



Investigation Report

Global Fund grant in Guinea

Falsification of data in 2015 Integrated Biological and Behavioral Surveillance Survey

GF-OIG-18-019
30 October 2018
Geneva, Switzerland

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The Office of the Inspector General (OIG) safeguards the assets, investments, reputation and sustainability of the Global Fund by ensuring that it takes the right action to end the epidemics of AIDS, tuberculosis and malaria. Through audits, investigations and advisory work, it promotes good practice, reduces risk and reports fully and transparently on abuse.

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Investigations Report

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1. Executive Summary

1.1. Summary paragraph

SIDALERTE, a Guinea NGO contracted by a Guinea HIV grant Principal Recipient to conduct an Integrated Biological and Behavioral Surveillance (IBBS) survey¹ in 2015, falsified survey participants and responses as well as associated HIV blood test and prevalence data. SIDALERTE also falsified its costs associated with conducting the survey. IBBS surveys are widely and frequently used across Global Fund HIV grant portfolios to inform the design and implementation of effective HIV programs and measure program results. The falsification of the survey's data misrepresented the program's progress and would have directly impacted subsequent strategic and financial decisions had the survey's results been published on time. The Secretariat will enhance its IBBS survey guidance to country teams to include assessing the potential data fraud risks in IBBS and similar surveys and to apply appropriate risk-based, mitigation and assurance measures.

1.2. Main OIG Findings

An IBBS survey collects, via interviews, behavioral data from individuals within specific HIV high risk target groups and tests them for HIV to identify trends and behaviors to develop or refine HIV prevention and care programs. Originally planned for 2014 to coincide with the grant's mid-term assessments, the Guinea survey was to update core HIV behavior and prevalence indicators among at-risk population groups and to provide an information base for the mid-term evaluation of Guinea's 2013-2017 national AIDS strategic framework. The survey was also to provide guidance to policy makers and planners for the development of targeted prevention programs for specific groups and to measure results of Global Fund-financed programs aimed at key affected populations. The survey's report contained a large volume of comprehensive statistics, data, information, and HIV test results on eight at-risk target groups. However, it was not issued by the Principal Recipient until July 2016.

The investigation found that the Guinea survey fell short of its planned number of survey participants and HIV tests in some regions and that SIDALERTE falsified data to cover the gaps. The investigation found that 2,306, or about one quarter, of the survey's 9,740 total participants were fictitious and created from replicating the demographic characteristics and survey responses of 1,176 other participants. SIDALERTE appeared to use the replications primarily to fill region-specific gaps in numbers of participants tested and surveyed. The reported number of blood samples collected and tested for HIV was inflated by more than 50% from the actual number tested and the gaps also appear region-specific. Field collection officers worked for fewer days than budgeted and reported. The ongoing Ebola crisis was cited by the technical oversight team as hindering participation rates.

The investigation also found substantial issues with data quality. The OIG could not match question response data from completed survey questionnaire forms to participant responses in the survey's database for 83% of questionnaires analyzed. Reported HIV prevalence rates also did not reflect, nor could be linked to, the HIV prevalence results recorded by the laboratory technicians conducting the HIV tests, who recorded higher prevalence rates in seven of the eight target groups with four groups having rates more than twice the reported data. The accuracy of the initial HIV rapid test results was also not independently validated, as planned and budgeted.

The findings with data quality indicate that a substantial proportion of survey questionnaires were not included in the reported results, significant errors were made in data entry, and/or participants' demographics and survey responses were manipulated for the IBBS report. Additionally, SIDALERTE falsified the amounts and supporting documents for the costs it reported to have incurred in conducting the survey and overcharged the program US\$11,632.

¹ Also known as Integrated Bio-Behavioral Survey. The IBBS in French is *Enquête de Surveillance Comportementale et Biologique* (abbreviated as ESCOMB).

The frauds went undetected by the Principal Recipient as its oversight and monitoring of the survey's execution was inadequately designed, funded and performed. The technical team constituted by the Principal Recipient to oversee the survey's execution—including data collection, data entry and data quality—did not perform these key functions. The Principal Recipient did not require or ensure that its oversight team fulfilled its mandate prior to finalizing the report and paying the oversight team's fees.

The Global Fund's monitoring and evaluation teams monitor portfolios undertaking IBBS surveys to ensure adherence to industry guidelines and protocols in survey design and execution. The Global Fund's own internal guidance for IBBS surveys, however, does not expressly address how to plan for, mitigate and provide assurance against the risks associated with potential data fraud in the collection or processing of survey inputs, as occurred in the Guinea 2015 IBBS.

1.3. Actions Already Taken

The Secretariat's Technical Advice and Partnership department, in close collaboration with the Risk Department, has recently developed an updated framework (Data Use for Action and Improvement framework) for ensuring programmatic assurance. This includes guidance to country teams and in particular the Secretariat's Public Health and Monitoring and Evaluation specialists on how to implement quality assurance of various surveys, including the IBBS. Protocols for key activities to be undertaken by the service providers who quality assure surveys, which have been used by the Global Fund for health facility assessments and Data Quality Reviews, will be extended to all community-based surveys such as tuberculosis prevalence surveys, IBBS, Therapeutic Efficiency surveys, etc. The Secretariat will formulate operational guidance based on its Data Use for Action and Improvement framework that describes the policy and guidance for IBBS and similar surveys to ensure quality products and to address the potential risks of data fraud and misinterpretation of results. It is also provisioning funds to conduct quality assurance of about 10 IBBS surveys in 2019.

1.4. Summary of Agreed Management Actions

The Global Fund Secretariat and the OIG have agreed specific actions, as detailed in Section 5. In summary, the Global Fund Secretariat will ensure that:

- Non-compliant funds paid in association with the 2015 IBBS are sought from the appropriate parties and recovered. The OIG is proposing that the full amount of the Guinea 2015 IBBS survey contract of US\$114,366 is non-compliant and subject to recovery.
- SIDALERTE is considered for sanctions and that it and its principals are prevented from participating in the future as a supplier in Global Fund-financed programs.
- Guinea's Country Coordinating Mechanism and in-country partners are informed of the investigation's findings and nullify the Guinea 2015 IBBS's results.
- The Secretariat will retain an appropriate service provider to conduct a review of the execution of the Guinea 2017 IBBS recently conducted by an international NGO. This is to provide reasonable assurance as to the survey's validity, accuracy and completeness as to data collection, reporting and HIV prevalence rates.
- The Secretariat will develop operational guidance based on its Data Use for Action and Improvement framework that describes the policy and guidance for IBBS and similar surveys to ensure quality products and accurate results and to address the potential risks of data fraud.

2. Context

2.1. Country Context

Guinea is a low income country with a population of 12.6 million² and about 55% live below the poverty line. The country is ranked 183 out of the 188 countries in the 2016 United Nations Development Program (UNDP) human development index report. Transparency International's 2016 Corruption Perceptions Index ranks the country at 142 out of a total of 176.

