CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Angola – May 12-16, 2014
Summary of Key Findings and Recommendations

Introduction

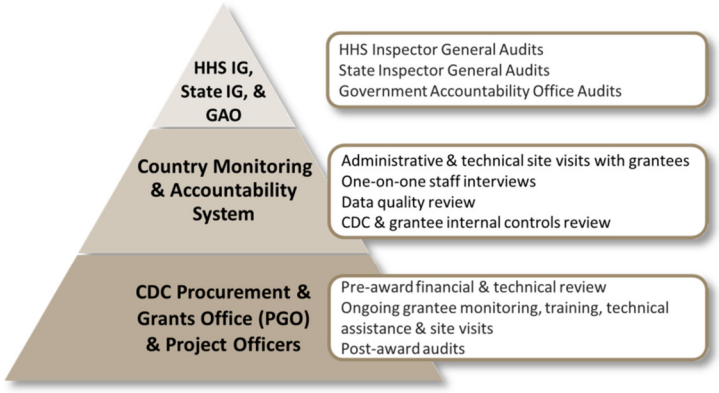
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global AIDS Coordinator (OGAC). CDC uses its technical expertise in public health science and long-standing relationships with Ministries of Health (MOH) 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. CDC global HIV/AIDS PEPFAR-related activities are implemented by the Division of Global HIV/AIDS (DGHA) in CDC's Center for Global Health. PEPFAR activities represent the largest portfolio of global health activities at CDC.

CDC's Country Monitoring and Accountability System

CDC/DGHA launched the Country Monitoring and Accountability System (CMAS) in 2011 to identify challenges resulting from the rapid scale-up of complex CDC/PEPFAR programming as a part of CDC's commitment to transparency and accountability. This initiative serves as a basis for ongoing, monitored quality improvement of DGHA's programs and operations through internal programmatic and financial oversight. CMAS is a proactive response on the part of CDC to: 1) ensure accountability for global programs and proper stewardship of U.S. government resources by promoting explicit performance standards and defining expectations for bringing all components of program accountability up to the highest standards; 2) ensure DGHA is supporting DOS, OGAC, and the Presidential Initiatives; 3) serve as a basis for ongoing, monitored quality improvement; and 4) effectively prepare CDC for future oversight audits, congressional inquiries, and special data calls.

CDC Commitment to Accountability

Ensures optimal public health impact and fiscal responsibility



CDC also maintains a Global Management Council chaired by CDC's Chief of Staff which meets regularly to address cross-cutting issues related to the management and oversight of CDC's global programs.

The CMAS strategy was designed to systematically assess CDC's accountability and proper stewardship of U.S. government resources and provide feedback on key business and program operations 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

The first round of CMAS visits (formally known as Country Management and Support visits - CMS I) took place between February 2011 and March 2012 and assessed 35 country offices. A second round of CMAS visits (CMAS II) evaluated 30 country offices and one pilot. A few CMAS II visits were cancelled due to political unrest. CMAS II assessments occurred between June 2012 and June 2014 and increasingly emphasized supportive technical assistance to ensure continual quality improvement. In addition to the focus on CDC's PEPFAR program activities, CDC's Office of the Chief Financial Officer reviewed financial transactions for CDC's other global health programs.

Scope

CMAS II visits were designed to provide an overview of CDC country programs and identify good practices and areas for improvement. While the scope of CMAS II visits was focused primarily on CDC/DGHA's activities implemented through PEPFAR, other CDC global health programs were assessed in countries where they had a significant presence. Financial management activities were assessed for all CDC programs in-country. Further, these CMAS II visits were not considered comprehensive, nor were they intended to replace Inspector General audits.

Objectives

DGHA conducted a CMAS II visit to Angola from May 12-16, 2014. The principal objectives of this visit were to:

- Perform a CDC headquarters assessment of internal controls in the field to ensure the highest level of accountability;
- Review intramural and extramural resource management to ensure financial stewardship of U.S. government funds;
- Generate a multidisciplinary snapshot of how CDC country offices are performing regarding programmatic effectiveness in the areas of AIDS-Free Generation Strategy, site visits, and data driven programs to ensure DGHA is achieving the greatest public health impact; and
- Provide clear feedback and technical assistance to the country office to improve current internal controls.

