Governance Document
for
Country Offices
and
Global Operations
Version 3.0

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Preface

Under the previous Coordinating Office for Global Health (COGH), work was done in 2007 to document principles, roles and responsibilities for supervision and oversight within the U.S. Department of Health and Human Services (HHS) Centers for Disease Control and Prevention’s (CDC) overseas offices. There were several iterations of these documents titled, “Principles, Roles, and Responsibilities for Supervision and Oversight in CDC Consolidated Country Offices (CCO), Country Offices (CO), and Hybrid Consolidated Country Offices (HCCO).” This document, “Governance Document for Country Offices and Global Operations (version 3.0)” replaces the previous documents and is based on recommendations submitted by the Country Structures and Support Task Force, which included representatives from major global health programs at CDC.

Dr. Kevin DeCock, the Director of the Center for Global Health (CGH), in his charge to the task force stated that CDC needs to function as “One CDC” in global health. This means that CDC must have a coordinated vision, approach and structure at HQ supporting global work. There also must be a common identity, having a comparable organization across all CDC country offices. There should be one CDC Country Director managing a unified country office and strategy. The Country Director should speak for all CDC programs, including TDY employees, within the U.S. Mission, to the Ministry of Health (MOH) and others. There must be engagement of all relevant Division and program offices of CDC (field and HQ) to develop and implement a unified country strategy.

Specifically, this task force was charged to develop recommendations and options regarding:

- Consistent structures and guidance regarding roles, supervision, and communications within country offices to promote a "one CDC" approach and structural consistency across diverse offices;
- Headquarters (HQ) structures for selection of Country Directors and effective supervision of country directors and offices; communications between HQ and countries; program coordination; and provision of business and support services;
- Ways to support work in countries where CDC does not have a field office, and support staff assigned to multi-lateral organizations, such as World Health Organization (WHO); and,
- Options for regional approaches to program, business and support work.

This governance document is intended to evolve given changing political, organizational, and financial considerations.

Purpose

This document serves to:

- Provide guiding principles for governance of CDC Country Offices that supports a “One CDC” approach;
• Describe country classification types, as governance varies based on the staffing pattern in each country;
• Define several functions of CDC Country Director (CD) and Deputy Director for Management and Operations (DDMO) positions including the hiring and selection process, roles and responsibilities, and lines of supervision; and,
• Describe headquarters (HQ) country support structures, as well as roles and responsibilities, to support the “One CDC” approach.

There were additional important recommendations from the Country Structures and Support Task Force that are not addressed in this document. CGH is committed to address these additional recommendations in the future. Recommendations not addressed by this document that will be addressed in a consultative manner by the in-coming CGH administrative management include:
• Improve internal communications for all involved in global health;
• Improve and systematize the pre-deployment orientation and training process for overseas hires; and,
• Establish a temporary duty assignment protocol for CDC international trips.
Key Terms and Definitions

Several new terms introduced as part of this governance document and definitions are included below.

**Country Positions**

- **Country Director (CD)** – CDC in-country assignee designated to provide leadership for all of CDC in a specific country. If there is only one Country Program Director (CPD) in a country, that CPD will also serve as the CD. If there are multiple CPDs in a country, the Country Coordinating Team will determine which CPD also serves as the CD.

- **Country Program Director** – CDC in-country assignee designated to provide leadership to for a particular CDC program (e.g. Division of Global HIV/AIDS, Division of Parasitic Diseases and Malaria, Division of TB Elimination) in a specific country. There may be multiple country program directors in one country.

- **Country Representative** - CDC in-country assignee in a limited presence country with detailed staff to serve as a point of contact for the Embassy; the CR would not typically serve as a supervisor of other CDC in-country staff.

- **Deputy Director for Management and Operations (DDMO)** - CDC in-country assignee designated by the Country Coordinating Team to provide administrative and operations services leadership in one country. Country offices with multiple programs may have one overarching DDMO or there may be multiple program-specific DDMOs.

- **Program Deputy Director for Management and Operations (PDDMO)** CDC in-country assignee in a larger country that has responsibility for administration and operations activities for a single CDC program, e.g. DGHA, GDD.

**HQ Positions and Structures**

- **CGH Country Manager (CM)** – HQ-based senior staff designated to provide overall management responsibility for all global health programs in a country program. In countries where there is only one program, or where there are only one or two additional programs, the CM will be from the program with the majority of activity in that country, but will serve as the CGH CM in addition to the Program CM.

- **CGH Country Officer (CO)** - HQ-based Public Health Advisor assigned to help coordinate and support all global health programs in a particular country. Generally, CGH COs will support countries in a regional area (e.g. Africa, Asia). As with the CM, in countries where there is only one program, or where there are only one or two additional programs, the CO will be from the program with the majority of activity in that country, but will serve as the CGH CO in addition to the Country Program CO.
• **Deputy Director at Large (DDAL)** – HQ-based Public Health Advisor assigned to provide leadership, management and oversight for CDC business services in specified small country programs.

• **Deputy Director for Management and Overseas Operations (DDMOO)** – HQ-based position responsible for providing leadership, management and oversight for CDC administrative and operations services overseas. The DDMOO serves as one of the CGH Deputies.

• **HQ Country Coordinating Team** – HQ Team convened when decisions are needed to designate a CDC Country Director (CD) or Deputy Director for Management and Operations (DDMO) for a particular country. The team is composed of both HQ Division/Program Directors (or their designees) for all CDC programs with deployed staff or substantial, long-term investments in a particular country; and, senior CGH representatives (e.g., CGH Principal Deputy and Deputy Director of Management and Overseas Operations [DDMOO]).

• **Headquarters Program Director** – HQ-based staff who serves as a Director of a CDC program (e.g. Influenza). The HQ Program Director also provides technical and programmatic oversight for the entire program. The HQ Program Director is accountable for specific budgets and programmatic results across all the countries where the influenza program is active.

• **Overseas Operations Office (OOO)** – Organizational unit under the DDMOO that provides expert leadership on issues management, budget formulation, performance integration and guidance for country specific issues.

• **Program Country Manager (CM)** - Senior HQ-based program staff person assigned management responsibility for country programmatic activities (e.g., Division of Global HIV/AIDS CM).

• **Program Country Officer (CO)** – HQ-based Public Health Advisor assigned by a particular CDC program (e.g. DGHA, GDD) to support country-specific programmatic responsibilities.
Other Terms

- **Limited Presence Countries** - Countries in which CDC has either no staff assigned or a limited number of technical staff on the ground. When CDC staff are deployed in limited presence countries, they are typically detailed to other USG Agencies or international organizations and there is no CDC-specific office.

- **Presence Countries** - Countries in which CDC has technical, administrative and/or management staff on the ground. With limited exceptions, there is a defined CDC physical office space, either at the Embassy, in co-location with the MOH, or in leased space. Presence countries will have at least one CDC program; in the majority of cases there are multiple programs in operation.