The Fragile States index rates the country as high risk, with weak institutional structures and poor infrastructure, which affect health service delivery. Guinea has the lowest health care workforce ratio among the 49 countries prioritized by the World Health Organization, which also affects health service delivery. The health worker density is less than one health worker per 10,000 population.³

The challenging environment was compounded by the emergence of the Ebola virus epidemic in 2014-2015, which had multiple economic and social consequences in Guinea. There were 38,042 Ebola cases with 2,536 deaths, including 115 health workers. The management of the epidemic was affected by poor infrastructure, inadequate infection prevention and control measures, and limited capacity for epidemiological surveillance.

2.2. Differentiation Category for Country Investigations

The Global Fund classifies countries in which it finances programs into three overall portfolio categories: focused, core and high impact. These categories are primarily defined by the amount allocated, the total disease burden and impact on the Global Fund's mission to end the three epidemics.

Countries can also be divided into two cross-cutting categories:

1. Challenging Operating Environments are countries or regions characterized by weak governance, poor access to health services, and manmade or natural crises
2. The second category, the Additional Safeguard Policy, provides the Global Fund with an extra set of measures to strengthen fiscal and oversight controls in risky environments.

Guinea is:

 Focused: (Smaller portfolios, lower disease burden, lower mission risk)

 **Core: (Larger portfolios, higher disease burden, higher risk)**

 High Impact: (Very large portfolio, mission critical disease burden)

 *Challenging Operating Environment*

 *Additional Safeguard Policy*

² World Bank Country Profile, <http://data.worldbank.org/country/guinea>

³ http://www.who.int/hrh/fig_density.pdf

2.3. Global Fund Grants in the Country

The Global Fund has signed over US\$330 million in grants and has disbursed US\$214 million in the fight against HIV/AIDS, tuberculosis and malaria in Guinea since 2003 and currently has three active grants in the country with a total value of US\$199.4 million.

Two of the active grants are new ones signed in 2018: an HIV grant being implemented by the Guinea Ministry of Public Health and a TB/HIV grant being implemented by Plan International, which had also implemented the TB grant GIN-T-PLAN in 2017. Catholic Relief Services has been managing the country's current malaria grant GIN-M-CRS since 2012.

The Guinea 2015 IBBS survey was financed with funds from grant GIN-H-CNLS, which originated in 2012 and closed in June 2018. The grant was implemented by Guinea's National AIDS Council as Principal Recipient. The grant's performance targets included a reduction in HIV prevalence rates for female sex workers and miners. Additionally, the targets included Global Fund Core Indicators and behavioral targets measured by an IBBS survey, such as condom use among female sex workers, percentage of sex workers reached with HIV prevention programs, society's acceptance of people living with HIV, sexual practices, and knowledge of HIV prevention and transmission among youth.

2.4. The Three Diseases



HIV/AIDS: Guinea has a generalized HIV epidemic but with higher concentration among key populations (men who have sex with men, female sex workers and TB patients). The country has recently adopted the "test and treat" policy, with the intention of starting treatment for all cases that are tested positive for HIV.

The Global Fund is the largest donor for HIV/AIDS in Guinea.

39,000 People currently on antiretroviral therapy

HIV prevalence (adult population): 1.6%⁴

Number of People Living with HIV: 120,000⁵



Malaria: The disease is endemic in Guinea where the entire population is at risk. Significant progress has been made in the fight against malaria but the country is still at the control phase.

All cases are caused by the Plasmodium falciparum parasite.

The Global Fund and the United States President's Malaria Initiative are the largest donors for malaria in Guinea.

13.1 million Insecticide-treated nets distributed

15% parasitic prevalence (a reduction from 44% in 2013)

847,163 treated malaria cases

846 reported malaria related deaths⁶



Tuberculosis: Guinea's TB prevalence is estimated at 177 per 100,000 population, which is 44th highest in the world. The country reported 370 multi drug resistant TB cases in 2016.

The Global Fund and the Government fund most TB interventions in the country.

28,200 Laboratory-confirmed TB cases detected and treated

Treatment success rate for new and relapse cases: 83%⁷

Treatment coverage: 55%

⁴ UNAIDS: <http://www.unaids.org/en/regionscountries/countries/guinea>

⁵ UNAIDS: <http://www.unaids.org/en/regionscountries/countries/guinea>

⁶ World Malaria report 2016

⁷ World TB Report 2016

3. The Investigation at a Glance

3.1. Genesis and Scope of the Investigation

May 2015: Start of wrongdoing

February 2017: OIG alerted to wrongdoing

Source of the alert:

- ☒ **Secretariat**
- ☐ Principal Recipient
- ☐ Sub-Recipient
- ☐ Local Fund Agent
- ☐ Anonymous whistle-blower
- ☐ Audit referral
- ☐ Other

In February 2017, the Secretariat alerted the OIG to possible fraud by SIDALERTE in its claim for reimbursement of certain budgeted line items for the Guinea 2015 IBBS.

The OIG conducted two missions to Guinea in 2017 and collected copies of the Guinea 2015 IBBS database of survey participants and responses. Additionally, the OIG copied a large sample of hard-copy questionnaires completed by the field teams, the HIV test registers completed by the laboratory technicians, and financial and related records.

Following its missions, the OIG conducted extensive post-mission data collection, validation and analysis.

3.2. Type of Wrongdoing Identified

- ☐ Coercion
- ☐ Collusion
- ☐ Corruption
- ☒ **Fraud**
- ☐ Human Rights Issues
- ☐ Non-Compliance with Grant Agreement
- ☐ Product Issues

3.3. Non-Compliant Expenditure

US\$114,366: The investigation found non-compliant expenditures totaling US\$114,366, representing the entire value of the SIDALERTE contract.

3.4. Proposed Recoverable Amount

US\$114,366: The OIG proposes that the Secretariat seek recovery of the entire amount of non-compliant expenditures identified.

3.5. Progress on Previously Identified Issues

The OIG has previously published one investigation report concerning Guinea, in March 2015. The investigation confirmed serious misappropriation and fraud associated with 22 of 26 sub-sub-recipients working on Global Fund HIV programs in country from 2008 to 2010. Some were fictitious organizations used to embezzle funds whereas others were found to have been legitimate, but had not carried out any program activities, despite having received program funds. The OIG also identified fictitious invoices and unsupported

Previous relevant OIG work

[GF-OIG-15-007: Investigation Report - Global Fund Grants to the Republic of Guinea](#)

expenditures. In total, the investigation found US\$416,183 in misappropriated or unsupported non-compliant expenditures. The Government of Guinea has repaid the non-compliant amounts in full.