Methodology

CDC headquarters in Atlanta assembled a multidisciplinary team of eight CDC subject matter experts in the following areas to perform the CMAS II assessment: financial management, program budget and extramural

resources, grants management, country management and operations, and several key technical program areas.

The CMAS II team conducted a five-day visit to the CDC/DGHA office in Luanda, Angola (CDC/Angola). Team members reviewed financial and administrative documents at CDC/Angola and grantee offices, and conducted administrative and technical grantee site visits, one-on-one meetings with staff, and data quality spot checks. Subject matter experts developed assessment tools and checklists at CDC headquarters in consultation with CDC field staff representatives. A standardized assessment instrument gauged performance using a four-level capability maturation scoring scale. Team members provided additional recommendations for quality improvement and noted good practices observed during the visit that will be shared across DGHA country programs. This methodology provides a "point-in-time" synopsis of CDC/Angola's operations.

Background on Country Program

The CDC/Angola office opened in 2002. In collaboration with the Angola MOH (Ministéro da Saúde), National Institute for the Fight against AIDS (Instituto Nacional de Luta contra a SIDA), and the National Institute of Public Health (Instituto Nacional de Saúde Pública de Angola), current activities focus on laboratory and health system strengthening, blood safety, disease surveillance, training of public health professionals, and the prevention of medical transmission of HIV.

CDC/Angola provides support and technical assistance to the National Blood Center (Centro Nacional de Sangue) to ensure the safe and efficient collection, processing, and utilization of blood, with an emphasis on increasing non-remunerated, voluntary blood donors. CDC/Angola also supports biennial national HIV sentinel site surveillance in antenatal clinics as well as biobehavioral surveys in key populations (e.g., sex workers, men who have sex with men, people who inject drugs).

CDC/Angola supports the strengthening of a tiered laboratory system by providing technical assistance and mentorship training towards the development and implementation of a national strategic plan. CDC/Angola has implemented a laboratory accreditation scheme (through the Strengthening Laboratory Management towards Accreditation Program) as well as Angola's first national external quality control program for HIV rapid testing. In 2013, 70 testing facilities have started the external quality control program by testing control panels every four months. CDC/Angola also supports the training of future public health leaders and disease prevention and control officials through the Field Epidemiology Training Program.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Prior to the visit, the CMAS II team disseminated an online questionnaire to assess country operations and human resource management. Seven CDC/Angola staff completed the survey. During the CMAS II visit, in-person interviews were conducted with the Deputy Director serving in the capacity of Acting Country Director and seven CDC/Angola staff as well as meetings with the Human Resources Officer at the U.S. Embassy in Angola.

Travel orders, personnel files, time and attendance records, and other governmental duties were reviewed. Also, assessments of information technology and the office's motor pool were performed.

Major Achievements

The results of the online staff questionnaire showed that 100% of staff who responded to the survey understood CDC/Angola's strategy, mission, goals, and objectives; 100% stated that, within this organization, they understood their jobs and how they contributed to the overall organizational effort; and 86% felt that there was a high degree of commitment to CDC/Angola's mission, goals, and objectives. Since the CMAS I visit, internal communication improved, with strong communication across teams and levels of the organization. Additionally, the office worked to address issues with language barriers, with improved English skills in locally employed staff and conversational Portuguese skills in U.S. direct hires.

Results of the CMAS II visit indicated that U.S. direct hires carry out all inherently governmental functions. CDC/Angola adhered to time and attendance requirements for DOS personnel and locally employed staff.

At the time of the visit, the U.S. Embassy's human resource files were complete and securely stored. The U.S. Embassy's Human Resources Officer indicated a positive collaboration with CDC/Angola. Motor pool procedures were in place to ensure that vehicles were used solely for the transportation of personnel and property for official U.S. government business. In addition, security teams from DOS and CDC had conducted a basic office safety assessment of non-U.S. Embassy CDC /Angola facilities within the past two years (May 2013). Finally, an emergency notification system was in place for CDC/Angola, which included all CDC/Angola staff, contractors, and Fellows. It was last exercised during June 2013, within 12 months prior to the CMAS II visit.