Guiding Principles for Governance

Over the past two decades, CDC’s role in global health has expanded tremendously - CDC has evolved from having Division or disease-specific global projects in just a few countries to having a substantial global presence. CDC currently supports global health efforts in over 66 countries. CDC’s Director, Dr. Thomas Frieden, has named global health as one of his five top priorities and under his leadership established the CGH. Moreover, to maximize its impact on global public health, CDC must be more effective, more efficient, and have better organizational support structures for global health both in-country and at HQ.

Guiding principles that serve as a foundation for this governance document include:

- CDC must function as “One CDC” - both in-country and at HQ;
- CDC’s staff and programs in-country are one of its most important assets and will ultimately determine CDC’s impact on global health;
- CDC CDs provide leadership for a unified country office and strategy;
- In-country staff are accountable to the Ambassador for all CDC activities in-country and are usually best positioned to understand the host country needs and priorities;
- HQ staff supporting global programs have a responsibility to keep the CD informed of all staff TDY visits or anticipated new programmatic activities in a specific country;
- Consistent and standardized field and HQ organizational support structures are essential for establishing a unified and visible “One CDC;” and,
- CDC’s HQ and field organizational structures must be flexible and adapt to rapidly changing priorities.
Classification of Countries
It is important to recognize the wide variability of programming across countries when developing structures and support. Two categories of country programs that have significant differences are those in limited presence countries and presence countries.

Limited Presence Countries
These are countries in which CDC has either no staff assigned or a limited number of technical CDC staff on the ground. When CDC staff are in-country they are typically detailed to either USAID, NAMRU or international organizations such as the World Health Organization (WHO) or the United Nations Children’s Fund (UNICEF), and there is no CDC-specific office. CDC may also conduct activities through cooperative agreements in the country, with CDC staff visiting periodically on a Temporary Duty (TDY) basis. Country clearance for these visits is coordinated by the Embassy or another HHS component, but not by a CDC staff member.

Limited presence countries do not have a CD or DDMO, but may have a designated HQ-based Deputy Director At Large (DDAL). A CDC Country Representative will be identified in limited presence countries with detailed staff to serve as a point of contact for the Embassy; however, the Country Representative would not typically serve as a supervisor of other CDC in-country staff. Each limited presence country will have someone from CGH designated to provide HQ support. – see the CGH HQ Country Support section for more information.

CDC staff work overseas under several different modes which impact this governance discussion.

- **Individuals detailed to international organizations (e.g. WHO):** These individuals fall outside of Chief of Mission authority, receive supervision from their international organization, and do not coordinate their duty travel through the Regional Security Office (RSO). They do, however, usually receive basic International Cooperative Administrative Support Services (ICASS). While recognizing that their primary responsibility is to their host agency, detailees may perform very limited CDC roles such as signing ICASS invoices or serving on Embassy committees such as housing boards where they have a vested interest. Since they are not under COM authority they may not provide country clearance and cannot be assigned as the Country Representative. The HQ Program Director designates the rater and reviewer for detailees to international organizations.

- **Technical Advisors to other U.S. Government (USG) agencies (includes President’s Malaria Initiative [PMI] assignees, some Navy Medical Research Unit [NAMRU] assignees):** These staff members operate in a variety of ways depending on where they are posted and a Country Representative designation may be assigned, if appropriate. They may or may not be asked to represent CDC at Embassy country
team meetings. Generally, if the position is paid for by another agency’s funds, (e.g. USAID for PMI assignees), that agency’s representative will participate in Embassy Country Team and Embassy management meetings. Technical Advisors may serve as a member of mission committees although the scope of these added duties should be worked out in advance with the funding agency as appropriate. Where CDC is responsible for paying ICASS charges, these Technical Advisors may have responsibility for monitoring their post-held funds and signing ICASS invoices. These staff may be asked to provide country clearance for HHS or CDC staff coming on TDY, and have added responsibilities such as serving an emergency point of contact or introducing staff on TDY to Embassy or Ministry of Health (MOH) staff. HQ programs should provide appropriate levels of administrative and business support from HQ in consultation with the CGH Overseas Operations Office (OOO).

- **Stand-alone Assignees/Technical Advisors (not serving other USG agencies or International Organizations).** The scope of these positions may vary depending on country. A CDC staff member may be designated as a Country Representative by CGH and may be required to attend Embassy country team meetings, Embassy Emergency Action Committees (EAC), and other mission committees as well as to provide country clearance for HHS or CDC employees.

**Presence Countries**

In presence countries, CDC has technical, administrative and/or management staff on the ground. Moreover, with limited exceptions, there is a defined CDC physical office space, either at the Embassy, in co-location with the MOH, or in leased space. Presence countries will have at least one CDC program; in the majority of cases there are multiple programs in operation. In countries with GDD Regional Centers, individual programs such as: NCIRD; NCEZD, IEIP, Health Communications/IT, FETP, and Lab/biosafety, are part of the GDD platform.

To address Department of State (DOS) concerns at the Ambassador level to have a single point of contact for each agency at Post, and to have a unified CDC country approach, a CDC CD will be designated from among Country Program Directors at Post. The CD will have on-site supervisory responsibilities for the other Country Program Directors, including delegated responsibility for performance ratings. (Note: Upon approval of this guidance, the decision to replace departing Country Directors, who currently have no specific programmatic responsibility in the former COGH Consolidated Country Offices, will be made on a case by case basis by the Director, CGH.)

Presence countries will also have either a DDMO or a Deputy Director At Large (DDAL) assigned at headquarters. Depending on the complexity of the programs, there may be more than one Deputy Director, (e.g. the Division of Global HIV/AIDS [DGHA] and Global Disease Detection and Emergency Response [GDD]). As country programs become larger, it may make sense to consolidate the management and operations functions across programs and to have one DDMO to oversee common business services. Programs can benefit by having specialized staff.
knowledgeable in the required business operations and also share the costs. Country programs that decide to cost share must have the concurrence of all programs involved in-country, as well as with CGH.

As with the CD position, this must be with the concurrence of all programs involved in-country, as well as with CGH.

Every presence country will have a HQ assigned CGH Country Manager (CM) and a CGH Country Officer (CO). In countries where there is only one program, or where there are only one or two staff from the additional programs, the CGH CM and CGH CO will be from the program with the majority of activity in that country (e.g., DGHA in Cambodia, GDD in Egypt). In this situation a HQ Program CM or senior staff member, and a HQ Program CO or person designated to support that country’s program; will also serve as the CGH CM and CGH CO. See the CGH CM and CGH CO Roles and Responsibilities sections for additional information.

**CDC Country Directors**

**Selection Process**

If there is only one Country Program Director in a country, that Country Program Director will also serve as the CD. If there are multiple Country Program Directors in a country, decisions about which Country Program Director will serve as the CD will be made by the HQ Country Coordinating Team. The Country Coordinating Team is comprised of the Director of CGH or his/her designee and HQ Program Directors (or their designees) for all CDC programs with deployed staff or substantial, long-term investments in a particular country.

