



CDC's Country Monitoring and Accountability System II

Country Monitoring and Accountability System Visit to Thailand – April 28-May 2, 2014 Summary of Key Findings and Recommendations

Introduction

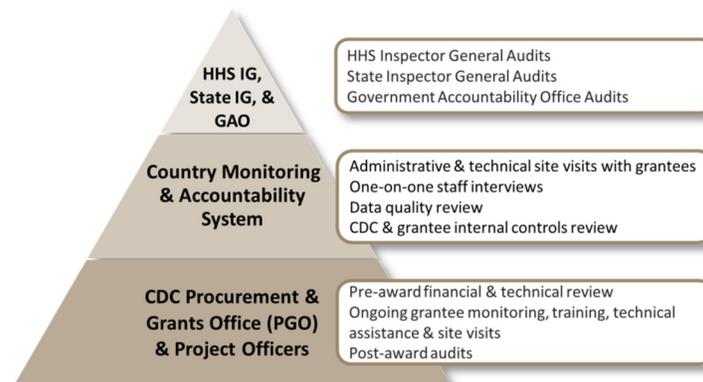
As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State's (DOS) Office of the U.S. Global 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 these visits was primarily focused on CDC/DGHA's activities implemented through PEPFAR, other CDC global health programs were assessed in countries where they have a significant presence. Financial management activities were assessed for all CDC programs in-country. CMAS II visits were not considered comprehensive, nor were they intended to replace Inspector General audits.

Objectives

DGHA conducted a CMAS II visit to Thailand from April 28 – May 2, 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 nine 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 Asia Regional Office in Thailand (CDC/Thailand/ARO). Team members reviewed financial and administrative documents at CDC/Thailand/ARO 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/Thailand/ARO’s operations.

Background on Country Program

CDC has worked closely with the Thailand Ministry of Public Health (MOPH) for more than 30 years. CDC/Thailand/ARO helps build partnerships, systems, and science that will bring an end to the HIV epidemic in Asia and secure health more broadly across the region. It focuses on collaborating with the governments of Laos and Thailand and their partners (such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria and the World Health Organization) to create strong, sustainable HIV responses.

CDC accomplishes its work by collaborating with local experts to discover, evaluate, and scale-up new and more effective models for HIV prevention, surveillance, and care and treatment. CDC/Thailand/ARO’s technical assistance strengthens national systems, such as laboratory and strategic information systems, which support the HIV response and provide evidence for more targeted and effective national strategies and policies. CDC/Thailand/ARO’s approach empowers countries to scale-up and sustain improvements by encouraging national institutions to lead collaboratively-developed initiatives and by promoting the use of domestic experts and funds.

Current initiatives focus on increasing the coverage and effectiveness of programs for key populations, expanding and improving the quality of HIV care and treatment, and increasing access to faster, high-quality HIV diagnosis techniques to accelerate treatment and to prevent new HIV infections. By strengthening health preparedness and response systems that this work cultivates across the region through goodwill and diplomatic relations, CDC/Thailand/ARO advances the CDC’s mission to preserve and protect the health and safety of American citizens.

Summary of Key Findings and Recommendations

Accountability for Intramural Resources

Country Operations and Human Resource Management

Prior to the CMAS II visit, the CMAS team disseminated an online staff questionnaire to the Thailand country

team to assess various country operation elements. Thirty-four DGHA participants completed the questionnaire. During the CMAS II visit, the following activities took place: in-person interviews with the Country Director, DGHA Deputy Director, and 24 CDC/Thailand/ARO staff; a review of travel orders, inherently governmental duties, and time and attendance records; a general information technology assessment; a meeting with the Human Resources Officer at the U.S. Embassy; and a review of a sample of CDC/Thailand/ARO's personnel files.

Major Achievements

The results of the online staff questionnaire showed that 96% of staff who completed the survey indicated a strong job satisfaction and 97.5% understood the strategy, mission, goals and objectives for the organization. 90% also felt a high degree of commitment to CDC/Thailand/ARO's mission, goals, and objectives.

Results of the CMAS II visit also showed that U.S. direct hires carry out all inherently governmental functions. CDC/Thailand/ARO adhered to time and attendance requirements for DOS personnel and maintained excellent record management, documentation of personnel files, and locally employed staff time and attendance records. The U.S. Embassy human resource files were also well-organized, accessible, and complete, and the U.S. Embassy Human Resource Officer was highly complementary of the working relationship with CDC/Thailand/ARO. CDC/Thailand/ARO also demonstrated efforts towards placing locally employed staff in positions of leadership and authority.