Major Challenges

Only 50%-84% of CDC/Angola vacancies for locally employed staff for the past year had been filled within six months of the positions being posted. Per the Human Resources Officer, a few positions took longer than six months to fill as a result of frequent re-announcements and a lack of applicants with the required skillsets. Regarding locally employed leadership positions, CDC/Angola was working towards placing locally employed staff in positions of leadership and authority. However, staff were not aware of their Work Development Plans. The majority of staff interviewed reported receiving relevant training in the last year, but they felt a need for more training to enhance skills and promote career development. Finally, with the recent move to the U.S. Embassy, CDC/Angola was experiencing move-related, temporary information technology challenges. Encrypted thumb drives had been ordered by the office as appropriate, but the drives had not yet arrived for the staff to use.

Recommendations

- Continue to strengthen the relationship and communication with the U.S. Embassy's Human Resources Officer to finalize and/or reclassify position descriptions in a timely manner and to identify qualified candidates.
- Confirm that current staff are aware of and utilizing their Work Development Plans.

- Continue to identify and prioritize relevant training opportunities to develop locally employed staff to increase leadership opportunities.
- Ensure that all staff have been issued and are using encrypted thumb drives on U.S. government computers.
- Ensure that the CMAS II findings are shared with all CDC/Angola staff.

Financial Resource Management

Major Achievements

CDC/Angola works closely with CDC headquarters to resolve budget issues as they arise. As noted during CMAS I, it was evident that CDC/Angola continues to thoroughly review status of funds reports from CDC headquarters at the time of the CMAS II assessment. The office demonstrated familiarity with contacts at CDC's Office of the Chief Financial Officer and the U.S. Embassy's Financial Management Office and reached out to each for assistance as needed. The results of CMAS I recommended that CDC/Angola implement a comprehensive budgeting system, allowing for continuous and consistent updating and reconciliation. The CMAS II review found that this had not occurred and that the in-country budgeting system was insufficient. A comprehensive budgeting system is necessary to ensure continuous and consistent updating and reconciliation.

The scope of CDC's Office of the Chief Financial Officer review primarily focused on post held funds and internal controls of financial activities occurring within CDC/Angola. This involved document sampling and transaction level detail analysis of all funds cabled to post, as well as requesting supporting documentation from the field as needed to provide additional information for specific situations. CDC/Angola was also sent a questionnaire to complete regarding fiscal activities at post.

Through the staff questionnaire and a review of financial documents, CDC's Office of the Chief Financial Officer found that locally employed budget and financial staff members understand both DOS and CDC/Angola procedures. CDC/Angola remained well-informed of current legislation and protocols by ensuring that appropriate trainings are completed by staff in a timely manner and demonstrated a commitment to fiscal stewardship by supporting all financial transactions with adequate documentation.

Additionally, CDC/Angola improved considerably in the management of unliquidated obligations with a significant reduction from the previous CMAS I visit (July 2012). Further, CDC/Angola continued to maintain an imprest fund with a balance of $500 and cash expenditures totaling $3,473 for the review period. There was one primary sub-cashier supported by an alternate.

Major Challenges

Similar to the recommendations from CMAS I, CDC/Angola must implement a comprehensive financial tracking system that allows for the management of both programmatic and operational costs. Whereas CDC/Angola communicated regularly with CDC headquarters to discuss budget issues as they arise, the information was not

tracked at the country level, and there was no complete budget picture. CDC/Angola also did not have a system in place for tracking and reconciling current and past Country Operational Plans; thus, it was difficult to determine at a given time what grantees or activities had been funded as well as future funding needs. CDC/Angola has a small staff, and, although there are distinct roles and responsibilities, additional care should be taken to ensure duties are properly segregated.

Recommendations

- Implement a comprehensive budgeting system that allows for continuous and consistent updating and reconciliation of funds.
- Reconcile past and current Country Operational Plans to clarify which grantees or activities are funded and which require additional funds.
- Confirm that technical assistance with budget systems is scheduled and completed.
- Ensure extra oversight is given to mitigate risks associated with a small office regarding the segregation of duties.

Accountability for Extramural Resources

Grantee Management

Major Achievements

The CMAS II team conducted the extramural review through a desk review. At the time of the visit, CDC/Angola used a cooperative agreement tracking system that included basic cooperative agreement information such as Funding Opportunity Announcement number and title, cooperative agreement number, name of grantee, project period, funding period, and other associated information such as restrictions as well as the names of Project Officers and Activity Managers.