When a CD position becomes vacant, the CGH Deputy Director for Management and Overseas Operations (DDMOO) will convene the Country Coordinating Team to determine who shall serve as CD. The CD will be selected to serve this additional role from within the pool of all Country Program Directors (NCIRD, GDD, DGHA, DTBE etc) in that country and the cost of the selected CD position will be borne by the program for which he/she works. Selection will be accomplished by consensus. If consensus cannot be reached, the Director of CGH or his/her designee will decide. The following priorities will be used to designate the CD:

- Seniority at CDC
- USG Interagency experience
- Interpersonal skills
- Leadership experience
- Overseas experience
- Diplomacy skills
- Language skills
- Interest in position
- Endorsement of HQ based programs
- Tenure of Program in country
- Tenure of the individual and of other CDC staff in-country
- Size of Program (budget, staff)
- Organizational management skill and ability
Unique needs of the country, e.g. issues of political significance

The title of CD is conferred to an individual staff person, rather than to a program. The title and duties of CD will be in addition to the primary position description that defines that individual’s duties as Country Program Director. Persons recruited for Country Program Director positions should be informed of the potential CD role and the process of determining the CD because job position descriptions will typically not include descriptions for the role of CD.

Situations in which a change in the CD may be considered include (but are not limited to):
- Major change in program emphasis
- The Ambassador suggests or requests a change
- The current CD is rotating to another assignment
- The current CD’s HQ program requests a change, e.g. because of workload increase
- At the request of other programs with in-country staff, with approval of the CGH Director or designee

Roles and Responsibilities
- Provides leadership, direction and overall execution of CDC activities in-country; is accountable for building and maintaining long-term partnerships and leading the progress of the Country Office to achieve CDC’s global health goals in health diplomacy, protection, and prevention, as well as alignment with MOH priorities
- Becomes knowledgeable of, and balances, host-country, USG, and other donor priorities in the country of assignment
- Provides leadership to develop a unified and cohesive strategic vision for all CDC programs in-country and fosters the development of a country-based strategic approach that fits into the overall CDC CGH priorities and strategy
  - Ensures communication and coordination across all CDC programs in-country and supports all CDC global health programming in the country. (Note: If there is a performance or conduct issue with an employee, the CD must immediately communicate to HQ Program supervisor about this concern.)
  - Facilitates activities and coordinates staff on TDY for CDC HQ-based programs, including approving or appropriately delegating approval of country clearances for all CDC TDY staff to come into country
  - Approves country clearances for other HHS agencies such as National Institutes of Health, Food and Drug Administration, and HHS/Office of Global Health Affairs or delegates appropriately; facilitates HHS visits when appropriate
- Represents CDC in an agency-wide fashion—in collaboration with all relevant program(s) and CGH staff
  - Serves as the primary point of contact for the Embassy and represents CDC at Embassy country team and EAC meetings
  - Serves as primary point of contact for other USG agencies in country, ensuring coordination and harmonization within USG health portfolio.
  - Represents CDC to MOH and other relevant Ministries and international organizations;
○ If designated by the HHS Office of Global Health Affairs (OGHA) and as resources permit, serves as the HHS representative in countries without or in the absence of a HHS Health Attaché.
○ Triages inquiries and plans visits of high-level staff and VIPs, such as Congressional Delegations

• Ensures high quality, science-based, ethical programs, in collaboration with HQ
  ○ Ensures programs adhere to CDC policies and guidance, and promotes consistency in application across programs
  ○ Collaborates closely with the CGH DDMOO to ensure CDC programs are professionally managed, technically sound and strategically focused

• Leads Country Office during emergencies, security threats, and evacuations:
  ○ Leads CDC’s country management of responses for emergencies and disasters and for detection of infectious and other disease outbreaks. This includes having the authority during the acute phase of an emergency to divert program staff from other work to address the emergency
  ○ Works closely with the Embassy on security issues, particularly in the event of an evacuation or ordered departure.

• Leads Country Office in Human Resource issues:
  ○ Brings program or staff management issues that cannot be resolved within the Country Office to relevant HQ program(s) and CGH staff for resolution.
  ○ Promotes and supports staff development, with special emphasis on the empowerment, training, professional development, and orientation of CDC Locally Employed Staff (LES)
  ○ Provides initial consent for travel and leave; with approval from HQ program supervisor
  ○ Serves as the rating official on the Performance Management Appraisal Program (PMAP) for Country Program Directors, after receiving direct input from the HQ Program Director (HQPD) or designee and other relevant stakeholders, such as other program leadership and in-country partners. (Note, the HQ PD or designee serves as the reviewing official).
  ○ Assumes responsibility for the safety and conduct of all CDC staff in-country (direct hires deployed permanently, direct hires on TDY, and locally employed staff). Such authority and responsibility is most critical for relatively rare events such as security threats, emergency response, and disciplinary issues, in which close physical presence, observation of day-to-day behavior of staff, and adherence to the administrative procedures of the USG Mission at Post is most salient
  ○ Approves selection of Country Program Directors before a final selection is made and may serve on the selection committee

**Supervision Received**
The Country Manager (CM) designated in Appendix B will serve as the rating official for the CD. The CM should obtain input from the Country Program Directors (CPM) for the other global health programs in a country, as well as key in-country stakeholders (e.g., Embassy Sr.)
Management) as part of the PMAP evaluation process. For CDs who are civil service, a standard element of the PMAP will relate to organizational leadership and management and interagency relationships. The designated CM’s supervisor will serve as the reviewer. The CM will approve all leave and travel for the CD and should have regular communications with the CD.

**Deputy Director for Management and Operations**

**Selection Process**

Generally, the DDMO position is filled by a Public Health Advisor (PHA - 685 series) who may also concurrently serve as a Program Deputy Director. The individual in this position may also be in the 301 Administrative Management series. For some smaller countries, this position may be filled by a DDAL, a HQ-based position that involves regular visits to supported countries.

If there is only one PHA in a country, that PHA will also serve as the DDMO. If there are multiple PHAs in a country, decisions about which PHA will be identified to serve as the DDMO will be decided by the Country Coordinating Team, with concurrence of the HQPD and CGH DDMOO. Criteria for selecting the DDMO include:

- Knowledge and experience with overseas operations
- Organizational management skill and ability
- Size of program (budget, staff)
- Interpersonal skills
- Leadership experience
- Interest in the position
- Willingness of CDC HQ Program to allow the person to serve as DDMO
- Tenure of Program in country
- Tenure of the individual and of other CDC staff in-country

**DDMO and DDAL Roles and Responsibilities**

Responsibilities include:

- Serves as the principal management official with responsibility for planning, organizing, and directing the day-to-day administrative, human resource and financial operations of the Country Office. Collaborates closely with the CD or Country Representative to ensure CDC programs are professionally managed, fiscally responsible, technically sound and strategically focused
- Represents the CD in his/her absence, unless an alternative designee has been named.
- Serves as an alternate to the CD/Country Representative for the Embassy country team, and may serve on the EAC and as the principal liaison with the RSO and Office of Security and Emergency Preparedness (OSEP) on security matters
- Responsible for day-to-day CDC office and staff security matters; CD may delegate the responsibility for motor pool management to him/her
- Oversees development of the annual budget plan and budget justifications for the Country Office for common operations supporting all programs. Where justified,
develops draft cost sharing agreements and negotiates terms between programs. (This process would involve DDMOO for mediation as required).