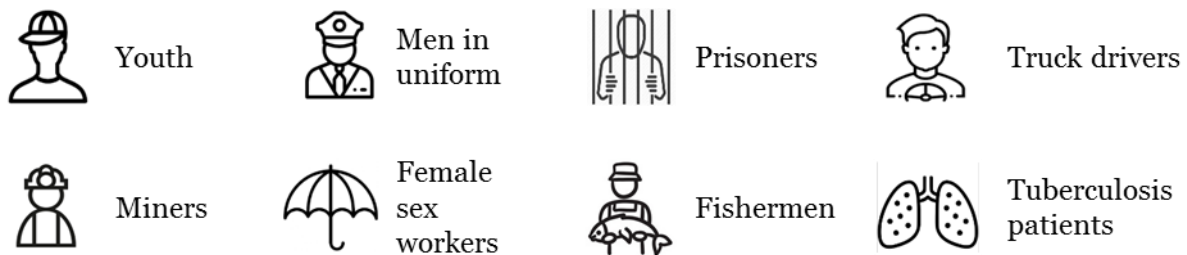
The Secretariat ceased using the implicated sub-sub-recipients in 2010. In 2012, it invoked the Additional Safeguard Policy and in 2014 replaced the Ministry of Health as Principal Recipient with the National AIDS Council (*Conseil National de Lutte contre le SIDA*). It also increased fiduciary controls within the HIV program, implemented a zero-cash policy and added a fiduciary agent in 2013.

4. Findings

4.1. A quarter of the survey's recorded participants were fictitious and represented exact replications of other participants

The investigation found that 2,306 of the survey's 9,740 reported survey participants were fictitious and represented identical replications of another survey participant's demographic characteristics and entire set of survey responses. The replications represented 20% or more of the participants in five of the eight target groups. Their inclusion in the survey's results materially misrepresent its demographic and behavioral components and skew the interpreted results towards the set of participants that were replicated.⁸

The Guinea 2015 IBBS surveyed 9,740 individuals from eight at-risk target groups:



Statistical sampling techniques were used to quantify the targeted number of participants for each target group, as recommended by industry guidance. The survey reported an overall participant response rate of 98.8%.

To conduct the survey, SIDALERTE reported that 12 teams of trained collection officers surveyed participants in each administrative region over a two to three week period.⁹ They used semi-structured face-to-face interviews and anonymous, standardized and pre-coded paper questionnaires tailored for each target group. The field teams collected the participants' sociodemographic characteristics and asked questions related to sexual behavior and practices, knowledge and previous history of sexually transmitted infections, including HIV and exposure to AIDS interventions, etc. The number and type of questions posed to each participant differed depending on the target group and the participant's responses; they ranged from 95 possible questions for Fishermen to 256 possible questions for Men in Uniform.

SIDALERTE developed a digital database of the participant's demographic characteristics and survey responses for analysis, validation and reporting. The database forms the basis for the survey's reported results. The Principal Recipient constituted a technical committee to closely monitor and report on each part of the survey process (*see* Finding 4.5).

The OIG analyzed the 9,740 survey participants represented in SIDALERTE's database of survey results and found replicated participants in all eight target groups; in five groups more than 20% of participants were replications. The participants shared identical demographic characteristics (age, gender, religion, marital status, education) and identical sets of responses for up to 256 questions. In total, 1,176 participants were replicated on average twice creating 2,306 falsified participants representing 23.7% of the total 9,740 reported participants. *See* Figure B-1 in Annex B.

The replications were highest in the Miners and Youth groups. For the Miners group, the demographics and all survey responses for 477 of its 998 participants (48%) exactly replicated the same information of 157 other participants. For the Youth group, the demographic information and all survey responses for 909 of its 2,369 participants (38%) exactly replicated the same information of 398 other participants. Almost half (n=390) of the Youth group's 909 replicated records

⁸ The participants' HIV test results were not part of the data set that was replicated, but were separately manipulated.

⁹ Total field-days budgeted were 710, including travel days, to interview 9,854 participants.

represented participants replicated five or more times with four participants replicated 15 times each. For the Men in Uniform, Fishermen and Truck Drivers groups, the number of replicated participants exceeded 20% of the total number of reported participants within those groups. See Table B-1 in Annex B.

As an example, the survey contains nine participants within the Miners group that represent a 26-year-old man from the same community in the Kindia administrative region. The nine men completed the same level of education, shared the same religious faith, practiced the same tendencies in listening to the radio and watching television, practiced the same consumption patterns of alcohol and drugs, and shared the same marital status. All nine men had their first sexual encounter at the age of 14 and shared identical answers to nineteen additional questions about sexual practices and experiences, such as use of condoms. They also responded identically to the survey's remaining 61 questions about awareness and knowledge of sexually transmitted diseases and HIV, their opinions and attitudes about those with HIV and AIDS, and recent HIV-related interventions including blood tests and prevention programs.

The replicated, fictitious participants appear to fill region-specific gaps. An analysis of the Miners group's replicated participants shows that they primarily appear in the three regions with substantial shortfalls between the numbers of blood samples tested and reported participants. Conversely, replicated participants do not exist or are proportionately low in the two regions in which the number of blood samples tested is close to the number of reported participants. See Figure B-2 in Annex B for an illustration of dispersions of replicated participants across communities within the Youth group.

SIDALERTE was unable to provide an explanation for the replicated records.

4.2. Survey participants' reported demographics and survey responses could not be matched to the underlying questionnaires

To assess data quality, the OIG randomly selected 433 questionnaires (4.4% of the reported number of 9,740 participants) from the population of completed questionnaires returned to SIDALERTE by the 12 data collection field teams. The OIG could not match to SIDALERTE's survey database 26% of the questionnaires based on a sample of the survey participants' demographic characteristics and 83% of the questionnaires based on a sample of survey question responses. The OIG's findings indicate that a high proportion of questionnaires were not entered into SIDALERTE's survey participant database, significant errors were made in entering the information from the questionnaires, and/or the participants' actual demographic data and survey responses were manipulated by SIDALERTE. The substantial inconsistencies between the source questionnaires and the reported results misrepresent and distort the actual mix of participants and responses collected.

The sample was comprised of participants from all eight target groups and all eight geographical regions. The selected questionnaires had been marked by SIDALERTE as being included in its database. The survey participant's unique and anonymous survey identification code was transcribed onto each survey questionnaire and blood sample for tracking purposes. Contrary to industry protocols, SIDALERTE, however, did not enter the participant's code into its survey database. This prevented easily linking a participant's questionnaire to its representative data record in the database using the unique code.

For each sample questionnaire, the OIG searched SIDALERTE's survey participant database for a data record matching up to five of the participant's demographical characteristics (i.e., age, gender, education, profession, marital status, occupation) and up to 11 survey responses to various behavioral questions, as recorded on the participant's questionnaire by the field collection officers.

The OIG was unable to match the set of demographical characteristics analyzed for 26% of the questionnaires in the sample due to differences between the questionnaires and the database for one or more of the characteristics analyzed. The percentage of unmatched participants ranged from 14%

of the participants in the Youth target group to 50% of the participants in the Fishermen group. See Table B-2 in Annex B.

As an example, the questionnaire with the identification code 118-02-18¹⁰ within the Miners target group represented a 28-year old male of Protestant faith, interviewed in the community of Fria, in the Boké administrative region, who had attended school. The database of survey responses for the Miners group contains four participants of men of Protestant faith from the Boké region, who had attended school. However, none of the four men were 28 years old, ranging in age from 33 to 36, and all four men were interviewed in the community of Kamsar, a 230 kilometer (144 mile) drive from Fria. The 28-year man from Fria was not represented in the final survey results.

