

# Mechanisms for International Deployment and Assignment of Personnel at CDC

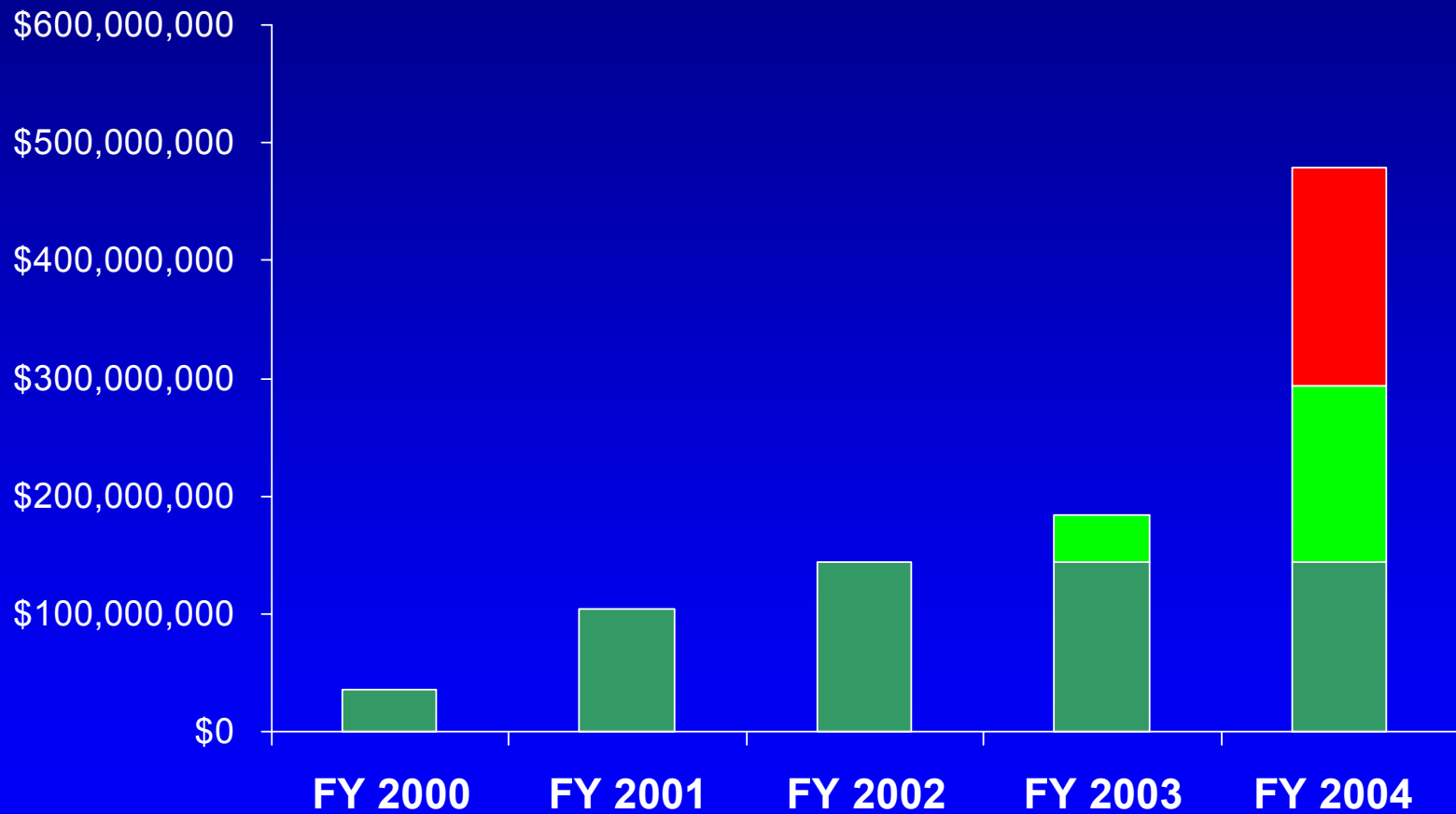
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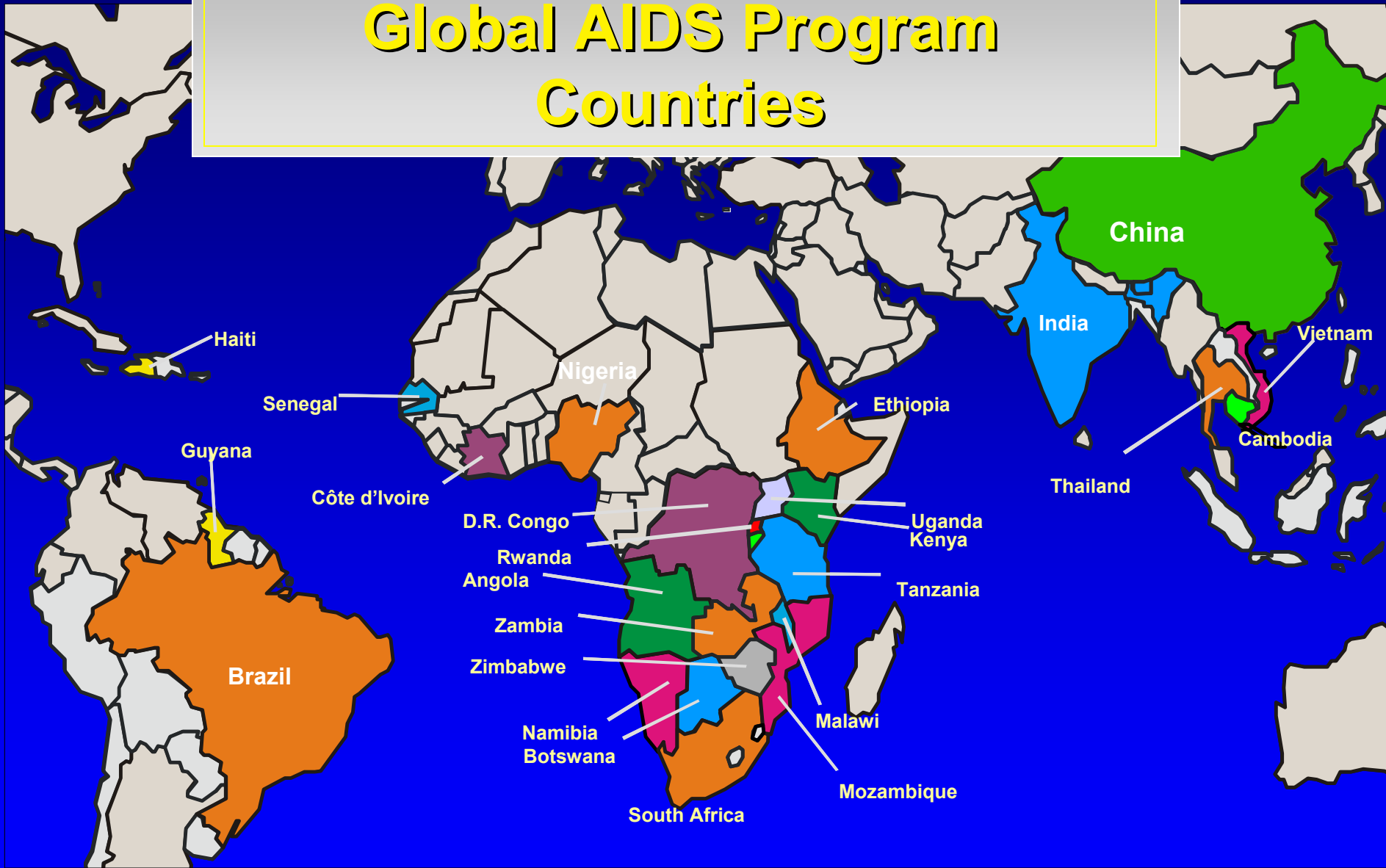
Global AIDS Program (GAP)  
Centers for Disease Control and Prevention (CDC)  
Department of Health and Human Services (HHS)  
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# CDC GAP Budget History



