



# CDC's Country Management and Support Initiative

## Report Summary for August 2011 Country Management and Support Visit to Dominican Republic

### 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

### Dominican Republic Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in the Dominican Republic from August 2-6, 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 ten experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, grants management, financial management, and several key technical program areas (e.g., strategic information, laboratory, monitoring and evaluation).

### CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in the Dominican Republic (CDC/DR), 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 headquarters. This methodology was designed to provide a “point in time” synopsis of CDC/DR’s operations.

### Scope

CMS visits are designed to provide an overview of CDC/DGHA country programs and to identify best practices and areas for improvement. These visits should not be considered comprehensive and are not intended to replace Inspector General’s audits. The scope of this CMS visit focused on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

### Program Background

The CDC/DR office was opened in August, 2008 to provide technical support to the Government of the Dominican Republic. The office has expanded its technical collaboration with the Ministry of Health and the Presidential Commission on HIV/AIDS (COPRESIDA) to strengthen the country’s public health systems and services with a strategic focus on building surveillance systems, laboratory capacity, blood safety, providing comprehensive HIV prevention, care, and treatment services to most-at-risk populations, and building Ministry of Health and health worker capacity.

### Summary of Key Findings and Recommendations

#### Program Administration and Technical Oversight

**Country Operations.** The CMS team found that staff and senior leadership exhibit mutual respect; senior leadership demonstrates appreciation for staff work; and staff feel that their work is valued. Staff morale is very positive. Most interviewees described a ‘CDC family’ that supports each other and backs each other up as needed. Also of note, CDC/DGHA maintains its own motor pool.

**Country Management.** The CMS team found strengths including: existing/planned capacity building in epidemiology, laboratory, and community-based prevention; targeting most-at-risk populations (i.e., men who have sex with men) and people who inject drugs); and prevention of sexually transmitted infections, in addition to activities planned for blood donation; preventing mother-to-child transmission—non-service-related—and “mobile” populations; and information systems strengthening for tuberculosis and sexually transmitted infections.

#### Recommendation:

- There is strong and reliable epidemiological evidence that approximately 20 percent of the HIV epidemic in the Dominican Republic is made up of a population almost completely “invisible” in terms of their access to and use of prevention and health care services. CDC/DR country leadership should revisit funding allocations in order to maximize efforts to control HIV infection among populations with unmet/unaddressed needs

**Technical Program Areas.** In general, CDC/DR has a great working relationship with the Ministry of Health and other Government of the Dominican Republic agencies. Other grantees, United Nations agencies, and other multilateral organizations play an important role in addressing the HIV/AIDS epidemic in the Dominican Republic.

Recommendation:

- CDC/DR should focus the country operational plan on scaling up prevention of mother-to-child transmission of HIV to improve coverage rates as noted above

**Science Office.** The CMS team found no clear delegation of Science Office responsibilities in the Dominican Republic; some of these functions are executed by the country director. The process for reviewing and clearing protocols and manuscripts is unclear and documents are not being properly warehoused. Some staff have not completed the required scientific ethics training. CDC/DR has started recruitment and hiring efforts for a Senior Medical Epidemiologist to serve as Senior Technical Advisor and Associate Director for Science.

Recommendation:

- CDC/DR should ensure that staff complete online certification exams and apply for a Scientific Ethics Verification Number. CDC/DR should conduct repeat training for new staff and advanced training for existing staff

## Program Management

**Procurement and Grants.** CDC's Procurement and Grants Office representatives visited two grantees and conducted one desk audit over the course of the CMS visit. Of the three grantees assessed, two are new implementing partners and have worked with CDC for less than one year. Two of the three grantees have local offices and one has no direct employees in the Dominican Republic. All grantees have financial management systems which are housed in headquarters separate from the locations visited. Two of three grantees did not maintain accounting records in the local office. Of the documents provided as verification of accounting systems, most were in Spanish. A final determination of the adequacy of these systems is not possible until receipt of English translations for all documents is obtained.

**Program Budget and Extramural Management.** DGHA's Program Budget and Extramural Management Branch representatives found that CDC/DR has some challenges meeting PEPFAR guidelines for budgeting and tracking. The CDC/DR Deputy Director provides primary oversight of budget operations. A dedicated financial manager is needed to provide additional oversight of the budget. CDC/DR is taking steps to resolve budget issues and hired a full time budget analyst who has significant knowledge of Embassy operations, but currently lacks knowledge of PEPFAR budget operations.

Recommendation:

- The CDC/DR Financial Manager should complete the following trainings: Appropriation Law, Contracting Officer's Representative, International Project Officer's course, IRIS, and CDC Budget and Performance Integration. Additional financial training needs may be addressed via a temporary duty assignment or travel to CDC/HQ to quickly obtain the training

## Financial Management

Representatives from CDC's Financial Management Office conducted a desk review of CDC/DR's financial activities. CDC/DR does not maintain a spreadsheet that details petty cash transactions; however, the office states that they are currently updating petty cash policies and procedures to include a spreadsheet of monthly petty cash expenditures. In addition, the CDC/DR office has several unliquidated obligations.

### Recommendations:

- CDC/DR should update petty cash policies to include a tracking spreadsheet describing petty cash transaction details as well as reconciliation procedures
- CDC/DR should immediately review all unliquidated obligations and take appropriate action to ensure the funds are valid and/or deobligate any funds that are no longer needed

## Next Steps

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