The OIG was also unable to match the sample set of survey responses analyzed for 83% of the questionnaires in the sample due to differences between the questionnaires and the database for one or more of the responses analyzed. The percentage of unmatched responses ranged from 67% of the sample questionnaires in the Miners target group to 100% of the sample questionnaires in the Sex Workers and Prisoners target groups. Again see Table B-2 in Annex B.

The cost of entering the questionnaire data into the survey participant database was not separately budgeted for the survey, but was part of SIDALETTE's administrative fee. As described in Section 4.5, the survey's Principal Recipient's technical oversight team did not oversee or validate the accuracy and completeness of the data entry function.

SIDALETTE speculated that the irregularities and discrepancies identified by the OIG between the completed survey questionnaires and the survey database were because the OIG's sample included some questionnaires that SIDALETTE had excluded from data entry due to their "low quality". The OIG rejects this argument as all questionnaires sampled had been marked by SIDALETTE as being included in the database. Another factor SIDALETTE cited may have been due to changes it had made to a questionnaire's responses due to errors by the collection staff.

4.3. SIDALETTE inflated the reported number of participant blood samples tested by over 50 percent and falsified the reported HIV prevalence rates

SIDALETTE inflated the reported number of blood samples collected and tested for HIV by over 50% overall. Additionally, the reported HIV prevalence rates are not supported by the underlying HIV test evidence, but appear to have been falsified. The HIV prevalence rates recorded by the laboratory technicians were higher than reported for seven of the eight target groups and more than twice as high for four groups. Independent quality assurance blood tests planned and budgeted for were not performed.

At the close of each participant interview, the survey's data collection team asked the survey participant if he/she would voluntarily consent to having his/her blood drawn and tested for HIV. If consent was given, the team would complete a Blood Sample Consent Form and draw a blood sample. The participant's survey identification code was to be written onto the Consent Form and the corresponding blood vial in order to link the blood sample to its associated participant. As this was not consistently or accurately done by the field teams, SIDALETTE was precluded from making the links when entering the results by participant in the survey database.

Each blood sample was subjected to a "Determine" first-line rapid test by laboratory technicians hired specifically for the survey. Samples that tested "positive" for HIV on the first rapid test were re-tested by the technicians with a second rapid test called "Immunocomb HIV 1 & 2 Bispot." For further quality assurance, all samples with a "positive" result for HIV following the two rapid tests or with an undeterminable result (i.e., "positive on the first test and "negative" on the second) and 10% of the tests giving a "negative" result from the first test, were to be validated by a separate laboratory. However, the separate quality assurance tests were not conducted, although funds for the tests were budgeted and reported by SIDALETTE to have been paid (see Section 4.4).

¹⁰ As previously noted, the survey response database did not capture the participants' survey identification code.

The Guinea 2015 IBBS survey reported that it collected and tested blood samples from 9,345 of the survey's 9,740 participants, for a 95.9% consent rate. The survey also reported that HIV prevalence rates for all target groups decreased from 2012 to 2015. The most significant drops in prevalence rates were within the TB Patients and Sex Workers target groups, decreasing from 28.6% to 23.4% and from 16.7% to 14.2%, respectively. The largest percentage change was within the Youth and Truck Drivers groups, with their prevalence rates decreasing by 36% and 22%, respectively, from their 2012 rates. *See Figure B-3 in Annex B.*¹¹

The laboratory that conducted the blood tests, however, confirmed to the OIG that it conducted HIV tests on only 6,084 blood samples in total, or 3,261 (33%) fewer samples than the 9,740 samples reported tested in the survey. This lower volume of total samples tested is also consistent with the number of samples recorded by the laboratory technicians in their HIV test registers analyzed by the OIG. Based on the test registers analyzed for seven of the target groups,¹² SIDALERTE inflated the number of blood samples tested for all groups by 57% for Prisoners up to 124% for Fishermen. *See Table B-3 in Annex B.*

The fewer number of blood samples collected and tested as represented by the laboratory test registers is also consistent with an analysis of the number of Blood Sample Consent Forms submitted by the field teams. Because the forms were required to be completed for each blood sample drawn, they serve as another indicator of the actual number of samples collected.

The HIV prevalence rates—ratio of positive cases to total participants tested—recorded in the laboratory test registers also differ significantly from the prevalence rates reported in the Guinea 2015 IBBS. Recorded prevalence rates were higher than reported for seven of the target groups including 349% higher than reported for the Fishermen group and 126% and 152% higher for the Men in Uniform and Miners groups, respectively. *See Tables B-4, B-5 and B-6 in Annex B.*

The initial rapid HIV tests were not monitored by the Principal Recipient or its oversight team and the positive HIV test results from the initial tests were not subjected to further quality assurance tests by a separate laboratory which, if performed, could have altered the initial results. The laboratory did not receive and begin testing the samples until after the teams returned from the field, resulting in the blood samples taken during the first half of the field missions outside of Conakry being temporarily stored in the field for over 10 days, on average. This also could have affected the accuracy of the initial tests.

SIDALERTE was unable to provide an explanation for the discrepancies in blood samples collected and HIV test results.

4.4. SIDALERTE submitted falsified documents with inflated amounts in support of survey expenses paid

SIDALERTE submitted fabricated and inflated financial records and supporting documents to the Principal Recipient that misrepresented the funds it actually spent in conducting the survey and overcharged the HIV program by at least US\$11,632, or 23%. One supplier that helped facilitate the fraud confirmed it 'kicked back' the inflated invoice amount to SIDALERTE.

The Guinea 2015 IBBS survey contract of US\$114,366 budgeted up to US\$84,877 for SIDALERTE to use to procure various goods and services for conducting the survey and associated training sessions, such as for fuel, printing, vehicle rentals, field teams, and laboratory technicians. SIDALERTE's contract with the Principal Recipient required SIDALERTE to justify all out-of-pocket expenses claimed under the contract.

For three transactions valued at US\$16,025 in total, the OIG found that SIDALERTE created fictitious proforma invoices with fictitious price quotes from local providers to give the appearance

¹¹ This information and its accompanying chart (Figure B-3) are included in the report for context to describe and compare the HIV prevalence rates reported publicly by the two surveys.

¹² The HIV test registers for the Youth target group were not located and could not be tallied or analyzed.

of a competitive bid process. The lowest cost bidder in each instance bid the exact amount of the budget for the goods or service. SIDALERTE instead sole-sourced the contract for a lower, negotiated price. It created fictitious supplier invoices that equaled the bid and budgeted amounts and, with the consent of the suppliers, SIDALERTE paid the suppliers by check the inflated amount to give the appearance that the amount paid was legitimate. One supplier confirmed it had paid the inflated amount back to SIDALERTE in cash. The total confirmed inflated amounts for the three transactions were US\$6,363, or 40% of budgeted amounts.

