

Memorandum on Gavi's programme audit in the Islamic Republic of Mauritania

The attached Audit and Investigations report sets out the conclusions of the programme audit of Gavi's support to the Government of Mauritania's immunisation programme, executed by its Ministry of Health. The work was conducted by Gavi's programme audit team between March and June 2023. It covered the use of Gavi's grants disbursed during the period 1 January 2018 to 31 December 2022, for health system strengthening, routine vaccination operational costs and cold chain equipment optimisation platform grants, as well as COVAX support provided to the country in 2021 and 2022.

This is the second audit conducted by Gavi in Mauritania; the previous having been carried out in 2018. The report's executive summary (pages 2 to 5) sets out the following key conclusions, details of which are set out in the body of the report:

1. There is an overall rating of "**Needs significant improvement**" which means that "Internal controls, governance and risk management practices have some weaknesses in design or operating effectiveness such that, until they are addressed, there is not yet reasonable assurance that the objectives are likely to be met."
2. In total, twenty-three issues were identified in the following areas: (i) governance and organisational performance; (ii) accounting and financial management; (iv) vaccine management; and (v) monitoring and evaluation.
3. Key findings were that:
 - a. Following the EPI's restructuring in 2019 up until end of 2022, the inter-agency coordinating committee responsible for overseeing and taking strategic decisions on matters relating to the immunisation programme was non-functional.
 - b. Current EPI operations rely heavily on technical assistance funded by Gavi and the partners, which undermines the programme's sustainability.
 - c. Coordination between the Ministry of Health's Department of Financial Affairs (DAF) in charge of all donors' grants and the EPI is still inadequate, and this does not favour a comprehensive review (financial and programmatic) of the Gavi-supported programme activities.
 - d. Weaknesses were found in the DAF's internal control procedures including failure to adopt the approved procedures manual and insufficiency of oversight of accounting practices by line Managers.
 - e. The audit team questioned expenditures amounting to US\$ 200,983 consisting of US\$ 145,005 of unsupported, inadequately justified, or irregular expenditures, and US\$ 63,978 of outstanding programme advances dating back approximately five years.
 - f. The review of the DAF's procurement framework revealed shortcomings in the procurement planning and execution system. The audit revealed numerous irregularities, leading to the questioning of certain amounts included in the total amount of the above point (e).
 - g. Standard operating procedures for the cold chain and vaccine supply management have not been adapted and disseminated for the use of the sub-national EPI staff. The lack of guidance on best practices resulted in major deficiencies in the management of vaccines.
 - h. The EPI's last Data Quality Assessment was conducted at the end of 2018, and the resultant improvement plan has not been rigorously monitored for implementation. As a consequence, the audit team noted numerous data incompleteness, errors and inconsistencies.

The findings of the programme audit were discussed and agreed with the Minister of Health, who committed to an agreed action plan in order to remediate the identified issues. Gavi also requested that the Ministry of Health reimburse the amount of US\$ 200,983 in full.

The Gavi Secretariat continues to work with the Ministry of Health to ensure that their commitments are met, and to establish a schedule for the aforementioned amounts to be repaid.

Geneva, April 2024

PROGRAMME AUDIT – AUDIT REPORT

THE ISLAMIC REPUBLIC OF MAURITANIA

DECEMBER 2023



1. Executive Summary

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1.2. Overall audit opinion

For the period under review, the audit team determined that the management of Gavi's support by the Ministry of Health, **needs significant improvement** which means that Internal controls, governance, and risk management practices have some weaknesses in design or operating effectiveness such that, there is not yet reasonable assurance that the objectives are likely to be met.

So as to reduce the risks associated with the above findings, the team raised **23 recommendations**, requiring the implementation of the remedial action plan (defined on **annex 8** of the full report).

* The audit ratings attributed to each section of the full report, the level of risk assigned to each audit finding and the level of priority for each recommendation, are defined on Annex 2 of the full report.

1.3. Executive Summary

This report details the results of the programme audit conducted in the Islamic Republic of Mauritania in 2023, covering various aspects of the management of Gavi's resources and vaccines received and distributed, for which the main findings are summarised below. This is the second audit conducted by Gavi, the first having taken place in 2018. Improvements were noted both in the management of the Expanded Programme on Immunisation (EPI) and in the financial and accounting management of the funds received that are overseen by the Ministry of Health's Department of Financial Affairs (DAF) in accordance with recommendations from the previous audit. Nevertheless, the governance of the immunisation programme needs to be strengthened, particularly in the context of changes to the EPI's statutes.

Governance and organisational performance

Since the EPI's conversion to a service unit in 2019 until the beginning of 2023, the programme did not benefit from the existence of a strategic forum, in order to bring together the technical and financial partners (PTF), civil society and the Ministry's office. Then, on 10 January 2023 the ICC (inter-agency coordination committee) was re-established by decree. However at the time of the audit, this committee's activities have not yet begun, and its constituent members were still being nominated.