An emergency notification system was in place at the CDC/Thailand/ARO office and included all CDC/Thailand/ARO staff and contractors. The office exercised the system within the past year (4/21/14). A basic office safety assessment of non-U.S. Embassy CDC/Thailand/ARO facilities had been conducted by the post Occupational Safety and Health Officer or U.S. Embassy representative within the past two years, as required.

Major Challenges

The majority of the staff interviewed reported having relevant training in the last year documented in their Work Development Plan. However, staff also had a perception of limited training opportunities, especially opportunities to maintain and sharpen technical expertise. This was also reflected in the online staff questionnaire.

Recommendations

- Continue seeking assistance from CDC headquarters to finalize revised position descriptions and Job Discussion Help Sheet documents in order to increase locally employed staff leadership opportunities.
- Continue to identify and prioritize relevant training opportunities for staff and ensure staff members are provided the opportunity to attend conferences for professional development.
- Enhance communication across sections so that information flows easily throughout the office.

Financial Resource Management

CMAS II participants met with CDC/Thailand/ARO staff regarding the management of budget operations,

cooperative agreements, contracts/procurement, and property. Assessments focused on a review of materials housed with CDC/Thailand/ARO as well as visits with grantees to gauge communication and level of cooperation with CDC/Thailand/ARO staff.

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/Thailand/ARO. 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/Thailand/ARO also received a questionnaire to complete regarding fiscal activities at post.

Major Achievements

At the time of the CMAS II assessment, the budget team continued to implement a strong budgetary system. The requested budget tracking documentation was accurate. Tracking spreadsheets were utilized with proper allocation, and balance information and the expenditure tracking for travel contained detail by trip and summaries by location. The office used a procurement request form to approve and track procurement spending.

Property staff maintained accurate tracking of line items through a country-developed inventory tracking system. Inventory was performed yearly, as required. The office was able to locate and account for a randomly selected sample of property.

Through the questionnaire and document review, CDC's Office of the Chief Financial Officer found that locally employed budget and financial staff members are very knowledgeable of both DOS and CDC/Thailand/ARO procedures. The office demonstrated commitment to ensuring adequate procedures are in place and sufficient documentation supports all financial transactions. CDC/Thailand/ARO leadership was responsible for ensuring that all transactions are consistent with applicable policies, authorities, and regulations; and they remained abreast of current legislation and protocol by ensuring staff completed the appropriate trainings.

CDC/Thailand/ARO also had sufficient staff in place to ensure a segregation of duties and overall regulatory compliance. Additionally, the office developed standard operating procedures for cooperative agreement management and established comprehensive policies, effectively guiding the administrative operations and programmatic activities. CDC/Thailand/ARO successfully reduced the number of unliquidated obligations reported during the last CMAS visit.

CDC/Thailand/ARO maintained an imprest fund balance of \$5,775 with petty cash expenditures for the review period totaling \$70,000. While this amount of petty cash usage seems high, the office decreased the reliance on petty cash by half from approximately \$150,000 per year at the time of the last CMAS visit and had been working to explore ways to decrease it even further.

Major Challenges

Budget challenges included a need for a spreadsheet that summarizes the current fiscal year's allocation,

commitment, obligations, and remaining balances. There was also a demonstrated need for a full reconciliation of Regional Operational Plan activities from all fiscal years.

In the last several years, CDC/Thailand/ARO decreased petty cash usage by half; however, at the time of the visit, they were still one of the highest users of petty cash, with around \$70,000 a year. CDC/Thailand/ARO exhibited a respectable effort in reducing unliquidated obligations, and the office had established procedures in place. CDC/Thailand/ARO should continue to periodically review outstanding unliquidated obligations as needed to identify those that are invalid and/or aged (older than two years).

Recommendations

- Utilize the spreadsheet provided during the CMAS II visit to incorporate all information for CDC headquarters and in-country allocations, commitments, obligations, and remaining balances into one budget summary. CDC's Program Budget and Extramural Management Branch and CDC/Thailand/ARO will request salary and benefit information from CDC's Office of the Chief Financial Officer. CDC/Thailand/ARO should incorporate this projection/obligation information into the budget summary.
- Create a Regional Operational Plan tracking spreadsheet for each fiscal year that shows what activities were approved, what activities have been fully funded, and what activities remained to be funded.
- Consider reducing the amount of petty cash by reviewing purchased goods and services that petty cash is currently being used for and pursuing alternate methods of procurement.
- Continue to routinely review unliquidated obligations, and aggressively follow-up with the U.S. Embassy Financial Management Office staff to ensure appropriate action to clear transactions in a timely manner.