The OIG also found that the survey's field teams comprising collection officers and biologists, budgeted at US\$31,617, were fewer in number and that some worked fewer days and for less remuneration than contracted and reported as paid. Evidence indicates that the laboratory technicians hired to conduct the HIV rapid blood tests and budgeted at US\$1,595 were fewer in number (four versus five) and also worked for less remuneration than reported by SIDALERTE. Additionally, evidence indicates that the confirmation blood tests to have been conducted by a separate laboratory for a reported cost of US\$1,786 were not performed and the fees not paid. SIDALERTE provided falsified documents to the Principal Recipient in support of all of these inflated amounts.

SIDALERTE instructed the 12 survey field teams to submit falsified fuel receipts using the budgeted price per liter and volume of liters so that in total the receipts collectively summed to the exact amount of fuel budgeted of US\$3,240, rather than the actual amount spent.

Agreed Management Action 1

Based on the findings of this report, the Secretariat will finalize and pursue, from all entities responsible, an appropriate recoverable amount. This amount will be determined by the Secretariat in accordance with its evaluation of applicable legal rights and obligations and associated determination of recoverability.

Owner: Chair, Recoveries Committee

Due date: 30 September 2019

Category: Financial & Fiduciary Risks

Agreed Management Action 2

Based on the findings of this report, the Secretariat will address the supplier misconduct in accordance with the Secretariat's policy on supplier misconduct and the Sanctions Panel Procedures.

Owner: Head, Grant Management Division

Due date: 31 March 2019

Category: Governance, Oversight and Management Risks

4.5. The Principal Recipient did not provide adequate oversight of survey activities

The Principal Recipient did not effectively monitor and oversee the execution of the Guinea 2015 IBBS to ensure overall supplier performance, data quality and to prevent or detect the manipulation of data and fraud that occurred. Its oversight mechanism was not sufficiently designed, budgeted or executed to provide comprehensive and effective oversight and quality assurance. Global Fund guidelines for IBBS surveys should be revised to more specifically address data quality risks and to provide appropriate risk-based mitigation and assurance measures.

Industry guidance for IBBS surveys emphasizes the need for and importance of measures and controls at key points throughout the survey's lifecycle to ensure that the study is well-designed,

adheres to protocol and is of high quality and accuracy.¹³ Critical processes specifically highlighted in the guidance to get right are data collection in the field, data inputting, database review and accuracy, and blood tests.

The Guinea 2015 IBBS involved numerous committees, partners and specialists that provided technical and financial oversight and guidance, monitoring and quality assurance. For example, the survey's research protocol was reviewed and approved by Guinea's National Monitoring and Evaluation Reference Group for health programs and Guinea's National Committee of Ethics for Health Research. The survey's draft report was presented, discussed, validated and unanimously approved at a validation workshop attended by representatives of Guinea-based stakeholders from the wider HIV/AIDS community including the government, regional health directors, and many in-country partners.

Prior to the survey, the Principal Recipient formed a five-member National Technical Team to organize and monitor all of its surveys. The five-member team comprised three representatives from the Principal Recipient and two representatives from Guinea's National Program of Sanitary Management and Prevention of STIs/HIV/AIDS. In addition to participating in a survey's planning, the Technical Team's mandate was to oversee the survey's data collection, review data entry plans and data analysis, ensure compliance with technical requirements, and ensure the quality of the data and reporting. However, its mandate did not include oversight of the HIV testing activities, which had no independent oversight. The IBBS budget allocated each member of the Technical Team 30 days of service for a total cost of US\$6,700.

The Technical Team informed the OIG that it monitored data collection via telephone calls to the field team supervisors rather than in-person, as its oversight budget for the survey did not provide for travel. The Technical Team also informed the OIG that they did not monitor SIDALERTE's data entry nor evaluate SIDALERTE's participant database for consistency, accuracy, quality and completeness prior to publication. The Technical Team issued its final report and was paid for its services in September 2015, shortly after the data collection teams returned from the field, but more than eight months before SIDALERTE submitted its draft report. Notably, the Technical Team's report cited the ongoing Ebola crisis as hindering the field teams' ability to reach their performance targets, especially with regards to collecting blood samples, but it provided no particular details.

The Technical Team did not fulfill its important mandate, nor did the Principal Recipient require or ensure that the team fulfilled its mandate which included validating the final data prior to finalizing the IBBS report and paying the Technical Team its fees. The Technical Team's mandate should have also included oversight and monitoring of the HIV blood testing and reporting, and its budget should have allowed for travel and on-site monitoring and verification of data collection.

The Global Fund invests heavily in IBBS and other surveys, as an IBBS survey is typically conducted every three to five years in accordance with WHO guidelines. An IBBS survey's cost can range from US\$50,000 to more than US\$1 million depending on its scope and size. Nineteen (19) new grants signed as of 1 May 2018 have budgeted US\$8.8 million for IBBS surveys.

The Global Fund Secretariat includes a Monitoring and Evaluation and Country Analysis (MECA) team within its Strategic Investments and Impact Division (SIID) which works across the entire grant portfolio to set monitoring and evaluation policies and develop operational guidance. It provides technical support and guidance to country teams on a variety of monitoring and evaluation topics and has developed technical guidance and a checklist for IBBS surveys. This guidance focuses on assuring technical rigor and ethical standards and does not expressly address how to plan for and mitigate the risks associated with potential data fraud in the collection or processing of survey inputs, as occurred in the Guinea 2015 IBBS.

¹³ *Biobehavioral Survey Guidelines for Populations at Risk For HIV*, Global HIV Strategic Information Working Group, 2017; *Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV*, FHI360, et al, 2000.

Agreed Management Action 3

The Secretariat, in conjunction with the CCM, will inform national partners of the findings of the investigation and nullify the contents and use of the 2015 IBBS report.

Owner: Head, Grant Management Division

Due date: 30 November 2018

Category: Governance, Oversight and Management Risks

Agreed Management Action 4

With the assistance of the LFA and/or other suitable service provider, the Secretariat will review the Guinea 2017 IBBS survey to obtain reasonable assurance regarding the survey protocol, implementation and findings, including the HIV testing. The terms of reference for the review should be formed in collaboration with and reviewed by the OIG prior to the review's execution.

Owner: Head, Grant Management Division

Due date: 31 March 2019

Category: Governance, Oversight and Management Risks

Agreed Management Action 5

The Secretariat will develop operational guidance based on its Data Use for Action and Improvement framework that describes the policy and guidance for IBBS and similar surveys to ensure quality products and accurate results and to address potential risks of data fraud.

