



CDC's Country Management and Support Initiative

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

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

Mali Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Mali from August 8-12, 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 eight subject matter experts in the following areas to perform the CMS assessment: country management and operations financial management, program budget and extramural management procurement and grants, and strategic information.

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Mali (CDC/Mali), which included one-on-one meetings with staff, administrative and technical site visits with grantees, data quality spot checks, and reviews of internal financial documents and controls 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/Mali’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 opened an office in Mali in 2001. Since then, CDC has been supporting the Ministry of Health of Mali in HIV/sexually transmitted infections (STI) surveillance, laboratory capacity building, laboratory testing and quality control, national policy development, and HIV/STI prevention and care for vulnerable populations. While CDC/Mali initially started as a sexually transmitted disease (STD) program, the focus today has largely shifted to HIV. CDC’s DGHA is focused on improving HIV prevention (blood safety and most at-risk populations), laboratory services, and strategic information (epidemiological surveys and surveillance) in Mali.

The CDC DGHA Mali (CDC/Mali) program is relatively small with a FY11 budget of \$2.25 million and only 8 staff including one permanent direct hire, a Resident Advisor. The Resident Advisor carries out the duties of both the Country Director and Deputy Director of operations, which are typically two separate positions in other DGHA country offices.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. The CDC/Mali office has eight staff at post and the duties of Country Director and Deputy Director are combined into one position that is carried out by the Resident Advisor. There are some disparities between the Department of State and CDC’s job classification schemes for drivers/expeditors that affect the morale of the implicated staff. Administrative staff also raised frustrations with the lack of advancement in their grade. Individual Development Plans are not yet implemented. The CDC/Mali office recently moved from the Ministry of Health to office space in the Embassy compound provided by USAID for temporary use. Field staff expressed concerns about receiving conflicting information regarding the proper procedures and mechanisms to follow for relocation and renovation of new office space.

Recommendation:

- CDC’s Center for Global Health at CDC/HQ should provide guidance to the field office on how to proceed with either renovation or lease agreements

Country Management. CDC/Mali is a small office with an FY11 budget of \$2.25 Million. It concentrates on three technical areas: prevention (blood safety and most at-risk populations), laboratory services, and strategic information (epidemiological surveys and surveillance). CDC/Mali started as a sexually transmitted diseases program; the perception of CDC/Mali staff is that CDC/HQ still believes that its mandate has not changed. CDC/Mali would like to receive more technical assistance from CDC/HQ.

Recommendations:

- CDC/HQ should advocate and clarify its role
- CDC/HQ should advocate for more technical assistance (TA) for small countries
- CDC/Mali should solicit, in a timely manner, feedback from CDC/HQ on their Country Assistance Plan

Science Office. The Senior Technical Officer assumed the job duties of the science officer in-country and has been involved in the development and reviews of protocols and other documents, including representing CDC/Mali on issues related to research, science, and ethics.

Recommendation:

- CDC/Mali should continue to receive technical assistance and mentoring from CDC/HQ in order to be successful

Technical Program Areas. CDC/Mali receives \$0.5 million annually through a Participating Agency Service Agreement (PASA) with USAID for prevention activities. The prevention cooperative agreements will end in FY12 and will need to be re-competed if CDC/Mali wants to continue with these activities. CDC/HQ instructed CDC/Mali to end the PASA with USAID in FY12 and obtain these funds through OGAC directly.

Recommendation:

- CDC/HQ prevention branch should provide technical assistance to look at the prevention portfolio for key populations in Mali, make proposed activities more effective, and help write new funding opportunity announcements for CDC/Mali

Strategic Information. A substantial amount of data has been collected by grantees but data analysis is not conducted to inform program planning and improvement. The CDC/Mali office has supported many surveys over the last several years, yet it is not clear whether the data are used for programmatic and strategic purposes. While project monitoring data are reviewed, no formal data quality assessment has yet been conducted.

Recommendation:

- CDC/Mali, with assistance of CDC/HQ if needed, should analyze data collected through specific surveys as well as project monitoring so that appropriate decisions can be made with regard to future activities

Program Management

Procurement and Grants. CDC's Procurement and Grants Office (PGO) staff visited four grantees over the course of the CMS visit. All grantees maintain adequate financial records and are able to provide copies of procedures and policies. All grantees perform monthly inventory checks. Three of the four grantees perform internal audits out of their own pockets although they are not required to do so due to the dollar threshold of the cooperative agreement.

Recommendations:

- CDC/Mali should instruct grantees that all written documents must be available in English to allow for U.S. government inspection
- CDC/Mali should encourage grantees to develop a bar code tracking system for all equipment to improve ease of tracking

Program Budget and Extramural Management. Detailed budgets are created at the beginning of the fiscal year but are not updated. Budget staff has taken Appropriations Law, Simplified Acquisition training, IRIS training, International Project Officer training, and Embassy courses on travel and payroll. Monthly pipeline analysis of program expenditures is conducted. There is a mismatch in the different equipment inventory lists provided to CDC/Mali by CDC/HQ (CDC's Center for Global Health versus PGO) at various points in time.

Recommendation:

- CDC/Mali should develop standard operating procedures for standard grant actions and routinely update tracking systems

Financial Management

CDC's Financial Management Office (FMO) staff found that internal controls related to petty cash funds appear to be adequate. Due to CDC's temporary move into office space within the US Embassy compound, CDC/Mali will close their petty cash fund by August 31, 2011 and cash needs will be met by the Embassy Class B cashier. The CDC/Mali office is planning to relocate to Ministry of Health owned space. The move will require approximately \$500,000 in renovations to the Ministry facility.

Recommendations:

- CDC/Mali should work closely with CDC's Center for Global Health at CDC/HQ to address questions related to the planned relocation. CDC staff should be reminded that they are not authorized to requisition or otherwise approve funding that goes to another Federal agency such as State/AF.
- CDC/Mali should work with CDC's Center for Global Health at CDC/HQ to resolve funding for IT Services provided by NIH. If necessary, an interagency agreement should be entered into between CDC and NIH to provide funding for the services NIH provides to CDC.

Next Steps

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