• Develops guidelines and policies to ensure quality, clarity, and consistency of administrative and operational support services across programs in the Country Office that is consistent with HHS/CDC policies.

• Assures development and maintenance of a work environment that promotes professional growth of staff, and assures efficient and ethical conduct of CDC business

• Maintains effective relations with sections of Embassy essential to the implementation of CDC program activities; e.g., Management Counselor, General Services Officer, Human Resources, Financial Management Office (FMO), RSO, etc

• Advises CGH DDMOO on important issues related to assignments, systems, and operations for global activities impacting programmatic implementation

• Works across programs to ensure fiscal integrity of all CDC-funded programs and activities in-country, providing the oversight required to ensure sound and appropriate use of U.S. Government funding

• Represents the agency to Embassy management team, including FMO, Human Resources, ICASS, Budget committee, Mission housing, and participates in other Embassy committees as required

• Serves as the lead financial management officer for CDC in-country programs in varying degrees, but has a strong oversight role in Post held financial management and procurement, with direct responsibility for shared services. Serves as the principal liaison with Embassy financial management officer to ensure all post program and operating funds are accurately budgeted, responsibly spent, and managed appropriately. The DDMO/DDAL verify ICASS counts, Capital Security Cost Sharing (CSCS) counts, maintain records of approved NSDD38s, etc. Supervises in-country program and shared financial management staff.

• Advises programs operating in a country when Post held funds are inadequate, ensures that LES salaries and other expenses are paid from correct allotments at Post, and advises programs without in-country PHAs regarding cost of doing business such as ICASS, CSCS, Diplomatic Guard costs, shared expenses, and local rates for rent, educational fees, utilities, and other routine expenses.

• Serves as the HQ primary point of contact for administrative and operational support issues involving a country including ICASS, CSCS, and cost distribution where applicable

**Supervision**

The DDMO is supervised and rated by the CD, with input from relevant country program directors, and reviewed by Country Manager, with input from the CGH DDMOO. The DDAL will be evaluated by his/her HQ-appointed supervisor with input from each CD served and programs impacted by DDAL performance.
**HQ Division and Program Roles and Responsibilities**

The HQ Division or program plays a key role in all aspects of that program’s activities within a particular country. From the technical standpoint, guidance and direction should come from the HQ program. From a management perspective it is important that the CD and the HQ Program Director or their designee work as a team to assure smooth implementation of administrative and management related issues.

**Recruitment and Supervision for Country Program Directors**

Recruitment for Country Program Directors remains primarily the responsibility of the HQ Program Directors or their designees; however, the CD should be involved in the selection process (e.g., review the position description and proposed grade level, assist with developing selection criteria, or participating in the interview and ranking process. Note: Some HQ programs may simultaneously select country directors for multiple countries, making it difficult for the CD to be involved in every step of the process. In this case, the Country Director must concur with the decision before the final selection is made). While the CD will serve as the PMAP rater for the Program Country Director, the CD must seek input, particularly on the technical side, from the HQ Program Director or their designee. The HQ Program Director or their designee will serve as PMAP reviewer. The HQ Program Director or their designee will serve as the decision-maker regarding tour renewals for the Country Program Director and other in-country program staff, with input and concurrence from the CD.

The HQ Program Director or their designee maintains responsibility for their employees’ leave and travel approval; however, concurrence from the CD is required. For example, if the DGHA Country Director in Kenya wishes to take leave, the person would need to secure approval from the DGHA Country Manager, and also seek concurrence from the Kenya Country Director. Similarly, if the DGHA Country Director plans to travel to a conference, the person would need approval from the DGHA Country Manager to use program funds for that purpose, and concurrence from the Kenya Country Director for being away from the office.

Additional roles and responsibilities of the HQ Divisions and programs include:

- Working closely with CGH CM and CD on all activities related to their particular country program;
- After CD consent has been obtained, approving programmatic staff travel or leave
- Providing input to CD for the Country Program Director’s PMAP rating; and,
- Serving as reviewer for the PMAP of Country Program Director.

**CGH HQ Country Support**

CGH HQ structures are needed to coordinate across global programs to support a “One CDC” approach in Atlanta. Divisions and programs currently have in place various country structures to support their programmatic staff in country. The **CGH HQ Country Support addressed in this**
section serves to supplement, not replace, the existing Division and program country support structures.

Below is the organizational chart for CGH. Key positions in this chart that will be referenced later in the document include the CGH Director, the CGH Principal Deputy, the DDMOO, and the OOO.
The CGH Director, Principal Deputy, and the CGH DDMOO have overall responsibility for CDC’s global health work. Additional components of the HQ CGH Country Support include:

- CGH Overseas Operations Office
- CGH Country Manager (CM)
- CGH Country Officer (CO)

See Appendix B which identifies the CGH CM and CGH CO for each country where CDC has a presence and also for limited presence countries of political significance. In addition, CGH COs have been assigned to support issues that may arise in all other limited presence countries. Each of these components, in addition to roles and responsibilities, are discussed below.

**CGH Overseas Operations Office**

The purpose of this organizational unit is to provide expert management guidance on CDC overseas operations to the CGH Director and CDC programs with global health activities. The DDMOO provides leadership, supervision and oversight for this office. The DDMOO is also responsible for mediating and documenting discussions related to cost sharing for CGH programs. The DDMOO is responsible for convening the appropriate staff for CCT decisions. In addition, if decisions are needed to prioritize staffing needs in a given country, the CCT should be convened to help make this decision.

Staff in the OOO will act as liaison between CDC and the DOS in Washington, DC and U.S. embassies abroad to develop and clear management policies; to affect management improvement; and ensure appropriate oversight. In addition, this unit will coordinate with other CDC Centers, Institutes and Offices and HHS to ensure uniform policy development and application. Principal duties of staff in this office include:

- Serves as liaison with the DOS on ICASS, CSCS, rightsizing, mission strategic plans, and other matters of agency-wide impact.
- Plays an active role in ensuring equitable/appropriate distribution of charges to CDC programs for ICASS, CSCS, and Diplomatic Security (DS) guard costs; represents CDC on ICASS Working Group and its sub-committees.
- Serves as the primary liaison between CDC Country Offices and CDC/CGH HQ to provide leadership, support and coordination on general operational issues.
- Coordinates management support to CDC overseas posts on multiple issues including liaising with Atlanta Human Resources Center (AHRC), budget review, management of grants (umbrella grants for multiple programs) and Cooperative Agreements, Inter-Agency Agreements, contracts and other management issues.
- Provides guidance and advice to HQ programs considering expanding their program presence into a new country.
- Transmits, receives and distributes outgoing and incoming unclassified cable traffic using the Department of State communication system; this includes managing the unclassified communication interface with the Department of State.
- Conducts ad hoc operational management studies, reports, briefing, and analyses, as required.
• Evaluates co-location waiver requests for overseas facilities.
• Provides on-site country management assistance (e.g. technical advice, backstopping).
• Alerts CDC management of ways to anticipate and avoid foreseeable problems involving global operations.
• Recommends overseas management improvements including standardization of operating processes, development of standard business systems in conjunction with CDC FMO, CDC Procurement and Grants Office (PGO), Program and CDC Country Offices.
• Represents CGH on Management Analysis and Services Office (MASO) Policy Committee to ensure consideration of global aspects of new or revised CDC policies.
• Determines distribution of DOS charges across global health programs.
• Liaises with HHS on country office support to other HHS agencies.
• Liaises with Commissioned Corps on benefits for officers stationed overseas.