Owner: Head, Strategy, Investment and Impact

Due date: 31 March 2019

Category: Governance, Oversight and Management Risks

5. Table of Agreed Actions

Agreed Management Action	Target date	Owner	Category
1. Based on the findings of this report, the Secretariat will finalize and pursue, from all entities responsible, an appropriate recoverable amount. This amount will be determined by the Secretariat in accordance with its evaluation of applicable legal rights and obligations and associated determination of recoverability.	30 September 2019	Chair, Recoveries Committee	Financial & Fiduciary Risks
2. Based on the findings of this report, the Secretariat will address the supplier misconduct in accordance with the Secretariat's policy on supplier misconduct and the Sanctions Panel Procedures.	31 March 2019	Head, Grant Management Division	Governance, Oversight & Management Risks
3. The Secretariat, in conjunction with the CCM, will inform national partners of the findings of the investigation and nullify the contents and use of the 2015 IBBS report.	30 November 2018	Head, Grant Management Division	Governance, Oversight & Management Risks
4. With the assistance of the LFA and/or other suitable service provider, the Secretariat will review the Guinea 2017 IBBS survey to obtain reasonable assurance regarding the survey protocol, implementation and findings, including the HIV testing. The terms of reference for the review should be formed in collaboration with and reviewed by the OIG prior to the review's execution.	31 March 2019	Head, Grant Management Division	Governance, Oversight & Management Risks
5. The Secretariat will develop operational guidance based on its Data Use for Action and Improvement framework that describes the policy and guidance for IBBS and similar surveys to ensure quality products and accurate results and to address potential risks of data fraud.	31 March 2019	Head, Strategy, Investment and Impact	Governance, Oversight & Management Risks

Annex A: Methodology

Why we investigate: Wrongdoing, in all its forms, is a threat to the Global Fund's mission to end the AIDS, tuberculosis and malaria epidemics. It corrodes public health systems and facilitates human rights abuses, ultimately stunting the quality and quantity of interventions needed to save lives. It diverts funds, medicines and other resources away from countries and communities in need. It limits the Global Fund's impact and reduces the trust that is essential to the Global Fund's multi-stakeholder partnership model.

What we investigate: The OIG is mandated to investigate any use of Global Fund funds, whether by the Global Fund Secretariat, grant recipients, or their suppliers. OIG investigations identify instances of wrongdoing, such as fraud, corruption and other types of non-compliance with grant agreements. The Global Fund Policy to Combat Fraud and Corruption¹⁴ outlines all prohibited practices, which will result in investigations.

OIG investigations aim to:

- (i) identify the nature and extent of wrongdoing affecting Global Fund grants;
- (ii) identify the entities responsible for such wrongdoing;
- (iii) determine the amount of grant funds that may have been compromised by wrongdoing; and
- (iv) place the Global Fund in the best position to recover funds, and take remedial and preventive action, by identifying where and how the misused funds have been spent.

The OIG conducts administrative, not criminal, investigations. It is recipients' responsibility to demonstrate that their use of grant funds complies with grant agreements. OIG findings are based on facts and related analysis, which may include drawing reasonable inferences. Findings are established by a preponderance of evidence. All available information, inculpatory or exculpatory, is considered by the OIG.¹⁵ As an administrative body, the OIG has no law enforcement powers. It cannot issue subpoenas or initiate criminal prosecutions. As a result, its ability to obtain information is limited to the access rights it has under the contracts the Global Fund enters into with its recipients, and on the willingness of witnesses and other interested parties to voluntarily provide information.

The OIG bases its investigations on the contractual commitments undertaken by recipients and suppliers. Principal Recipients are contractually liable to the Global Fund for the use of all grant funds, including those disbursed to Sub-recipients and paid to suppliers. The Global Fund's Code of Conduct for Suppliers¹⁶ and Code of Conduct for Recipients provide additional principles, which recipients and suppliers must respect. The Global Fund Guidelines for Grant Budgeting define compliant expenditures as those that have been incurred in compliance with the terms of the relevant grant agreement (or have otherwise been pre-approved in writing by the Global Fund) and have been validated by the Global Fund Secretariat and/or its assurance providers based on documentary evidence.

¹⁴ (16.11.2017) Available at https://www.theglobalfund.org/media/6960/core_combatfraudcorruption_policy_en.pdf

¹⁵ These principles comply with the Uniform Guidelines for Investigations, Conference of International Investigators, 06.2009; available at: http://www.conf-int-investigators.org/?page_id=13, accessed 1.12.2017.

¹⁶ Global Fund Code of Conduct for Suppliers (15.12.2009), § 17-18, available at:

https://www.theglobalfund.org/media/3275/corporate_codeofconductforsuppliers_policy_en.pdf, and the Code of Conduct for Recipients of Global Fund Resources (16.07.2012), §1.1 and 2.3, available at:

https://www.theglobalfund.org/media/6011/corporate_codeofconductforrecipients_policy_en.pdf. Note: Grants are typically subject to either the Global Fund's Standard Terms and Conditions of the Program Grant Agreement, or to the Grant Regulations (2014), which incorporate the Code of Conduct for Recipients and mandate use of the Code of Conduct for Suppliers. Terms may vary however in certain grant agreements.

Who we investigate: The OIG investigates Principal Recipients and Sub-recipients, Country Coordinating Mechanisms and Local Fund Agents, as well as suppliers and service providers. Secretariat activities linked to the use of funds are also within the scope of the OIG's work.¹⁷ While the OIG does not typically have a direct relationship with the Secretariat's or recipients' suppliers, its investigations¹⁸ encompass their activities regarding the provision of goods and services. To fulfill its mandate, the OIG needs the full cooperation of these suppliers to access documents and officials.¹⁹

Sanctions when prohibited practices are identified: When an investigation identifies prohibited practices, the Global Fund has the right to seek the refund of grant funds compromised by the related contractual breach. The OIG has a fact-finding role and does not determine how the Global Fund will enforce its rights. Nor does it make judicial decisions or issue sanctions.²⁰ The Secretariat determines what management actions to take or contractual remedies to seek in response to the investigation findings.

However, the investigation will quantify the extent of any non-compliant expenditures, including amounts the OIG proposes as recoverable. This proposed figure is based on:

- (i) amounts paid for which there is no reasonable assurance that goods or services were delivered (unsupported expenses, fraudulent expenses, or otherwise irregular expenses without assurance of delivery);
- (ii) amounts paid over and above comparable market prices for such goods or services; or
- (iii) amounts incurred outside of the scope of the grant, for goods or services not included in the approved work plans and budgets or for expenditures in excess of approved budgets.

How the Global Fund prevents recurrence of wrongdoing: Following an investigation, the OIG and the Secretariat agree on management actions that will mitigate the risks that prohibited practices pose to the Global Fund and its recipients' activities. The OIG may make referrals to national authorities for criminal prosecutions or other violations of national laws and support such authorities as necessary throughout the process, as appropriate.

¹⁷ Charter of the Office of the Inspector General (19.03.2013), § 2, 9.5, 9.6, 9.7 and 9.9 available at: https://www.theglobalfund.org/media/3026/oig_officeofinspectorgeneral_charter_en.pdf

¹⁸ Charter of the Office of the Inspector General § 2, and 17.