A technical coordination group is in place, but decisions taken at its meetings were not formalised or minuted to ensure follow-up.

In January 2023, since the EPI took up its status as a programme, it must imperatively set up the required operational units and define the role specifications for vacant and existing positions, including drawing up a performance framework and recruiting the necessary, competent human resources. At present, the EPI largely operates with the support of various technical assistance (TA) elements, which are recruited on a temporary basis via the technical and financial partners (PTF), an approach which weakens the programme's institutional memory and sustainability.

The remit and organisation of the DAF, as the national-level administrative entity responsible for managing Gavi's funds and grant awards during the audit period, is governed by decree. However this decree, does not specify the various tasks and responsibilities of its agents, and is not in accordance with the DAF's current organisation.

Currently, the coordination between the DAF and the EPI is still insufficient, making it impossible to assess the appropriateness of programme implementation, due to the absence of a collaborative, qualitative review of activity reports. This lack of coordination also extends to monitoring the effective implementation of audit recommendations and Gavi's grant management requirements (GMRs).

Accounting and financial management

As part of the implementation of Gavi-funded activities, an "administrative, financial, accounting and procurement procedures" manual was drawn up in 2021, and validated by the Ministry of Health (MOH) and Gavi. Although its content is based on national procedures, this manual also incorporates the grant management requirements. However, the audit team noted that as the DAF was not aware of the manual's existence, and it did not adopt it. Nor has the manual been widely disseminated to the various entities implementing Gavi funds. As a result of this omission, the team noted discrepancies in the applicable procedures used to justify expenditures from one entity to another, as well as shortcomings in terms of the completeness and quality of supporting documentation.

The DAF's stipulated internal control system was only partially implemented due to the: (i) absence of an internal audit function covering the Gavi programmes during the audit period; (ii) the absence of regular checks and controls being applied by the DAF Director; (iii) inadequate segregation of duties between staff; and (iv) gaps and weaknesses in the allocation of tasks.

A review of the budget monitoring process revealed certain shortcomings and the sub-optimal use of the tools available. The budget execution statement is incomplete and unreliable, and changes to the budget made during the year were not taken into account.

The DAF also failed to put in place separate books and records for each Gavi grant, resulting in all of the accounting transactions being put through the HSS2 programme, for which the accounting period was not periodically closed. In addition, although withholding taxes were booked in the accounts, the amounts collected have not been paid over to the tax authorities since 2020.

The two grant management requirements designed to strengthen accounting and financial management in each of the country's 15 Regional Health Directorates (DRAS) have not yet been implemented, which is detrimental to monitoring the Directorates' cash flow and expenditures incurred using Gavi funds.

In view of the above weaknesses, the audit team conducted a detailed review of a sample of expenditures incurred during the audit period, totalling MRU 38,269,533 (USD 1,046,498). This review identified the existence of unsupported, insufficiently supported and irregular expenditures totalling MRU 5,288,433 (USD 145,005). In addition, advances totalling MRU 2,300,000 (USD 63,978) were identified in the DAF accounts, which have been outstanding for approximately five years. Overall amounts totalling MRU 7,588,433 (USD 200,983) were questioned by the audit team. These are summarised in section 1.4 and further detailed in Annexes 4 and 5 of the full report.

Vaccine management

Standard operating procedures (SOPs) for the supply chain management of vaccines and other immunisation supplies were drawn up in January 2022. However, no copies of these procedures were available at any of the various levels and sites throughout the health system that the audit

team visited. The SOPs still lack pertinent details, and in order to facilitate their implementation across decentralised structures, they need to be rationalised in order to meet these structures' needs. In the absence of established SOPs, the vaccine management practices observed by the team varied from site to site, depending on the knowledge or habits – both good and bad – adopted by the staff.

On several occasions between 2020 and 2022, the central depot delivered more routine and Covid-19 vaccines than ordered by the DRAS. Hence, significant quantities of shelf-expired vaccines, sometimes more two years ago, were observed at the DRAS visited by the audit team in June 2023. This suggests that the procedures to destroy shelf-expired vaccines are not effective. Expiries were not reported punctually and exhaustively using the stock management tools available, nor were such expirations systematically reported to the national EPI. For Covid-19 vaccines alone, of the doses provided by Gavi via the COVAX Facility, around 1.5 million doses are said to have shelf-expired, equivalent to 20% of the total overall doses received by Mauritania.

The stock management tools used to manage supply chain at the various sites visited, contained inputting errors, and were incomplete and inconsistent with the order forms, or across the various stock management tools. Physical stock inventories were not carried out regularly, or were not documented, and any discrepancies between physical stock and stock records was not reconciled or duly recorded, so as to document the nature of each movement or adjustment to vaccine stocks.

The existence of these errors over the audit period also demonstrates that the control environment surrounding the administration of vaccine supply management is deficient.