The country also had a comprehensive list of all cooperative agreements with Associate Director for Science restrictions. This system listed all restrictions by the date when the restrictions were placed and released. The tracking system was reconciled with notices of awards and the CDC's Associate Director of Science headquarters tracking system. The office updated the country tracking system more than weekly.

All cooperative agreement Project Officers and Contracting Officer's Representatives had completed all required trainings, and a system was in place to ensure that training continues.

Major Challenges

Regarding the roles and responsibilities of CDC/Angola's staff, although there was a draft standard operating procedure for cooperative agreement management, it did not contain detailed duties for personnel on the cooperative agreement management team. Even though the cooperative agreement files were maintained by the Project Officers, the files were incomplete and missing a substantial amount of information.

There was a cooperative agreement management tracking system in place, but it was missing key components

such as a tracking system for continuations as well as all post-award cooperative agreement actions. Also, it was not current with CDC headquarters actions. There was a standard operating procedure for updating the cooperative agreement management tracking system, but it was not functional without a tracking system.

Standard operating procedures exist and were implemented for the financial and administrative aspects of managing the cooperative agreements. However, the main components of the standard operating procedure did not include procedures for progress reports, Federal Financial Report reviews, audit reviews, and follow-up. This document also did not incorporate all changes and updates from CDC headquarters.

Cooperative agreement management information was accessible to some, but not all, of CDC/Angola's cooperative agreement management, budget, and leadership staff. Also, cooperative agreement Project Officers demonstrated awareness of some, but not all, of the sources for CDC policies and procedures (Awarding Agency Grants Administration Manual, Office of Management and Budget circulars, and the Department of Health and Human Services' grants policy statement) and updates from CDC headquarters (communicated via the DGHA weekly update). Finally, during the desk review of contracts management, the in-country team was unable to provide the requested documents in time for this report.

Recommendations

- Ensure that 100% of cooperative agreement files contain: CDC technical and scientific review and financial routing documents (1385s), audits (when applicable), Federal Financial Reports, documentation of any post-award grants action requests such as carryover, supplementals, technical review approvals (when applicable), and site visit reports.
- Ensure that the standard operating procedure for cooperative agreement management is complete and accurately define all CDC staff roles and responsibilities.
- Incorporate a continuation and post-award tracking sheet that is consistent with CDC headquarters actions into the cooperative agreement management tracking system and ensure regular updates.
- Incorporate procedures in the standard operating procedure for grants management for progress reports, reviews of Federal Financial Reports and audits, and any follow-up.
- Ensure that cooperative agreement management information is accessible to all CDC/Angola cooperative agreement management, budget, and leadership staff.
- Submit requested contracts documents for review and work with the procurement specialists in the Program Budget and Extramural Management Branch to refine any procedures or documents as necessary to ensure compliance with CMAS standards.

Grantee Compliance

Major Achievements

CDC/Angola, the MOH, and one grantee demonstrated strengthened collaboration, documentation, and

effectiveness compared to the previous CMAS I visit. CDC/Angola staff worked closely with these grantees, and the grantees reported that CDC/Angola was consistently responsive to their needs.

Major Challenges

Since the CMAS I visit, global health grantees were required to register in eRA commons and Grants.gov and E-Systems. Also, grantees were required to be trained to operate efficiently with the E-System. At the time of the CMAS II visit, grantees experienced challenges with the Department of Health and Human Services-mandated E-Systems, such as Grants.gov (continuation applications) and eRA Commons (Annual Federal Financial Report). All grantees were encouraged to maintain and properly register in SAM.gov (System for Award Management), register in eRA Commons, and submit Federal Financial Reports on time.

Recommendations

- Ensure that each grantee designate two representatives with access to Grants.gov and their Payment Management System account. Challenges with these systems should be sent immediately to the Grants Management Specialist with CDC's Procurement and Grants Office.
- Provide oversight to grantees and facilitate submission of programmatic and financial reports, prior approval requests, and continuation applications. However, CDC/Angola staff should not submit documentation in lieu of the grantee as this could put the CDC at risk. Documentation submission is the responsibility of the grantee.

Accountability for Public Health Impact

Major Achievements

CDC/Angola demonstrated participation in all major planning activities with the National Institute for the Fight against AIDS, and National Institute of Public Health. Staffing continued to improve. At the time of the assessment, CDC/Angola had filled several key positions, and several staff members had opportunities to travel to CDC headquarters for technical training; others were scheduled for similar technical training in the near future. CDC/Angola was providing guidance for local Institutional Review Board development.