¹⁹ Global Fund Code of Conduct for Suppliers, § 16-19

²⁰ Charter of the Office of the Inspector General § 8.1

Annex B: Tables and Figures

Replicated Participants

Figure B-1. Percentage of Replicated Participants to Total Participants Reported for Each Target Group

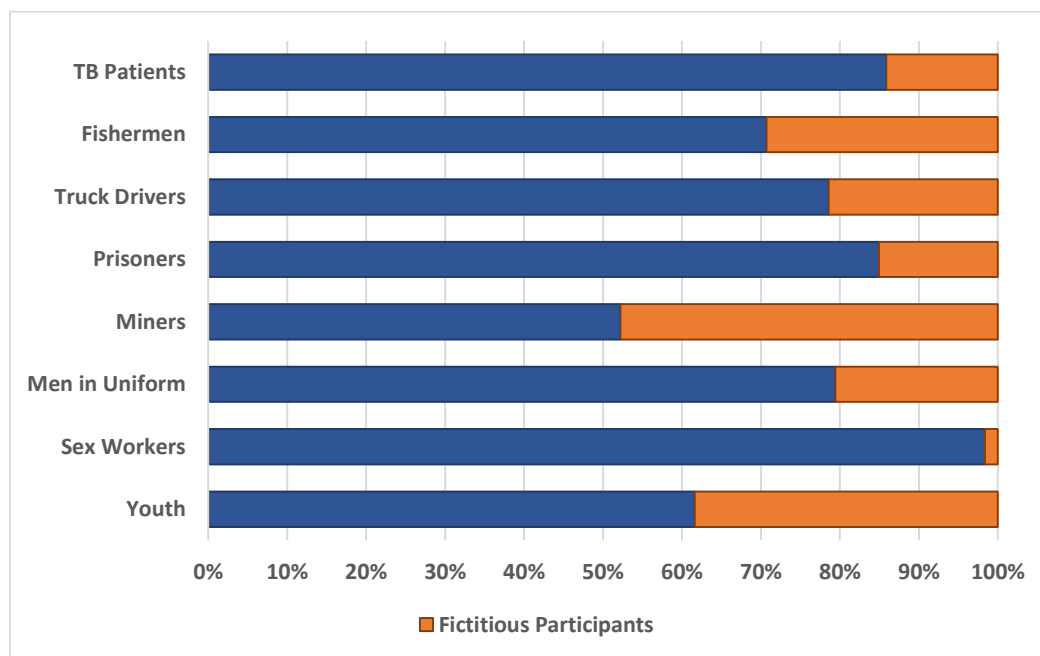
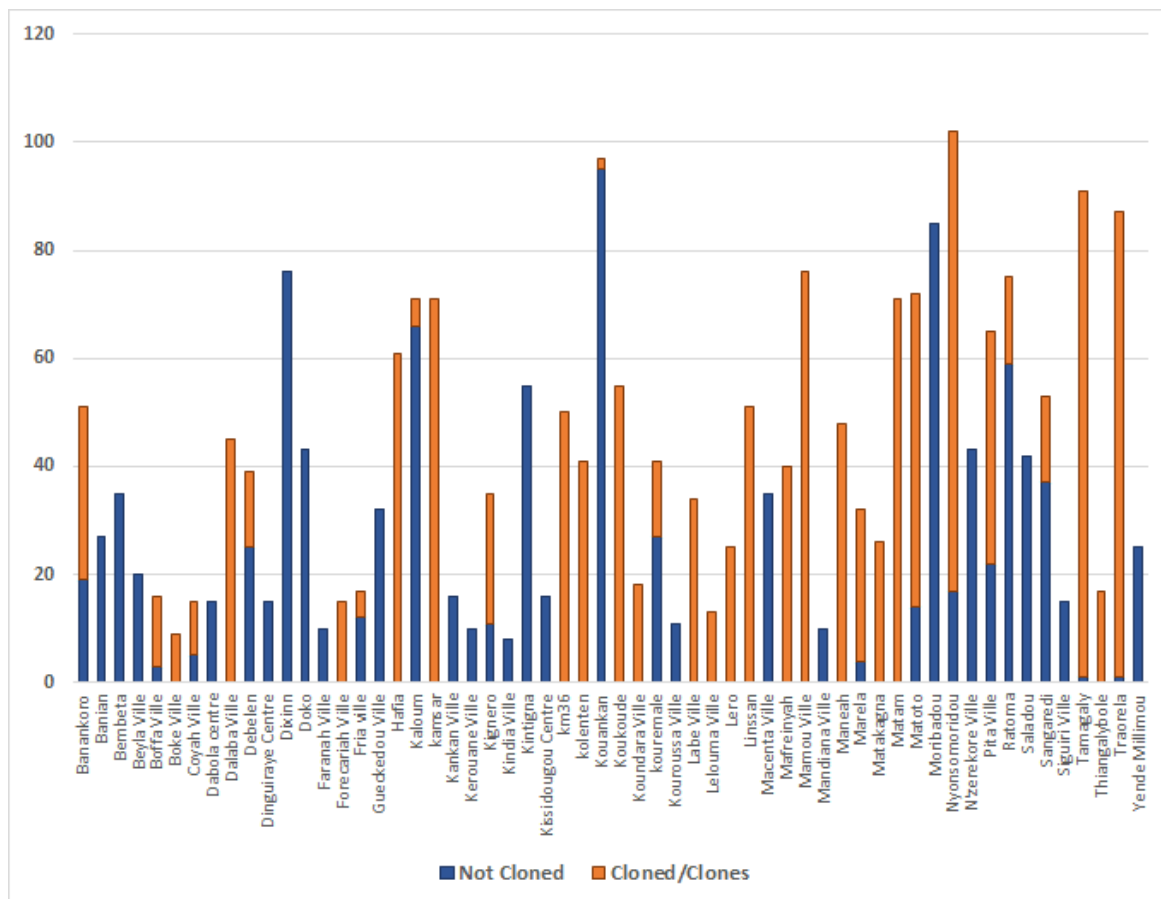


Table B-1. Replicated Participants by Target Group

Target Group	Total No. of Recorded Participants	No. of Participants that were Replicated (i.e., Root Record)		No. of Replications (falsified records)		Total No. of Affected Records	
	[a]	[b]	[b]/[a]	[c]	[c]\[a]	[d]=[b]+[c]	[d]/[a]
Youth	2,369	398	16.8%	909	38.4%	1,307	55.2%
Sex Workers	2,011	31	1.5%	33	1.6%	64	3.2%
Men in Uniform	1,556	193	12.4%	320	20.6%	513	33.0%
Miners	998	157	15.7%	477	47.8%	634	63.5%
Prisoners	824	106	12.9%	124	15.0%	230	27.9%
Truck Drivers	821	132	16.1%	176	21.4%	308	37.5%
Fishermen	679	106	15.6%	199	29.3%	305	44.9%
TB Patients	482	53	11.0%	68	14.1%	121	25.1%
TOTAL	9,740	1,176	12.1%	2,306	23.7%	3,482	35.7%

Figure B-2. Dispersion of Replicated Participants across Communities for the Youth Target Group

The wide dispersion of replicated participants can be illustrated by the Youth group. Its 2,369 survey participants were from 58 different communities across Guinea. For 19, or about one-third, of those communities, 100% of the participants within those communities had been replicated at least once to create additional fictitious participants within that community. An additional 17 communities had at least one of their participants replicated. Overall, 36 of the 58 communities, or 62%, had fictitious participants of some volume.