Accountability for Extramural Resources

Grantee Management

Major Achievements

Communication between the project officer/cooperative agreement staff and grantees proved to be proactive and frequent. Cooperative agreement management staff provided thorough and valuable assistance. Standard operating procedures that define roles and responsibilities existed for all positions and cooperative agreement actions.

Electronic and hardcopy cooperative agreement files were 100% complete and updated frequently; CDC/Thailand/ARO demonstrated great internal controls at all levels. The CDC/Thailand/ARO team was introduced to the CDC headquarters tracking system in order to be able to track requests at CDC headquarters.

Major Challenges

CDC/Thailand/ARO was not aware of the tracking system at CDC headquarters to help support the processes of tracking actions once they have been sent to headquarters.

In addition, the certified Contracting Officer's Representatives were not performing invoice receiving functions

for all contracts/procurements.

Recommendations

- Utilize the tracking system at CDC headquarters to assist them in cooperative agreement management.
- Ensure that certified Contracting Officer's Representatives perform invoice receiving functions for all contracts/procurements.

Grantee Compliance

Major Achievements

Each grantee organization that was interviewed during the CMAS II assessment described and documented their processes. At the time of the visit, grantees demonstrated good business practices with rare noted weaknesses. Grantees expressed appreciation for the collaboration with CDC/Thailand/ARO and felt that they had a better understanding of managing their CDC cooperative agreements than they had one or two years ago. Grantees were comfortable reaching out to CDC's Procurement and Grants Office and exhibited a good relationship with their Grants Management Officer.

Major Challenges

The grantees encountered a few challenges. They indicated that tracking individual cooperative agreement funds within the Payment Management System is difficult. Other systems also presented a challenge in registration and usage including the Electronic Research Administration (eRA) Commons, Grants.gov, and the System for Award Management (SAM). This was largely due to issues with internet connectivity and a need for technical assistance.

Recommendations

- Ensure that CDC/Thailand/ARO staff and CDC's Procurement and Grants Office continue to work collaboratively with grantees to monitor the Payment Management System and provide technical assistance as needed.
- Ensure that CDC's Procurement and Grants Office provide training to project officers, technical leads and grantees on grants management processes, reporting and CDC applications.
- Continue to review of grantee submissions of requests to ensure that they are as complete as possible and follow the requirements of CDC headquarters.
- Continue conducting financial management site visits to grantees, including review of accounting records. All grantees should be visited during the current budget period.
- Send site visit reports to the Grants Management Specialist for inclusion in the official grant file. Documentation of follow-up on recommendations made during visits should also be included in official files.

Accountability for Public Health Impact

Major Achievements

CDC/Thailand/ARO is well-positioned to support the MOPH due to its long history of successful collaboration, routine meeting structure with the MOPH, and regular collaboration pertaining to the national strategy on HIV/AIDS. CDC/Thailand/ARO's technical knowledge is critical for input and ensures quality by assessing the national response needs, developing national scale-up of programs, and supporting mentorship across five program areas (i.e. key populations, elimination of mother-to-child transmission, increased eligibility for antiretroviral therapy, increased access and uptake of HIV testing and counseling as well as care and support for quality improvement).

CDC/Thailand/ARO provides surveillance technical assistance focusing on epidemic needs, including the effect, success, and any leakage along the HIV treatment cascade as well as linkages between services.

CDC/Thailand/ARO works with the MOPH in service data analysis, particularly the National AIDS Program database that includes all HIV positive persons. The focus is on key population services, such as men who have sex with men and female sex workers. Additional efforts include stigma reduction, prevention of mother-to-child transmission expansion, promotion of antiretroviral therapy eligibility, improved retention of pregnant mothers on antiretrovirals, increased access and uptake of HIV testing and counseling, quality improvement of care and treatment services, and lab capacity and quality assurance systems support.