CGH Country Manager Roles and Responsibilities
• As senior CGH HQ or Program staff appointed by the CGH Director, ensures the Director is kept informed and updated about important and high priority issues.
• Advises and mentors the CDC Country Director.
• Maintains up to date knowledge of country activities, issues and challenges.
• As designated by the CGH Director, serves as the reviewing official for the Performance Management Appraisal Program (PMAP). (Note: The HQ Program Director or Program Country Manager will serve as the rating official).
• Maintains ongoing bi-directional communication with CD and CGH HQ.
• Ensures country coverage when there is a vacancy or the Country Director is on extended leave.
• Advocates for country needs.
• Communicates regularly with the CGH country officer.
• Communicates regularly with the CGH Director and Principal Deputy about major country challenges and successes and transmits key information.
• Problem solves on a variety of issues (e.g., crisis management, high level visits, Congressional inquiries, interagency challenges).
• Serves as the Acting Country Director when appropriate, when CD is absent or when CD positions are vacant.

CGH Country Officer Roles and Responsibilities
• Convenes program representatives (e.g. DGHA, Division of Parasitic Diseases and Malaria GDD, Global Immunization Division [GID], TB) working in a country on at least a quarterly basis to ensure coordination across global programs.
• Serves as the primary convener for intra-agency discussions between programs for routine administrative and operations business issues such as cost sharing, introduction of new programs, coordinating visits to HQ by Ministry staff and country staff, follow-up/troubleshooting on HQ items involving PGO/FMO where more appropriate than by program staff.
• Serves as the acting DDMO, during absences of DDMO from post when appropriate.
• Supports management and operations for the country – be well versed on various hiring mechanisms, central contracts.
• Informs CGH Country Manager on country specific issues and provides support and follow-up as needed.
• Becomes knowledgeable about country activities
• Advocates for the country
• Follows through on action items from calls and communicates findings.
• Serves as the HQ primary point of contact for intra-agency discussions between programs for non-administrative operations issues such as technical direction.

Other Key Issues
Supervision of Other In-Country Staff
Supervision for CDs, DDMOs and Country Program Directors has been previously addressed in this document. Country Program Directors or their designee would provide daily supervision for other in-country staff within their program. The Country Program Directors or their designee would also serve as the rating official for other in-country staff within their program. The reviewer will be the designated Country Manager, with input from the Country Director. Leave and travel approval for other in-country staff will be authorized by their immediate supervisor of record, with concurrence from the CD.

CDC staff detailed to international organizations are supervised in-country by their host organization. The HQ Program serves as rater and reviewer on performance evaluations of detailees, with input from the host organization supervisor. The CDC Country Office will provide limited administrative support to the detailee as needed, particularly in dealing with the U.S. Embassy.
Appendix A: Acronyms

AHRC  Atlanta Human Resources Center
CSCS  Capital Security Cost Sharing
CGH  Center for Global Health
CDC  Centers for Disease Control and Prevention
CM  CGH Country Manager
CGH CO  CGH Country Officer
CCO  Consolidated Country Office
COG  Coordinating Office for Global Health
CCT  Country Coordinating Team
CD  Country Director
CO  Country Office
CPD  Country Program Director
CR  Country Representative
DOS  Department of State
DDAL  Deputy Director at Large
DDMO  Deputy Director for Management and Operations
DDMOO  Deputy Director of Management and Overseas Operations
DS  Diplomatic Security
EAC  Emergency Action Committees
FMO  Financial Management Office
GAP  Global AIDS Program (now Division of Global HIV/AIDS [DGHA])
GDDER  Global Disease Detection and Emergency Response
GID  Global Immunization Division
HQ  Headquarters
HQPD  Headquarters Program Director
HHCO  Hybrid Consolidated Country Office
ICASS  International Cooperative Administrative Support Services
LES  Locally Employed Staff
MASO  Management Analysis and Services Office
MOH  Ministry of Health
NAMRU  Navy Medical Research Unit
OSD  Office of Security and Emergency Preparedness
OOO  Overseas Operations Office
PMPA  Performance Management Appraisal Program
PMI  President’s Malaria Initiative
PGO  Procurement and Grants Office
PCM  Program Country Manager
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>PCO</td>
<td>Program Country Officer</td>
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<tr>
<td>PHA</td>
<td>Public Health Advisor</td>
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<td>RSO</td>
<td>Regional Security Office</td>
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<tr>
<td>TDY</td>
<td>Temporary Duty</td>
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<tr>
<td>HHS</td>
<td>U.S. Department of Health and Human Services</td>
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<td>USG</td>
<td>U.S. Government</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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</table>
Appendix B – Country Designations

Limited Presence Countries in FY11 (26)

- Staff detailed or seconded to International Organization * (WHO, UNICEF, PAHO, NAMRU, etc.) or Technical Advisor FTEs
- No physical CDC office has been established

