



CDC's Country Management and Support Initiative

Report Summary for March 2012 Country Management and Support Visit to Russia and Ukraine

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

Russia and Ukraine Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Russia and the Ukraine from March 12-16, 2012. 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 three subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, and key technical program areas.

CMS Methodology

The country officer and program budget and extramural specialist conducted a five-day visit to the CDC/DGHA offices in Russia and the Ukraine (CDC/Russia and Ukraine), 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 the CDC offices. The Country Manager participated through phone interviews and meetings with the Country Director. 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/Russia and Ukraine’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 focus was only on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

Program Background

Russia

Russia has the largest land area of any country in the world and has a population of 140 million. Infant mortality is 9 per 1000 live births and the life expectancy is 68 years. The HIV epidemic is concentrated in most-at-risk populations, especially in persons who inject drugs and their sexual partners, and sex workers. To a lesser extent it is concentrated in men who have sex with men (MSM). The estimated number of persons receiving antiretroviral therapy in Russia is 75,900. An additional 79,000 are in need of antiretroviral therapy.

The CDC/Russia office was launched in late 2006. Since then, the office has worked with the Government of Russia and other partners to implement programs to expand and strengthen HIV surveillance and to improve the use of HIV strategic information.

Prevention programs for most-at-risk populations in Russia are very weak and poorly articulated. DGHA/Russia, in collaboration with multiple partners, is building in-country capacity to design, implement, and evaluate HIV/AIDS-related pilot surveillance programs among most-at-risk populations. This capacity building is strongly supported by the leadership of the main public health agency in Russia, Rospotrebnadzor, which recently called for the expansion of surveillance of key populations using the CDC approach. This project will be completed mid-2014. The Russian Healthcare Foundation, through a cooperative agreement with DGHA/Russia, has taken charge of implementing this approach to expand the surveillance of most-at-risk populations. CDC/Russia also has a cooperative agreement with the World Health Organization for prevention interventions among street children in St Petersburg.

Ukraine

Ukraine has a population of 45,730,000, an infant mortality of 9.1 per 1000 live births, and a life expectancy of 75 and 64 years in women and men, respectively. Eastern Europe has had the highest increase in prevalence of any regional HIV epidemic and the epidemic in Ukraine is the most severe in the region with more than 300,000 persons living with HIV/AIDS. In collaboration with the international community, Ukraine’s civil society and non-governmental organizations have developed a robust prevention response. The Government of Ukraine has also increased the availability of antiretroviral therapy. The Ukrainian AIDS Center has become the first Government of Ukraine institution to join non-government organizations as a principal recipient of the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

CDC/DGHA opened an office in the Ukraine in August 2010 when the CDC Director in Moscow relocated to the Ukraine. The Director continues to supervise the single locally employed staff member in Moscow. At present, there are three locally employed staff working with two US direct hires, the Country Director and Deputy Director. Three more locally employed staff are also being recruited. Startup of programs in Ukraine was initially held up by difficulties in arranging direct funding for the Government of Ukraine. These have now largely been resolved. CDC/Ukraine operates according to a set of country-specific priorities including: 1) promoting comprehensive prevention programs focusing on increasing access to treatment and improving the quality of services for people who inject drugs; 2) collaborating with the Government of Ukraine, Global Fund principal recipients and other stakeholders to strengthen the quality of methadone-assisted therapy and antiretroviral therapy in integrated models; and 3) collaborating closely with the Global Fund to support improved coverage and access to care of most-at-risk populations.

The main activities of CDC/Ukraine are building the capacity of Government of Ukraine institutions to generate and utilize information needed for planning HIV control and treatment measures and improving the quality of laboratory testing. Ukraine AIDS Control staff are being trained to collect and use data to guide the response to the HIV epidemic. CDC staff are working with Government of Ukraine laboratory leadership to develop programs to improve laboratory testing and quality control guidelines. These programs are designed to expand the training of laboratory workers, improve training for individuals providing antiretroviral therapy, and to improve coordination of HIV and tuberculosis services in two regions.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. CDC/Russia operates with a single locally employed staff member, a public health physician. The physician enjoys her job despite being somewhat isolated professionally. The Country Director for Russia/Ukraine makes regular supervisory visits to Moscow. CDC/Russia has no separate motorpool and relies on the Embassy motorpool for transportation.