# Global AIDS Program Countries



# CDC GAP Staffing, 2004

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GAP's direct hires (Civil Service/Commissioned Corps):

- 103 in HQ
- 100 in Field (country/regional programs)

Contractors, Fellows, and Other

- 75 in HQ
- 50 in Field

Local Staff

- Approximately 1000 locally employed staff



# Disadvantages of Expatriate Human Resources, including Volunteers

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- 1) High cost
- 2) Not adapted to local culture, language, etc.
- 3) Unfamiliar with technical practices and health systems issues in local setting
- 4) Expats' requirements may cause jealousy, disruptions
- 5) May absorb substantial time & attention for key managers → hidden opportunity cost
- 6) When return home, human capacity is lost

# Advantages of and Requirements for Expatriate Human Resources

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- 1) Need to oversee donor funds and resources
- 2) Technical and program expertise not yet available in-country; can build local capacity
- 3) May facilitate ongoing connection to int'l processes and networks (eg, twinning)
- 4) Raw manpower in some settings
- 5) Builds the US base of experience and advocacy

# Mechanisms for Translating Financial into Expatriate Human Resources

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- 1) “Direct hiring” of CDC’s own staff (FTEs)
- 2) Contractors
- 3) Training/’emerging professional’ posts
- 4) Cooperative agreements to partner agencies; grantee manages hiring and logistical support
- 5) ‘Partnering’ (without financial exchange) with other organizations to support increased HR

# Typical CDC GAP 'Program Model' and Associated HR Needs

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- 1) Direct hire staff: leadership in policy, program development, representation, and accountability
- 2) Most resources transferred to partner organizations to implement programs
- 3) Locally Employed Staff (LES) for 'project officer' function: manage grants, provide TA, etc.
- 4) Higher level, subject matter 'technical experts' in critically short supply; CDC is managing this gap with a wide assortment of mechanisms



# 'Direct Hire' CDC Staff

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- 1) Most direct route to place known, experienced staff reflecting CDC institutional experience
- 2) Required for persons setting and representing USG policy, senior management functions
- 3) Requires FTE *and* US Embassy slots
- 4) Requires negotiation with Embassy, in-country personnel ceilings, etc.
- 5) Expensive (\$250K/yr or more)
- 6) Administrative support, security, etc. from DOS



# Contractors for CDC Deployment

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- 1) Multiple contractors have pre-competes 'Task Order contracts' to provide personnel
- 2) Contractors cannot set USG policy, represent USG at high level, or have authority over USG funds
- 3) Administrative support (housing, security, etc.) paid by contractor
- 4) Otherwise, contractors largely function in place of CDC's own personnel



# Staff Supported through Grants and Cooperative Agreements

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- 1) Multiple grantees place expatriates abroad to fulfill their mission/requirements (which are sometimes essential to CDC country plans)
- 2) Administrative support (housing, security, etc.) paid by grantee
- 3) Complex issues regarding office location (security and admin costs), potential conflicts of interest in future procurements, etc.
- 4) Should not be treated as CDC/USG personnel; outside of many support services



# Cooperative Agreements that Support Expatriate HR Requirements for CDC

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- University Technical Assistance Program (UTAP) – 10 Universities
- International Training and Education Center on HIV/AIDS (ITECH) – U.S. AETCs
- Association of Public Health Laboratories (APHL)
- National Association of State and Territorial AIDS Directors (NASTAD)
- Many others



