

## Report in Brief

Date: April 2019

Report No. A-04-18-01009

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**



### Why OIG Did This Review

The President's Emergency Plan for AIDS Relief (PEPFAR) was authorized to receive \$48 billion in funding for the 5-year period beginning October 1, 2008, to assist foreign countries in combating HIV/AIDS, tuberculosis, and malaria. Additional funds were authorized to be appropriated through 2023.

The act that implemented PEPFAR requires the Department of Health and Human Services (HHS), Office of Inspector General, to provide oversight of PEPFAR. To meet this requirement, we have conducted a series of audits of organizations receiving PEPFAR funds from HHS, Centers for Disease Control and Prevention (CDC).

Our objective was to determine whether CDC-South Africa (CDC-SA) implemented our prior audit recommendation.

### How OIG Did This Review

Our audit covered the budget periods from October 1, 2014, through September 30, 2017 (audit period). We reviewed the six cooperative agreements (CoAgs) for the four recipients located in Pretoria and Johannesburg, South Africa, during the audit period. During the audit period, CDC awarded six CoAgs totaling \$32 million to the four recipients. Our focus was on the implementation of our prior recommendation during fiscal years 2015, 2016, and 2017.

## The Centers for Disease Control and Prevention's South Africa Office Generally Implemented Our Prior Audit Recommendation

### What OIG Found

CDC-SA generally implemented corrective actions for the recommendation from our prior audit report. CDC-SA provided documentation supporting that it had monitored most of its recipient CoAgs. However, CDC-SA was still missing some documentation supporting its remaining monitoring activities. In our current audit, three of the six CoAgs that CDC-SA monitors contained five monitoring activities that were not supported by documentation.

The documentation deficiencies we identified occurred primarily because CDC-SA did not always use a CoAg tracking process, such as a grant file checklist, that staff members could fill out at the end of a CoAg budget period to ensure that CDC-SA had completed and filed in a timely manner all required documentation of reviews. Additionally, CDC-SA did not periodically review and update its standard operating procedures to include changes and specific procedures for monitoring the recipient CoAgs.

### What OIG Recommends and CDC-SA's Comments

We recommend that CDC-SA (1) continue to strengthen its CoAg tracking process by consistently completing a grant file checklist at the end of the CoAg's budget period and (2) update and review its SOPs annually to include specific and clear procedures when changes in control activities occur for monitoring recipient CoAgs.

In written comments on our draft report, CDC-SA concurred with our recommendations and provided information on actions that it would take to address our recommendations, such as:

- strengthening the CoAg tracking process to ensure that the appropriate staff completes CoAg reviews in a timely manner and maintains documentation of the reviews in the recipient CoAg file in the official system of record and
- reviewing the CoAg Management procedures annually and updating as appropriate to include specific and clear procedures when changes in control activities occur.