At the time of the visit, there were two locally employed technical staff, a laboratory advisor and an epidemiologist, and an administrative assistant in the CDC/Ukraine office. The Deputy Director post was vacant but has since been filled. Morale was high and the job satisfaction rating among employees was 4.5 out of 5. There is mutual respect among staff and leadership and staff feel that their work is valued.

Technical staff would appreciate more opportunities for training in epidemiology and laboratory science. There were no significant concerns after reviewing the office procedures and personnel files in Kiev. Files are well organized and up-to-date. Policies for time and attendance are in place and adhered to. The Embassy Human Resources department is unfamiliar with CDC/Ukraine's activities and it would be helpful if the program's Deputy Director engaged the Human Resources staff early in the development of position descriptions, which would assist during the computer-aided job evaluation (CAJE) process.

Recommendation:

- CDC/Ukraine's leadership should assist staff members with identifying courses that enhance employee professional and personal growth

Technical Program Areas. The CDC/Ukraine portfolio of activities is well balanced and draws upon CDC's strengths, such as strategic information, training, laboratory science, blood safety, and health systems strengthening. CDC/Ukraine's activities also nicely complement other in-country activities funded by the U. S. Agency for International Development (USAID) and the Global Fund. While the start-up of grantees' activities was delayed due to problems finding mechanisms to directly fund the Government of Ukraine, these issues have now been resolved. Future activities will continue to focus on providing support for MARPs and particularly for persons who inject drugs who are the driving force for the progression of the epidemic in the Ukraine.

Laboratory. The CDC/Ukraine program for laboratory strengthening emphasizes improving the quality of HIV testing and laboratory systems, blood safety, and human capacity development. The program is supported by centrally-funded partners (e.g., the US-based Association of Public Health Laboratories).

Science Office. There are no concerns about scientific oversight of programs and grantees. The Country Director is responsible for scientific oversight and is assisted by the two technical locally employed staff. Both locally employed staff have completed the required ethics training.

Program Management

Program Budget and Extramural Management. DGHA's Program Budget and Extramural Management Branch (PBEMB) is in regular contact with CDC's Financial Management Office (FMO) regarding processing Post held funds, oversight of unliquidated obligations, IRIS reports, pipeline and burn rates. The CDC/Russia and Ukraine office receives significant technical assistance for budget activities from CDC/HQ. While documentation and tracking of the budget are adequate, more financial expertise needs to be transferred to the country office so that they take more ownership for budget activities.

Recommendations:

- CDC/Russia and CDC/Ukraine Country Manager and Country Director should work with the incoming Deputy Director and PBEMB Budget Specialist to strengthen budget systems and the budget planning process by object class
- CDC/Russia and CDC/Ukraine should standardize the frequency of budget reporting

Overall, CDC/Russia and CDC/Ukraine are managing their cooperative agreements and contracts well. CDC/Ukraine communicates well with their one non-government partner and there is no need for administrative technical assistance. Site visits are conducted on an ad hoc basis and are documented.

Recommendations:

- CDC/Russia and CDC/Ukraine should use the cooperative agreement management materials, standard operating procedures, and internal and external management practices for cooperative agreements that were provided during the review to refine procedures
- CDC/Russia and CDC/Ukraine should standardize schedules and reporting templates for site visits with grantees
- CDC/Russia and CDC/Ukraine should define roles and responsibilities for project officers and managers

Financial Management

The Financial Management (FMO) office completed a desk review of CDC/Ukraine office from CDC/HQ and reviewed several obligation and expenditure transactions for the 12 month review period (10/1/2010 –9/30/2011). Currently the CDC Director (a USDH) provides leadership, direction and overall execution of all CDC/Ukraine activities. The Country Director is assisted by a Deputy Director, also a USDH, who provides operational support particularly in the areas of administrative, human resource, and financial management. The CDC/Ukraine field office does not operate an imprest/petty cash fund nor does it have a government purchase card holder. No significant weaknesses were identified during the period of the review.

Next Steps

The CMS team shared their key findings and recommendations with CDC/Russia and Ukraine 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 date, and primary point of contact for each issue.