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<thead>
<tr>
<th>Country</th>
<th>Description</th>
<th>Country Representative</th>
<th>Country Manager Country Officer</th>
</tr>
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<tbody>
<tr>
<td>Afghanistan*</td>
<td>1 DPHSWD FTE requested</td>
<td>N/A</td>
<td>CM-CGH-TBD CO-CGH-TBD</td>
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<tr>
<td>Benin</td>
<td>1 DPDM (PMI)</td>
<td>Salam Gueye (PMI), rated by CM, input from USAID, reviewed by CM’s supervisor</td>
<td>CM-DPDM-TBD CO-DPDM-TBD</td>
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<tr>
<td>Burkina Faso</td>
<td>1 GID/WHO, 1 DBD/WHO</td>
<td>None (all detailed to WHO)</td>
<td>N/A</td>
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<tr>
<td>Congo</td>
<td>1 ID/NCIRD/WHO, 2 GID/WHO</td>
<td>None (all detailed to WHO)</td>
<td>N/A</td>
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<tr>
<td>Costa Rica***</td>
<td>1 ID/PAHO-position moves to Ecuador 1/11/2011</td>
<td>None (Detailed to WHO)</td>
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<tr>
<td>Denmark</td>
<td>1 NCIRD/UNICEF, 2 GID/WHO or UNICEF</td>
<td>None (All detailed to WHO)</td>
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<td>France</td>
<td>1 NCEZID</td>
<td>Kate Glynn, (NCEZID) rated by CM, reviewed by CM’s supervisor</td>
<td>CM-NCEZID-TBD CO-NCEZID-TBD</td>
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<tr>
<td>Georgia, Republic of</td>
<td>2 DPHSWD</td>
<td>Ed Maes, (DPHSWD) rated by CM, reviewed by CM’s supervisor</td>
<td>CM-DPHSWD-TBD CO-DPHSWD-TBD</td>
</tr>
<tr>
<td>Iraq*</td>
<td>1 DPHSWD FTE requested</td>
<td>TBD</td>
<td>CM-CGH-TBD</td>
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<tr>
<td>Italy</td>
<td>1 NCEZID/FAO</td>
<td>Jim Zingeser, (NCEZID) rated by CM, reviewed by CM’s supervisor</td>
<td>CM-NCEZID-TBD CO-NCEZID-TBD</td>
</tr>
<tr>
<td>Laos****</td>
<td>1 NCIRD</td>
<td>Andy Corwin, (NCIRD) rated by CM, reviewed by CM’s supervisor</td>
<td>CM-NCIRD-TBD CO-NCIRD-TBD</td>
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<tr>
<td>Madagascar</td>
<td>1 DPDM (PMI)</td>
<td>Alyssa Finlay, (DPDM) rated by CM, input from USAID, reviewed by CM’s supervisor</td>
<td>CM-DPDM-TBD CO-DPDM-TBD</td>
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<tr>
<td>Mexico***</td>
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<td>TBD</td>
<td>CM-DGMQ-TBD</td>
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<tr>
<td>Morocco*</td>
<td>1 DPHSWD FTE requested</td>
<td>TBD</td>
<td>CM-DPHSWD-TBD CO-DPHSWD-TBD</td>
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<tr>
<td>Liberia</td>
<td>1 DPDM (PMI)</td>
<td>Filiberto Hernandez, (DPDM) rated by CM, input from USAID, reviewed by CM’s supervisor</td>
<td>CM-DPDM-TBD CO-DPDM-TBD</td>
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<tr>
<td>Nepal</td>
<td>1 GID/WHO</td>
<td>None (All detailed to WHO)</td>
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<tr>
<td>Pakistan*</td>
<td>1 DPHSWD FTE requested</td>
<td>TBD</td>
<td>CM-CGH-TBD CO-CGH-TBD</td>
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<tr>
<td>Peru</td>
<td>1 NCIRD for NAMRU</td>
<td>Joel Montgomery (NCIRD) rated by CM, reviewed by CM’s</td>
<td>CM-NCIRD-TBD CO-NCIRD-TBD</td>
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<tr>
<td>Country</td>
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<td>Country Office Director &amp; DDMO</td>
<td>Country Manager &amp; Support Officer</td>
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<td>Philippines</td>
<td>4 GID/WHO, 1 NCIRD WHO</td>
<td>None (All detailed to WHO)</td>
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<tr>
<td>Saudi Arabia</td>
<td>2 CGH/DPHSWD</td>
<td>Osama Ibrahim, (DPHSWD) rated by CM, reviewed by CM’s supervisor</td>
<td>CM-DPHSWD-TBD</td>
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<td>CO- DPHSWD-TBD</td>
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<tr>
<td>Senegal</td>
<td>1 DPDM (PMI), DGHA DDAL</td>
<td>Robert Perry (DPDM) rated by CM, input from USAID, reviewed by CM’s supervisor</td>
<td>CM-CGH-TBD</td>
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<td>CO-CGH-TBD</td>
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<tr>
<td>Sierra Leone</td>
<td>DGHA DDAL</td>
<td>N/A</td>
<td>CM-Edgar Monterroso</td>
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<td>CO-Laura Shelby</td>
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<tr>
<td>Singapore</td>
<td>1 NCIRD</td>
<td>TBD (NCIRD), rated by CM, reviewed by CM’s supervisor</td>
<td>CM-NCIRD-TBD</td>
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<td>CO-NCIRD-TBD</td>
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<tr>
<td>Sweden</td>
<td>1 NCIRD</td>
<td>Todd Weber (NCIRD) rated by CM, reviewed by CM’s supervisor</td>
<td>CM-NCIRD-TBD</td>
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<td>CO-NCIRD-TBD</td>
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<tr>
<td>Switzerland</td>
<td>12 Technical Advisors to WHO</td>
<td>None (All detailed to WHO)</td>
<td>CM-CGH TBD</td>
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<td>CO-CGH-TBD</td>
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<tr>
<td>Yemen*</td>
<td>1 DPHSWD FTE requested</td>
<td>TBD (DPHSWD) rated by CM, reviewed by CM’s supervisor</td>
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<tr>
<td></td>
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<td></td>
<td>CO-CGH-TBD</td>
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</tbody>
</table>