The insurable risk of programme assets being lost or damaged, including vaccines and cold chain equipment (CCEOP), was not covered by an insurance policy or government guarantee. This risk remains high across all of the sites visited, given the absence of functional fire detection and fire-fighting equipment, and the lack of up-to-date, routinely tested emergency plans being posted and available.

The MOH's fixed asset management policy implies that beneficiary structures are responsible for monitoring and maintaining fixed assets. However, the EPI's fixed assets register only lists each CCEOP item and not its means of access, preventing the effective management of the supply chain by identifying the respective entities and links, including the requisite resources to be committed for the units' maintenance or replacement.

Procurement

The review of the DAF's procurement framework revealed shortcomings in the contract planning and execution system. The audit team identified numerous irregularities, including non-compliance with the established deadlines for bidders to submit their bids, breaches of the provisions of the Public Procurement Law, simulated procurement procedures and inconsistent information contained in several procurement files. The details and quantified results of the team's findings are presented in Annex 6 of this report, and the transactions concerned were included in the overall

expenditures questioned, as summarised in section 1.4 and Annexes 4 and 5 of this report.

Monitoring and evaluation

The latest EPI Data Quality Assessment (DQA) was conducted the end of 2018, but the implementation status of the resultant improvement plan has not been rigorously monitored. The audit team identified erroneous data, including incompleteness and inconsistencies similar to those already identified in the prior DQA. Given the time that has elapsed, and in order to develop suitable immunisation monitoring and reporting tools and strengthen the EPI's capacities so it can successfully fill its role as a programme, the undertaking of a new nationwide DQA would make it possible to identify what improvements and efforts are necessary to address the main shortcomings.

Such shortcomings involve both continuous improvement and the quality assurance processes regarding immunisation data. On the rare occasion that the health facility that the team visited had a written record of supervision, the latter record was often irregular and lacked relevance. Supervision findings were not prioritised according to their risk or impact, and the recommendations made were not revisited or reviewed from one supervision to the next.

There was little, if any, bandwidth for data quality control, given the volume of data entry and consolidation at all levels of the health system, and the number of data tools to be completed, on top of the other tasks which accrued to the staff concerned. In addition, there were skill gaps, particularly at the level of health centres, in verifying and assuring the quality of immunisation data.

As a result, the quality and completeness of the data reported to the EPI and the partners was variable. By way of illustration, over the period audited, the immunisation coverage administered and reported by the EPI, largely exceeded without any rational explanation, the total number of doses of PCV-13, pentavalent and rotavirus which were consumed in many DRAS.

1.4. Financial impact of the audit findings

The quantitative impact of the findings is summarised by grant in the table below, constituting amounts questioned by the audit team, and therefore likely to be the subject of a request for reimbursement.

Table 1 – Summary of the review of expenditures review by Gavi cash grant (in MRU and USD equivalent in blue):

Grant	Year	Amounts reported as expenditures	Expenditures tested	Proportion of expenditures tested	Total questioned expenditures	Proportion of expenditures tested questioned
COVAX – COVID-19 delivery support	2021	19,263,924	9,407,478	49%	1,598,404	17%
	2022	25,627,052	10,139,099	40%	1,824,338	18%
HPV MAC – op. costs	2021	6,363,547	3,272,594	51%	520,373	16%
	2022	13,007,607	5,882,218	45%	–	0%
EPI (via UNICEF)	2022	443,309	–	0%	–	0%
	2019	6,352,932	827,615	13%	–	0%
	2020	813,600	483,450	59%	–	0%
	2021	3,695,852	3,229,200	87%	–	0%
	2022	542,750	–	0%	–	0%
HSS	2018	2,583,196	2,580,862	100%	942,456	37%
	2019	3,462,044	1,637,598	47%	372,440	23%
	2020	42,177	30,000	71%	–	0%
	2021	2,838,026	282,093	10%	–	0%
	2022	5,272,723	487,495	9%	30,422	0%
Total	MRU	90,308,740	38,259,702	42%	5,288,433	14%
<i>Total</i>	<i>USD equivalent</i>	<i>2,463,616</i>	<i>1,045,201</i>	<i>42%</i>	<i>145,005</i>	<i>14%</i>

Advances not cleared after five years

During a review of the health systems strengthening accounts kept by the DAF, the audit team identified an advance of MRU 2,300,000 disbursed on 14 September 2018 to the EPI as to train the chief medical officers of 23 moughataas. No supporting documents or justification had been provided to the DAF for almost 5 years.

Table 2 – Summary of total amounts questioned by the audit team (in MRU and USD equivalent in blue):

Nature/ category	Entity concerned	Total questioned expenditures (MRU)	Total questioned expenditures (USD)	Reference to the full report
Expenditures tested that were questioned by the audit team (from table 1)	DAF/ EPI	5,288,433	145,005	Section 4.2.6
Advances not cleared after five years	DAF/ EPI	2,300,000	63,978	Section 4.2.6
TOTAL		7,588,433	208,983	