For the past decade, CDC/Angola supported these institutes with the planning and implementation of the biennial national HIV sentinel surveillance in antenatal care clinics. The 2013 round of antenatal care HIV sentinel surveillance was completed with greater quality and rigor than previously possible. Laboratory capacity continued to expand. CDC/Angola's lab strengthening activities extended beyond the National Institute of Public Health to encompass additional laboratories in the capital city of Luanda, an important policy breakthrough as well as an institutional advance. The epidemiologists trained in the Field Epidemiology Training Program had served successfully on several major disease outbreak investigations, and were gaining appreciation and responsibility within the MOH and across disease areas.

The MOH also expressed interest in CDC/Angola becoming involved with its program of clinical services for HIV/AIDS, like treatment and prevention of mother-to-child transmission, including Option B+ (treating all pregnant women with antiretrovirals for the duration of their life, regardless of their CD4 count).

Major Challenges

The Acting Country Director was still acting as the designated Science Officer for CDC/Angola at the time of the CMAS II visit, due to difficulties in recruitment and retention of qualified technical personnel. However, the office filled several open positions, and new staff members, including a permanent Country Director, Laboratory Advisor, and a Monitoring and Evaluation Officer, were scheduled for arrival in mid-2014.

A standardized process by which protocols were reviewed and submitted by the designated Science Officer for CDC/Angola (the Acting Country Director) exists in practice, but had not been documented in a standard operating procedure. CDC/Angola committed to address this issue promptly after discussions during the CMAS II visit. Some staff members had not yet completed the required training for certification for scientific ethics verification and/or dual use research. CDC/Angola committed to 100% staff completion in a timely manner. Limited staff and technical resources amplified a lack of programmatic focus and activities. Monitoring of CDC/Angola activities proved to be inadequate. Plans and standard operating procedures for physical and electronic warehousing and long-term records (of all types) retention were unavailable for review, as the CDC/Angola office was in the process of relocating, resulting in challenges in computer/network connectivity.

PEPFAR-supported prevention activities (mainly key population interventions and prevention of mother-to-child transmission of HIV) were not within CDC/Angola's purview. At the time of the CMAS II visit, CDC/Angola's mission was focused on building laboratory capacity and human resources strengthening via the Field Epidemiology Training Program. As such, this narrow scope limited the ability to have a meaningful impact on the HIV epidemic in Angola. The Field Epidemiology Training Program involved a multiplicity of grantees, contractors, and other financial commitments that made it a very expensive program, which might allow for increased efficiencies if carefully reviewed.

Recommendations

- Collaborate with CDC headquarters to revise CDC/Angola's strategy to lead to a greater impact on the HIV/AIDS epidemic. This will ideally be done before completing the 2014 Country Operational Plan to ensure resources allocated during that time period will contribute to more direct and measurable impacts.
- Develop a new cooperative agreement program for strategic information that includes five years of funding, compared to the current, short-term, limited focus support, to attract the best international partners to generate high quality strategic information data while helping to build capacity within the MOH. A major component of this agreement should involve assessing the quality of HIV care and treatment services, using principles and tools from CDC headquarters' Site Monitoring System.
- Improve documentation for all activities by developing and updating, as appropriate, standard operating procedures for all Associate Director for Science/Science Officer activities (e.g., protocol review, submission, and clearance), all physical and electronic warehousing and long term records retention, and all other routine activities and special projects (e.g., administration and logistics, surveillance and surveys, lab, and data management).

- Ensure relevant technical staff members complete required trainings for scientific ethics verification and/or dual use research and earn certifications in a timely manner.
- Work with CDC headquarters to streamline the focus of all CDC/Angola activities by clarifying roles and responsibilities of staff and partners. Closely monitoring progress of partners should improve target setting and the ability to achieve those targets.

Next Steps

The CMAS II team shared their key findings and recommendations with the CDC/Angola office and CDC headquarters. The team also developed a scorecard for internal management use. The scorecard lists all of the issues identified during the visit, recommendations and due dates for their implementation, and primary point of contact for each issue. CDC headquarters will work with the CDC country office to create a plan and timeline to address and correct issues.