**Presence Countries in FY11 (39)**

- Countries in which CDC has technical, administrative and/or management staff on the ground.
- With limited exceptions, there is a defined CDC physical office space,
- Presence countries will have at least one CDC program; in the majority of cases there are multiple programs in operation.
<table>
<thead>
<tr>
<th>Country</th>
<th>FTEs</th>
<th>CPMs</th>
<th>Reviewers</th>
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<tbody>
<tr>
<td>Brazil</td>
<td>1 LES FTE DGHA, DGHA DDAL, 1 DPHSWD, 1 GID/WHO</td>
<td>CPMs, reviewed by CM’s supervisor; DDMO-Chad Martin (DGHA), rated by CD, input by CPMs, reviewed by CM</td>
<td>CO-Kristin Kelling</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>CD – Aristides Barbosa (DGHA LES FTE), rated by CM, input from DPHSWD, reviewed by CM’s supervisor. Acting DDAL, Jessica Tencza, rated by DGHA, input from DPHSWD, reviewed by DGHA</td>
</tr>
<tr>
<td>Cambodia</td>
<td>DGHA 4 FTEs + 14 LES, 1 NCIRD FTE + 3 LES, 1 NCIRD FTE @NAMRU, 1 FTE-NCEZID/DVBID</td>
<td>CD-Dora Warren (DGHA) rated by CM, input from CPMs, reviewed by CM’s supervisor; DDMO-Ethleen Lloyd, rated by CD, input from CPMs, reviewed by CM</td>
<td>CM-Debbi Birx CO-Daniel Novinson</td>
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<tr>
<td>Cameroon</td>
<td>DGHA 1 FTE + 16 LES, DGHA DDAL</td>
<td>CD-Benjamin Mills (DGHA) rated by CM, reviewed by CM’s supervisor; DDAL-Christie Murray rated by DGHA</td>
<td>CM-Catherine McLean CO-Anna Giesselman</td>
</tr>
<tr>
<td>China</td>
<td>CGH 2 FTE + 10 LES, DGHA 2 FTEs + 13 LES, GDD Team: 1 NCIRD FTE + 1 LES, 4 GDD FTE + 1 GDD LES, 1 DPHSWD FTE: 1 NCHM FTE; 1 NCBDD FTE + 2 LES, 1 GID/WHO FTE,</td>
<td>CD-Jeff McFarland -NCIRD, rated by CM, input from CPMs, reviewed by CM’s supervisor; DDMO-Alison Kelly, rated by CD, input from CPMs reviewed by CM</td>
<td>CM-CGH-TBD CO-CGH-Tim Thornton</td>
</tr>
<tr>
<td>DR Congo</td>
<td>DGHA 4 FTEs +9 LES, 1 GID/WHO,</td>
<td>CD-Luca Flamigni (DGHA) rated by CM, reviewed by CM’s supervisor; DDMO-Robert Ray rated by CD, reviewed by CM</td>
<td>CM- Debbi Birx CO- Daniel Novinson</td>
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<tr>
<td>Dominican Republic</td>
<td>DGHA 2 FTEs + 3 LES</td>
<td>CD-Oliver Morgan (DGHA) rated by CM, reviewed by CM’s supervisor; DDMO- Samuel Martinez (DGHA) rated by CD, reviewed by CM</td>
<td>CM-Edgar Monterroso CO-Laura Shelby</td>
</tr>
<tr>
<td>Cote D’Ivoire</td>
<td>DGHA 5 FTEs +106 LES</td>
<td>CD-Anna Likos (DGHA) rated by CM, reviewed by CM’s supervisor</td>
<td>CM-Stefan Wiktor CO- Subrat Das</td>
</tr>
<tr>
<td>Country</td>
<td>DGHA, DPHSWD, GDD, NCIRD, GID/PAHO</td>
<td>CD/CM/CO</td>
<td>CD/CM/CO</td>
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<tr>
<td>Egypt</td>
<td>GDD team: 3FTEs, NCIRD-2FTEs, 1 NCZVED/OD, 1 FELTP, 3GID/WHO</td>
<td>CD-Erica Dueger (GDD), rated by CM, input from CPMs, reviewed by CM’s supervisor</td>
<td>CM-GDD-TBD CO-GDD</td>
</tr>
<tr>
<td>Ethiopia (GHI plus)</td>
<td>DGHA 11 FTEs + 96 LES, 1 DPDM (PMI) FTE, 1 NCIRD LES, 1 DPHSWD FTE, 1 GID/WHO</td>
<td>CD-Tom Kenyon (DGHA) rated by CM, input from CPMs, reviewed by CM’s supervisor</td>
<td>CM-Jon Kaplan CO-Daniel Novinson</td>
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<tr>
<td>Ghana</td>
<td>DGHA 2 FTE, DGHA DDAL, 1 DPDM (PMI) FTE</td>
<td>CD-Fazle Kahn (DGHA) rated by CM, input from DPDM, reviewed by CM’s supervisor</td>
<td>CM-Edgar Monterroso CO-Laura Shelby</td>
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<tr>
<td>Central American Office - Guatemala - Mexico - Belize - El Salvador - Costa Rica - Panama - Honduras - Nicaragua</td>
<td>CGH 2 FTEs + 10 LES, 2 DGHA FTEs, GID/WHO FTEs, GDD Team: 2 GDD FTEs, 3 IEIP FTEs, 1 DPHSWD PSC, 1 NCIRD FTE, 1 DPDM FTE, 1 DPHSWD PSC, 1 NCIRD FTE, 1 DPHSWD FTE, 1 NCEZID FTE, 1 NCIRD FTE + 1 LES</td>
<td>CD-Acting Nelson Arboleda (CGH), rated by CM, input from CPMs reviewed by CM’s supervisor</td>
<td>CM-CGH-TBD CO-CGH-Dennis Christianson</td>
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<tr>
<td>Guyana</td>
<td>DGHA 3 FTEs + 1 PSC + 10 LES, 4 GID/PAHO</td>
<td>CD-Barbara Allen (DGHA) rated by CM, reviewed by CM’s supervisor</td>
<td>CM-Edgar Monterroso CO-Sheryl Parker</td>
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<tr>
<td>Haiti</td>
<td>DGHA 3 FTEs + 1 PSC + 35 LES</td>
<td>CD-John Vertefeuille (DGHA/HSRO), rated by HSRO Director, input from DGHA, reviewed by CM</td>
<td>CM-Scott Dowell CO-HSRO PHA TBD</td>
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<td>India</td>
<td>DGHA 4 FTEs + 11 LES, 1 TB/WHO FTE, 1 DTBE FTE, 1 NCIRD/WHO, 4 GID/WHO FTEs, GDD team: 1 GDD FTE, 1 DPHSWD FTE, 1 NCEZID FTE, 1 NCIRD FTE + 1 LES</td>
<td>CD-Ken Earhart (GDD), rated by CM, input by CPMs, reviewed by CM’s supervisor</td>
<td>CM-CGH-TBD CO-CGH-Boachie Adjei</td>
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<tr>
<td>Country</td>
<td>Positions and Responsibilities</td>
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<tr>
<td>Indonesia</td>
<td>Influenza: 2 FTEs, PMI:1 FTE GID: 1 FTE</td>
<td>CD-Frank Mahoney (NCIRD), rated by CM, input from DPDM, reviewed by CM’s supervisor</td>
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<td>DDMO-TBD (NCIRD) rated by CD, reviewed by CM</td>
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<td>Kazakhstan</td>
<td>DGHA 2 FTE + 4 DGHA LES, DGHA DDAL, GDD 2 FTEs, 1 DPHSWD FTE</td>
<td>CD-George Schmid (GDD), rated by CM, input from CPMs, reviewed by CM’s supervisor</td>
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<td>DDMO-TBD (GDD) rated by CD, input from CPMs, reviewed by CM</td>
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<tr>
<td>Kazakhstan</td>
<td>DGHA 2 FTE + 4 DGHA LES, DGHA DDAL, GDD 2 FTEs, 1 DPHSWD FTE</td>
<td>CD-George Schmid (GDD), rated by CM, input from CPMs, reviewed by CM’s supervisor</td>
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<td>DDMO-TBD (GDD) rated by CD, input from CPMs, reviewed by CM</td>
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<td>Kenya (GHI plus)</td>