Because technical assistance to country programs did not easily align with PEPFAR monitoring, evaluation, and reporting structures, CDC/Thailand/ARO developed custom indicators to report on, which requires substantial effort and time. To monitor the implementation and impact of their technical assistance, CDC/Thailand/ARO also successfully developed and implemented an electronic technical assistance monitoring system. This work proved to be critical to ongoing discussions of technical assistance methods for PEPFAR-supported monitoring.

The two CDC/Thailand/ARO cooperative agreements were found to be well-described with clear objectives, activities, and follow-up. The office is well-paired with the MOPH in prioritization, strategic planning, and a support framework including: needs assessments, program development, program pilots and evaluations, scale-up, quality improvement and support. The National AIDS Program data for understanding the HIV treatment cascade are valuable and impressive for understanding the epidemic and response at a national scale.

At the time of the assessment, the Associate Director for Science role at CDC/Thailand/ARO was split between two persons for human subjects and monitoring. Technical reviews were coordinated by two senior technical advisors. There were well-documented and updated standard operating procedures, and roles and responsibilities were clear. CDC/Thailand/ARO utilized a well-organized protocol and manuscript tracking spreadsheet and database that was electronically linked to the scientific documents developed by CDC/Thailand/ARO and its national partners.

Major Challenges

CDC/Thailand/ARO may not be sufficiently focusing on capacity building within the MOPH to the degree needed

for the MOPH to fully implement a national response. Despite being valuable, data from the National AIDS Program database system did not enable the office to monitor linkages fully across the clinical cascade, particularly for some key populations. CDC/Thailand/ARO had only dealt with non-research determinations in the past, but there were protocols under development that required Institutional Review Board review. As a result, CDC/Thailand/ARO's existing protocol tracking system was limited in its ability to monitor protocols requiring Institutional Review Board review and clearance. There may also be a greater need for CDC/Thailand/ARO to support the development of a MOPH quality assurance process for its HIV/AIDS services in order to effectively contribute to PEPFAR objectives concerning quality service delivery.

Recommendations

- Invest and utilize its long term relationship with MOPH, to further develop institutional capacity in order to implement the national response. Focus on developing lasting capacity to carry the work supported by CDC forward in the MOPH.
- Ensure that the National AIDS Program data used for understanding the HIV treatment cascade is further developed to focus and link services across the clinical cascade.
- While CDC/Thailand/ARO does not support direct service delivery, consider providing technical assistance regarding the Site Monitoring System approach with the MOPH to inform national and subnational programs and further CDC/ Thailand/ARO's engagement in quality improvement support.
- Incorporate a method for monitoring Institutional Review Board review and clearance into the CDC/Thailand/ARO's Associate Director for Science protocol tracking system.

Center for Global Health

CDC's Center for Global Health also joined the CMAS II visit. The Center for Global Health provides leadership and implementation guidance for several cross-cutting CDC program and policy initiatives, and it participated in the CMAS II visit to: assess the level to which all CDC programs are integrated in-country; obtain information on Center for Global Health-managed initiatives to contribute to transparency, accountability, and adherence to U.S. Department of Health and Human Services and DOS regulations; acquire information on policy initiatives or best practices affecting the country office; and work with CDC and U.S. Embassy staff to provide technical assistance and guidance on operations and financial management.

Please note the following section pertains to all CDC/Thailand/ARO in-country programs; however, the previous sections primarily focused on DGHA programming only.

Major Achievements

The Center for Global Health found that CDC/Thailand/ARO's locally employed and U.S. direct hire staff demonstrate outstanding technical leadership and expertise. This has been, and will be, essential to the success of the MOPH and broader Thai response to the HIV epidemic. The Center found that the DGHA staff and program are focused on critical components and drivers of the epidemic, well-aligned with Thai priorities, and

informed by strong and evolving multi-disciplinary science (e.g., epidemiology, lab, and behavioral science). These substantially inform policy and programming nationally with multiple institutions, including the National Health Security Office, which is the essential national health finance agency. CDC/Thailand/ARO was also evolving well with health system changes including universal coverage.

The CMAS II team also found that CDC/Thailand/ARO's program makes unique contributions regionally and globally. These efforts exemplify U.S. government and CDC headquarters goals for middle income country collaborations to leverage CDC's assets globally, amplify impact on the epidemic, which will result in bidirectional learning. Novel Thai experience and scientific advances inform U.S. government and CDC headquarters strategies for technical assistance, regional approaches, and current and future U.S. government initiatives.

Next Steps

The CMAS II team shared their key findings and recommendations with the CDC/Thailand/ARO 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.