Unmatched Questionnaires to Survey Database

Table B-2. Percentage of Sample Questionnaires that could not be matched to SIDALERTE's Survey Participant Database Based on Demographic and Survey Responses

Target Group	Demographics Not Matched	Survey Responses Not Matched
Youth	14%	81%
Men in Uniform	19%	70%
Miners	29%	67%
Sex Workers	30%	100%
Fishermen	50%	94%
Truck Drivers	30%	88%
TB Patients	17%	90%
Prisoners	43%	100%
Overall	26%	83%

Blood Samples and HIV Blood Tests

Figure B-3. Comparison of HIV Prevalence Rates from Guinea 2012 IBBS and 2015 IBBS

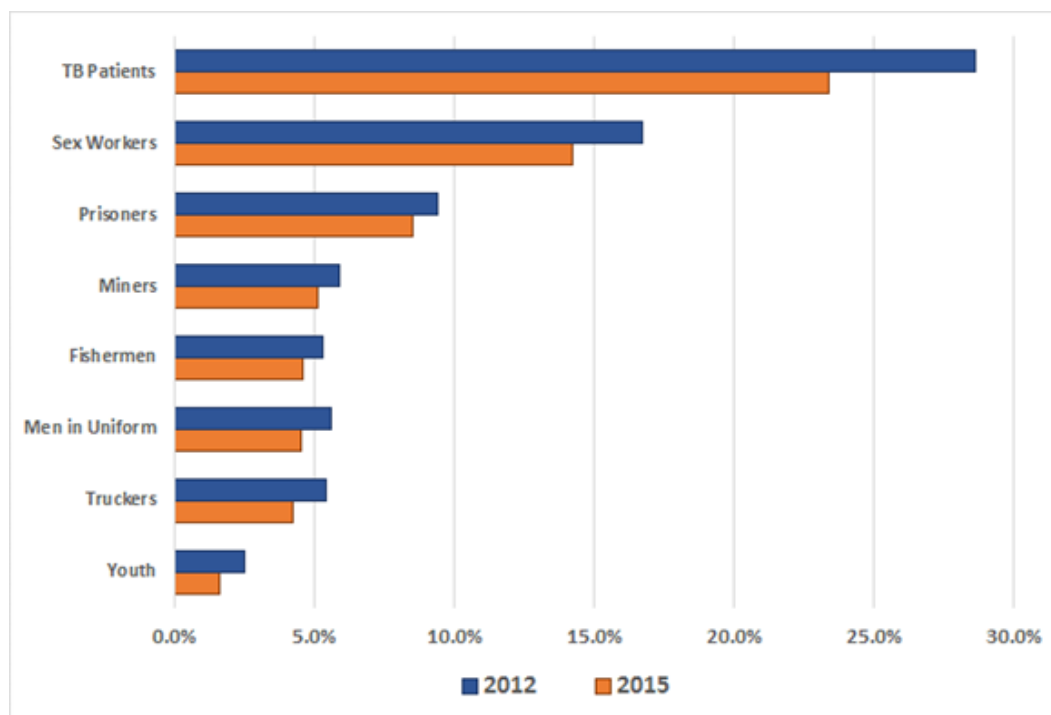


Table B-3. Blood Samples Tested as per the HIV Test Registers as Compared to Blood Samples Reported Collected and Tested in the Guinea 2015 IBBS

Target Group	Blood Samples Tested as per 2015 IBBS	Blood Samples Tested as per HIV Test Registers	Variance in Count	Inflated Number of Samples
	[a]	[b]	[c]=[b]-[a]	-([c]/[b])
Men in Uniform	1,543	879	(664)	75.5%
Miners	981	498	(483)	97.0%
Sex Workers	1,994	996	(998)	100.2%
Fishermen	671	299	(372)	124.4%
Truck Drivers	812	488	(324)	66.4%
TB Patients	482	297	(185)	62.3%
Prisoners	796	508	(288)	56.7%

Note: the Youth group is excluded from the table as its test registers were not located.

Table B-4. Comparison of HIV Prevalence Rates Recorded in the HIV Test Registers Versus as Reported in the Guinea 2015 IBBS for Seven Target Groups

Target Group	HIV Prevalence Rates as per 2015 IBBS [a]	HIV Prevalence Rates as per Test Registers [b]	Percentage Difference [b]/[a]-1
Fishermen	4.6%	20.7%	349%
Miners	5.1%	12.9%	152%
Men in Uniform	4.5%	10.2%	126%
Sex Workers	14.2%	18.6%	30%
Prisoners	8.5%	11.0%	29%
TB Patients	23.4%	25.6%	9%
Truck Drivers	4.2%	3.7%	-12%

Note: The test registers were not located for the Youth target group and could not be compared.

Table B-5. Number of HIV Positive Samples Recorded in the HIV Test Registers Versus as Reported in the Guinea 2015 IBBS for Three Target Groups

For the Men in Uniform, Miners and Fishermen groups, the number (in count) of positive HIV cases recorded by the laboratory technicians in their HIV test registers was higher than reported in the survey as shown in Table B-5, although the test results were based on a smaller number of samples than reported for each of the three groups. As an example, the number of samples tested by the technicians for the Fishermen group was less than half of the number of samples reported (299 versus 671), yet the technicians recorded twice as many HIV positive cases than reported (62 versus 31) on half the number of samples.

Target Group	No. of Blood Samples per Survey Report	No. of Blood Samples per HIV Test Registers	No. of HIV Positives per Survey Report	No. of HIV Positives per HIV Test Registers
Men in Uniform	1,543	879	70	90
Miners	981	498	50	64
Fishermen	671	299	31	62

Table B-6. Comparison of HIV Prevalence Rates by Source for the TB Patients Target Group

The degree of inconsistencies between the HIV prevalence results recorded in the HIV test registers and the IBBS's reported results can be illustrated by the TB Patients group. While the overall average prevalence rate between the survey's reported result and the test registers for TB Patients is similar at 23% and 26%, respectively, the prevalence rates for each of the four locations surveyed differed dramatically, as shown in Table B-6. The reported prevalence rates are substantially more consistent between locations than the rates as recorded in the HIV test registers by the laboratory technicians conducting the tests for the same locations.

Survey Location	HIV Prevalence		
	Per IBBS (n=482)	Per Registers (n=297)	Difference
Kaloum	19.6%	47.2%	27.6%
Matam	25.3%	18.0%	-7.3%
Matoto	20.3%	100.0%	79.7%
N'Zerekore	29.3%	6.7%	-22.6%
Overall	23.4%	25.6%	2.2%

Annex C: Summary of Subject Responses

The OIG on 20 June 2018 provided the Principal Recipient, SIDALERTE and the supervisor of the blood testing laboratory with its statement of detailed findings of this investigation. The OIG's statement of findings represents the full record of all relevant facts, evidence and findings considered in support of its final investigation report and are provided to the subjects of our investigations for their review and response, as in accordance with our Stakeholder Engagement Model.

All parties responded within the agreed timeframe. The OIG duly considered all points made by the respondents and made revisions to the findings reported in this final report to reflect those comments, clarifications and additional information, as appropriate.