<td>CGH 5 FTEs + 43 LES, DGHA 15 FTEs + 59 LES, DHAP 4 FTEs, 3 CGH DPDM FTE, 1 GID/WHO FTE(Somalia), 1 GID/UNICEF FTE, 1 ITO Regional FTE, GDD Team F+TEs (2 GDD FTEs, 1.5 NCIRD FTE + 5 LES, 3.5 IEIP FTEs + 1 LES, 1 DPHSWD FTE + 2 LES, 2 DGMQ FTEs + 2 LES, 1 BEP LES, 1 All-Hazards LES)</td>
<td>CD-Rob Breiman (CGH), rated by CM, input by CPMs, reviewed by CM’s supervisor</td>
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<td>DDMO-David Baden (CGH) rated by CD, input from CPMs, reviewed by CM</td>
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<tr>
<td>Lesotho</td>
<td>DGHA 2 FTEs + LES</td>
<td>CD-Jim Creighton (DGHA) rated by CM, reviewed by CM’s supervisor</td>
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<td>DDMO-Whitney Gauthier, rated by CD, reviewed by CM</td>
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<td>Malawi (GHI plus)</td>
<td>DGHA 7 FTEs + 10 LES, 1 DPDM (PMI) FTE,</td>
<td>CD-Austin Denby (DGHA) rated by CM, input from DPDM, reviewed by CM’s supervisor</td>
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<td>DDMO-Leonard Floyd, rated by CD, input from DPDM, reviewed by CM</td>
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<tr>
<td>Mali (GHI plus)</td>
<td>DGHA 1 FTE + 7 LES, 1 DPDM (PMI) FTE,</td>
<td>CD and DDMO-Jacques Matthieu (DGHA), rated by CM, input from DPDM, reviewed by CM’s supervisor</td>
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<td>CM-Dick Keenlyside</td>
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<td>Mozambique</td>
<td>DGHA 17 FTE + 30 LES, 1 DPDM (PMI) FTE,</td>
<td>CD Lisa Nelson (DGHA) rated by CM, input from DPDM, reviewed by CM’s supervisor</td>
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<td>DDMO Mark Pelletier, rated by CD, input from DPDM, reviewed by CM</td>
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<td>Namibia</td>
<td>DGHA 8 FTEs + 14 LES</td>
<td>CD Jeff Hanson (DGHA) rated by CM, input from DPDM, reviewed by CM</td>
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<td>CM-Jon Kaplan</td>
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<tr>
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<td>Note</td>
<td>Rating and Reviewdetails</td>
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</tbody>
</table>
| Nigeria      | DGHA 6 FTEs + 77 LES, 2 NCIRD LES, 1 Regional ITSO FTE, 1 NCEZID/DPHSWD, 2GID FTE (1WHO, 1 UNICEF) | by CM, reviewed by CM's supervisor  
DDMO-Sue Gerber rated by CD, reviewed by CM  
DDMO-Subroto Banerji, rated by CD, input from ITSO, DPHSWD, reviewed by CM | CM-Catherine McLean  
CO-Anna Gieselman |
| Russia       | 1 DGHA LES FTE, DGHA DDAL                                             | CD-Regional coverage by Chuck Vitek from Ukraine, rated by CM, reviewed by CM's supervisor  
DDMO-Ginny Baesch rated by CD, input from CD, reviewed by DGHA | CM-Stefan Wiktor  
CO-Brian Awsumb |
| Rwanda       | DGHA 10 FTEs + 17 LES, 1 DPDM (PMI) FTE, 1 NCIRD LES                | CD-Pratima Raghunathan (DGHA) rated by CM, input from DPDM, reviewed by CM's supervisor  
DDMO-Ginny Baesch rated by CD, input from CD, reviewed by DGHA | CM-Jon Kaplan  
CO-Kristin Kelling |
| South Africa | DGHA 14 FTEs + 36 LES, 1 STD, 1 PGO, 1 ITSO Regional FTE, 2 NCIRD, 1 DPHSWD, 5 GDD | CD-Thurma Goldman (DGHA) rated by CM, input from CPMs, reviewed by CM's supervisor  
DDMO-Kelly Bartholow rated by CD, input from CPMs, reviewed by CM | CM-Stefan Wiktor  
CO-Subrat Das |
| Swaziland    | DGHA 3 FTEs + 3 LES,                                                  | CD-George Bicego (DGHA) rated by CM, reviewed by CM's supervisor  
DDMO-Ahmed Liban rated by CD, reviewed by CM | CM-Stefan Wiktor  
CO-Subrat Das |
| Sudan        | DGHA 1 FTE, 1 LES + 2 DGHA LES in Kenya, DGHA DDAL                   | CD-Steven Brasch (DGHA) rated by CM, reviewed by CM's supervisor  
DDAL-Christie Murray rated by DGHA, input from CD, reviewed by DGHA | CM-Catherine McLean  
CO-Anna Gieselman |
| Tanzania     | DGHA 12 FTEs + 37 LES, 1 DPDM (PMI) FTE                             | CD-TBD(DGHA) rated by CM, input from DPDM, reviewed by CM's supervisor  
DDMO-Pam Dougherty, rated by CD, input from CD, reviewed by CM | CM-Debbi Birx  
CO-Cyndee Anthony |
<table>
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<tr>
<th>Country</th>
<th>Team Composition</th>
<th>CD/DMMO and Reviewers</th>
<th>CM/CO</th>
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| **Thailand & Asia Regional Office** - Laos - Papua New Guinea | CGH 2 FTEs + 27 LES, DGHA 3 FTEs + 34 LES, 1 ITSO Regional FTE, DHAP 2 FTEs + 12 LES, TB 1 FTE + 8 LES, GDD Team: 2 GDD FTEs, NCIRD 1 FTE + 7 LES, IEIP 6 FTEs + 19 LES, DPHSWD 1 FTE, DGMQ 2 FTEs +3 LES | CD-Michael Malison (CGH) rated by CM, input by CPMs, reviewed by CM’s supervisor, DDMO-Patrick Chong (CGH) rated by CD, input from CPMs, reviewed by CM | CM CGH-TBD  
CO-CGH-Tim Thornton |
| **Uganda (GHI plus)** | DGHA 16 FTEs + 218 LES, 1 DHAP FTE, 1 DPDM (PMI) FTE, 2 NCEZID/OD FTE | CD Tadesse Wuhib (DGHA), rated by CM, input from DPDM, DHAP and NCEZID reviewed by CM’s supervisor, DDMO TBD rated by CD, input from DPDM, DHAP and NCEZID, reviewed by CM | CM-Debbi Birx  
CO- Cyndee Anthony |
| **Ukraine** | 1 DGHA + 3 LES, DGHA DDAL | CD-Charles Vitek (DGHA) rated by CM, reviewed by CM’s supervisor, DDAL-GG Somerville, rated by DGHA, input from CD, reviewed by DGHA | CM-Stefan Wiktor  
CO-Brian Awsumb |
| **Vietnam** | DGHA 9 FTEs + 36 LES, 2 NCIRD FTEs + 2 LES, 1DGHA/WHO | CD-Bruce Struminger (DGHA) rated by CM, input from NCIRD, reviewed by CM’s supervisor, DDMO-Nancy Nay (DGHA) rated by CD, input from NCIRD, reviewed by CM | CM-Jon Kaplan  
CO-Kristin Kelling |
| **Zambia** | DGHA 12 FTEs + 38 LES, 1 PMI FTE | CD-Larry Marum (DGHA) rated by CM, input from DPDM, reviewed by CM’s supervisor, DDMO-Deborah Conner rated by CD, input from DPDM, reviewed by CM | CM-Debbi Birx  
CO- Cyndee Anthony |
| **Zimbabwe** | DGHA 4 FTEs + 23 LES, 2GID/WHO FTE | CD-Ruth Walkup(DGHA) rated by CM, reviewed by CM’s supervisor, DDMO-Gretchen Cowman rated by CD, reviewed by CM | CM-Jon Kaplan  
CO-Daniel Novinson |

* Country that is politically sensitive  
** GHI plus country  
*** Central American Region Office  
**** Asia Regional Office  
***** Caribbean Regional Office