



CDC's Country Management and Support Initiative

Report Summary for August 2011 Country Management and Support Visit to Brazil

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

Brazil Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Brazil from August 15-19, 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 five 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 key technical program areas (e.g., strategic information).

CMS Methodology

The CMS team conducted the CMS assessment during a five-day visit to the CDC/DGHA office in Brazil (CDC/Brazil). The assessment included reviews of financial documents, an administrative and technical site visit with grantee, one-on-one meetings with staff, data quality spot checks, and reviews of internal financial controls for the CDC/Brazil office and grantee. 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/Brazil’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

CDC established an office in Brazil in 2003. CDC works closely with the Ministry of Health’s Secretariat of Health Surveillance and other grantees in program planning, monitoring and evaluation, epidemiologic surveillance and building laboratory capacity. CDC/HQ also has a cooperative agreement in Brazil that specializes in monitoring and evaluation that is fully integrated into the Brazilian Ministry of Health. One of the principal collaborations has been to establish a master’s level monitoring and evaluation course with FIOCRUZ at the satellite campus in Brasilia. Over 50 students have graduated from the master’s and certificate course.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. The CMS team found high staff morale in CDC/Brazil, which is positively impacted by the sense of family amongst CDC staff. The Country Director and the locally employed staff reported being happy to be able to contribute to CDC activities in Brazil. The acting Deputy Director at Large is working to ensure the CDC/Brazil office is current on all CDC policies and procedures.

Country Management. The CMS team found there is an adequate system in place for reporting and tracking progress. Several positive activities include: monthly meetings held to discuss progress and performance; the use of progress forms that summarize CDC activities and budget quarterly; data used to adjust performance of each activity; the distribution of a mid-term report that summarizes activities, results, budget every six months; and an annual report summarizing results. Also, National AIDS Program technical staff report strong collaborations with CDC/Brazil.

Technical Program Areas. The CMS team found that, in general, CDC/Brazil has a positive and supportive relationship with its grantee, but that neither visits to partner offices nor site activities are systematized or documented.

Recommendation:

- CDC/Brazil, together with the grantee, should develop a list of indicators for each activity and that these indicators are harmonized with National AIDS Program strategic indicators and PEPFAR New Generation Indicators

Science Office. The CMS team found that CDC/Brazil has adequate procedures for in-country clearance in place. Publications and protocols are tracked from submission to approval. The system is backed up daily on the network and transferred to an encrypted flash drive as needed. Protocol communications are informal and occur as needed with the Principal Investigators and DGHA Associate Director for Science. Review processes and requirements for CDC and non-CDC authors are in place. Protocol submission to the Brazilian Research Ethics Commission is time consuming, but assistance from a Senior Technical Advisor in August 2011 facilitated local protocol submission and approval and ensured that quality assurance was included in the protocol.

Program Management

Program Budget and Extramural Management. DGHA's Program Budget and Extramural Management Branch visited the sole grantee in Brazil. Staff from FIOCRUZ (project implementation) and FIOTEC (project administration), including the independent auditor who performed the last two audits, attended this meeting. The grantee reported that CDC/Brazil staff are supportive and that monthly program meetings and quarterly management meetings are productive and useful. While the grantee finds technical assistance from CDC/HQ to be extremely helpful, they expressed confusion about the process for requesting technical assistance.

Recommendation:

- CDC/Brazil should inform their grantee how to properly request technical assistance (TA) from CDC/HQ. CDC/Brazil should also provide training on USG regulations to grantee

Financial Management

CDC's Financial Management Office conducted a desk audit for Brazil. They found that the CDC/Brazil office does not have formally documented administrative or budget policies or procedures, but indicated that they are in the process of developing a comprehensive Operations Manual.

Recommendation:

- CDC/Brazil should complete and implement the comprehensive Operations Manual in all aspects of administration. CDC/HQ should consider developing a standard administrative and operations manual for all CDC field offices in order to provide guidance and standardize practices among international finance staff

Next Steps

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