisted treatment for injected drug users in the region, especially in Kazakhstan and Uzbekistan. The Republican Blood Centers are installing or upgrading tracking systems for blood and blood products and promoting voluntary blood donations. This is a positive development. Quality improvement/quality assurance programs, however, are poorly developed and there are no well-functioning programs in the region. In addition, there is a need to develop standard algorithms for HIV testing in different clinical situations.

**Treatment Programs.** There are concerns in the region about expanding antiretroviral treatment among drug users due to the risk of HIV drug resistance developing in non-compliant enrollees. Stock outs of antiretroviral drugs and test kits/reagents are still occurring. Columbia-ICAP is set to carry out an evaluation of care and treatment sites in Kazakhstan, Kyrgyzstan, and Tajikistan and provide technical assistance on quality improvement to the Republican AIDS Centers. The evaluations will provide useful information for future program development.

**Strategic Information.** The collection and use of strategic information needs strengthening. Columbia-ICAP will be doing an evaluation of strategic information needs in the region to support this effort. Site staff need to be trained on how to use their own data for quality improvement/quality assurance purposes beyond routine reporting. There is no guidance to program managers for monitoring activities and no annual targets for cooperative agreements. It would be beneficial to provide training on the quality improvement/quality assurance process, pilot quality improvement/quality assurance for standards of care that require improvement, and establish a culture of quality assurance in the Republican Centers.

Recommendation:

- Grantee (Columbia-ICAP) and/or CDC/HQ staff should provide technical assistance

### Program Management

**Procurement and Grants.** CMS Team members from CDC's Procurements and Grants Office (PGO) did not participate in the CMS visit since many of the cooperative agreements in the region were just beginning. The Central Asia Office may

request a desk review of CDC/DGHA grantees in the future.

**Program Budget and Extramural Management.** CMS Team members from DGHA's Program Budget and Extramural Management Branch found that programmatic and budget staff are not entirely familiar with the PBEMB Access database. The database needs to be updated monthly and reports should be generated for the Country Director. The CDC/CAR program has significant carryover funds in the pipeline that need to be closely monitored. New hires and funds obligated for the next three years are unlikely to decrease the pipeline. In Central Asia, property is acquired locally through USAID and should have both USAID and CDC bar codes, which is not always the case. The Property Management System needs strengthening.

Recommendations:

- Locally employed staff should be trained and empowered to track the budget and develop reports
- CDC/CAR should not follow its plan to distribute one-time FY 2010 Partnership Framework funding to laboratory grantees over the next three years
- CDC/CAR should identify and train a property custodian and develop a new internal property management inventory

The recently developed cooperative agreements are well established and the new grantees have received good training on procedures, though formal standard operating procedures for this function are not available. Human subject restrictions are tracked using "CAR Notice of Award Tracking," but the removal of restrictions is not tracked. Funding restrictions need to be closely monitored as some Science Office restrictions have exceeded the available funding amount. Language barriers and the inability to access the Payment Management System have hindered grantees from starting up their programs.

Recommendations:

- CDC/CAR should develop standard operating procedures for cooperative agreement processes and a schedule for grantee monitoring and routine management visits
- CDC/CAR should train staff and grantees on Payment Management System, partial funding, and human subject restrictions. If possible, there also needs to be a strategic plan for graduating grantees from manual draw down of funds in the Payment Management System
- Grantees should include funding for translation in their funding requests

## Financial Management

CMS Team members from CDC's Financial Management Office found that unliquidated obligations are not being routinely reviewed by the CDC/CAR office. CDC travel is processed through a manual system rather than through the Department of State automated E2 travel system. CDC/CAR has entered into numerous contracts with individuals who provide professional services such as report writing, data entry, and information technology support.

Recommendations:

- CDC/CAR should develop a routine process to review ULOs on a quarterly basis and take appropriate action to deobligate unneeded obligations
- CDC/CAR should take steps to ensure travel orders and vouchers comply with all Federal travel regulations
- CDC/CAR should carefully review contracts that employ individuals performing professional services to ensure that they meet all federal contracting requirements

## Next Steps

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