# Training-Related and Other Time-Limited Hiring Mechanisms

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- Fellowships, leadership training, and other structured work-as-training programs
- CDC is employer for some, but not all
- Examples of programs:
  - 1) Epidemic Intelligence Services (EIS)
  - 2) Public Health Program Service (PHPS) Fellows
  - 3) Emerging Leaders (Dept of HHS program)
  - 4) International Experience in Technical Assistance (IETA)
  - 5) Emerging Infectious Disease (EID) Fellows
  - 6) Association of Schools of Public Health (ASPH) Fellows
  - 7) American Medical Students Association (AMSA)
  - 8) Strategic Information Corps (ORC-MACRO for CDC)



# Epidemic Intelligence Service (EIS) as a Model for Deploying a Special Cadre

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- 1) 2-year training-in-service model in highly mentored setting (no international placements);
- 2) a principal route of entry for MDs and PhDs to careers at CDC and leadership in public health
- 3) Uses up an FTE
- 4) Substantial investment is made in management and supervision of EIS Officers
- 5) Much CDC work -- especially decentralized, technical, problem-solving work such as outbreak investigations -- is accomplished through this cadre



# ASPH Global AIDS Fellows as a New Model for International Deployments

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- 1) 2-year, training-in-service model based on successful domestic ASPH CDC Fellowship program
- 2) Represents an opportunity for recent SPH masters grads to gain work experience in international health
- 3) ASPH hires by contract; no need for a CDC FTE
- 4) Costs CDC approximately \$75,000/yr
- 5) Targets specific categories, such as financial and administrative skills, epidemiology, etc.
- 6) 63 excellent responses for 10 posts in 2005, most with international experience plus a recent MPH



# Partnership Relationships to Expand Human Resources

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CDC is often in a position to identify or provide opportunities for other organizations to strengthen HR without CDC financial support:

- Fogarty Center trainees in many countries
- Pfizer, Mission Hospitals in Zimbabwe
- Clinton Foundation in China
- NIH research grantees in many countries



# Key Issues that Influence Use of Different HR Mechanisms by CDC

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- 1) Nature of the CDC mission in a particular context and the requirements associated with a specific post
- 2) Extent to which role involves a central 'pipeline' function vs. decentralized, independent action
- 3) HR capacity–building role for own agency (CDC)?
- 4) Security of and responsibility for personnel
- 5) Cost
  - 1) Direct (financial, FTEs, other)
  - 2) Indirect administrative cost; complexity for CDC staff
- 6) Visibility and role of expatriates; impact on capacity development of local staff and institutions



# Administrative and Logistical Issues in International Assignments

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- Security Clearance or National Agency Check Investigation (NACI)
- Security at post (coordination with Regional Security Officer)
- Visa, work permits, etc. (who is responsible?)
- Authorization to work within – and functionality of – potential workplace settings
- Housing; Health care; medical evacuation
- Relationship to “inherently government activities”; potential for conflicts of interest?



# Common Non-Logistical Issues in International Assignments

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- Impact on career track of assignees
- Perceived inequality in benefits, perquisites at posts (transport, mail privileges, etc.)
- Performance of assignees in situations of stress (how to assess beforehand, monitor, and support/react)
- Complex HR management situations may emerge if all does not proceed as planned

# Potential Focus for HIV/AIDS Corps

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- Key gaps worthy of focus include:
  - Younger technical experts with experience in successful ART programs, to serve in decentralized, mentoring, problem-solving role, Ops Research
  - Mid-senior experts to help develop and adapt local guidelines and staff central training centers
- Dependable access to such expatriate expertise would likely be welcomed by USG agencies if:
  - Administrative & logistical details addressed
  - Training to task provided



# Desirable\* Characteristics of an HIV/AIDS Corps Program

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- Typically, longer is better (units of one year?)
- In-country agencies have opportunity to spell out specific HR requirements to be met
- Volunteers arrive trained and psychologically prepared
- Potential for continuing involvement by former volunteers (eg, in a Twinning relationship)
- Some other organization takes responsibility for all administrative and logistical support

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\* From perspective of CDC field programs

