



**Round 3 Appeal Panel Report**

**Outline:** This report provides an overview of the process followed for the Round 3 appeals and includes the recommendations of the Appeal Panel.

**Decision Point:**

The Board approves the following proposals as category 2 proposals, with final approval contingent on the successful completion of the Technical Review Panel clarification process:

1. Suriname HIV/AIDS
2. Yemen HIV/AIDS
3. Multi-Country America Andean Region Malaria.

## Part 1: Introduction

1. The Appeal Panel convened on the 12 and 14 of February, 2004 to discuss the appeals submitted to the Global Fund after the Round 3 outcome.

The Appeal Panel reviewed the following six proposals (Annex 2):

- 1) Yemen HIV/AIDS
- 2) Suriname HIV/AIDS
- 3) Panama HIV/AIDS
- 4) Multi-Country America MAM-303-12 Malaria
- 5) Multi-Country Africa MAF-303-50 HIV/AIDS
- 6) Multi-Country Africa MAF-303-24 HIV/AIDS.

2. The Appeal Panel has recommended three proposals valued at a total of US \$ 23,597,837 for two years (and US\$ 45,923,893 for five years). These recommendations are now presented to the Board for decision.

### ***Decision Point:***

***The Appeal Panel recommends that the Board approve the following proposals as category 2 proposals, with final approval contingent on the successful completion of the Technical Review Panel clarification process:***

- 1. Suriname HIV/AIDS;***
- 2. Yemen HIV/AIDS and***
- 3. Multi-Country America Andean Region Malaria.***

## Part 2: Submission Process

1. Of the rejected proposals from Round 3, forty-two components were eligible to appeal. The Secretariat sent out the letters of notification of the second rejection to countries on November 17, 2003. The letter explained that proposals must be submitted to the Appeal Panel no later than December 27, 2003. During this time the Secretariat received eight Appeals (Annex 1). Two of these, submissions from the Barbados CCM and a multi-country Africa group, were ineligible to appeal.

- The Barbados CCM appeal was a first time rejection and, as such, is ineligible under the appeal eligibility rules, which require two rejections.
- Similarly, the multi-country Africa appeal had not been rejected twice, as it was screened out as ineligible by the Secretariat in the second round and rejected by the Board in the third round.

2. Six Appeals were sent forward to be reviewed by the Appeal Panel, which included the following members:

Dr.Allan Rosenfield acting on behalf of UNAIDS;  
Mr.Paul Geli suggested by the World Bank;  
Dr.Jonathan Broomberg from the Technical Review Panel;  
Dr.Kasia Sempruch Malinowska from the Technical Review Panel.

WHO did not nominate a representative that was available to serve on Appeal Panel.

3. Internal Appeal Forms and all other documents related to the Appeals and the proposals that received a second rejection were shared with the Appeal Panel members and they were given two weeks to review them.

### **Part 3: Review Process**

#### **Proposals reviewed but not recommended**

##### **A. MAF 303-24: Leveraging Community Services to African Children affected and orphaned by HIV/AIDS (Mozambique, Senegal and Zambia)**

1. The Appeal Panel disagreed with the TRP view that the proposed activities do not add value at a regional level, and found the proposal convincing in this respect. Most of the proposed objectives and activities would be additive to activities of CCMs, and do demonstrate potential for economies of scale.
2. The Panel agreed with the TRP objection that the entire proposal falls into category of advocacy, networking, information gathering and sharing, and not into direct programmes that will provide direct benefit to OVCs in the countries targeted. This is in contradiction with the general HAI approach in which only 10% of program budgets are allocated on 'regional advocacy' and 80% on direct programme activities.
3. It is not clear that such a large budget is justified purely for advocacy and information sharing activities rather than for direct interventions.
4. While the proposal has several strengths, it has the following key weaknesses:
  - a. Some of the objectives are inadequately described. One example concerns the Learning Centers – the proposal does not make clear what a Learning Centre actually is in practice.
  - b. Several of the activities listed for each objective are very vaguely described and it is hard to understand what they will actually mean in practice. Linked to this, many of the indicators are vague or broad and/or hard to measure in any precise way. For example:
    - i. C1: Advocate for mainstreaming OVC?
    - ii. Provide needed capacity
      - What do both of these activities mean in practice? What activities would actually be undertaken?

- iii. D: “Contribute to strengthening of the African Women of Faith Network” – this is more of an objective than an activity. Output indicator is “meaningful contribution made to strengthening of the A Women of F network” What does this mean?
- iv. How to measure the number of SWAA chapters advocating for women and child rights issues? What would the chapter need to be doing to qualify as ‘advocating’? What is the minimum standard?
- c. No unit costs were provided in the budget reviewed by the Appeals Panel, and it was therefore impossible to assess reasonableness of the various input costs, in the context of a large overall budget
- d. The detailed work plan provided no more detail on the proposed activities.

5. The Appeal Panel recommends that the proposal remain classified in category 3. The Appeal Panel would encourage resubmission and ask the applicant to also address the following points:

- a. Consider a better balance between advocacy/learning/etc and direct interventions;
- b. Provide much greater detail on activities to be carried out, and attach detailed, quantifiable and measurable indicators to each.

## **B. MAF 303-50 Health Community of East Central and Southern Africa HIV/AIDS Proposal**

1. The Appeal Panel agreed with the TRP on the weaknesses cited i.e.:
  - a. The Proposal attempts to cover a wide and disparate range of objectives, with no clear linkages between them, and often with insufficient rationale for the selection of these specific objectives. In particular, because many of them are clearly being undertaken to a greater or lesser extent in most or all the target countries, the proposal needs to say much more about why these specific objectives and activities are specifically additive to in-country and other regional activities. VCT, ARV, Infection control would be specific examples, but this comment applies to all of the activities. There are some examples where this is done well: for example, where situation analyses have been performed and funding is now requested to turn these studies into policy and advocacy materials.
  - b. This is a large budget for activities that are somewhat removed from direct interventions
  - c. Administration costs at 23% of total budget are too high, and are substantially higher than those in most other proposals.
2. The Appeal Panel recommends that this proposal remain classified in category 3.

## C. Panama - HIV AIDS

### 1. The Appeals Panel found as follows:

- a. Several of the activities across all of the objectives are very vaguely described, making it difficult to envisage what activities will actually be undertaken in many cases. Many of the indicators linked to the activities will be very difficult to measure in practice. Some examples of these weaknesses are as follows:
  - i. Objective 1:  
What does “strengthening of organizations....” mean in practice?  
How will “Percentage of government and private sector including HIV in their HR development programmes” be measured?
  - ii. Objective 2:  
Some indicators will be hard to measure, for example: “percentage reduction in stigmatization and discrimination of target populations”  
The second set of activities is poorly described.
  - iii. Objective 3:  
There is no explanation of how condom social marketing activities will be undertaken  
The indicator “Number of condoms imported” is a poor measure of this activity, since it does not take into account whether condoms reach end users etc.  
No detail at all is provided on the implementation of syndromic management of STIs.
  - iv. Objective 4:  
In this objective, again, some activities are very poorly defined. For example: “Strengthening of information systems and controls”.
- b. The Appeals Panel was concerned that the proposal might have suffered from a poor translation, and requested the Secretariat to review the translation. The Secretariat reviewed the proposal and informed the Appeals Panel of its view that the translation was a faithful one which did not prejudice the proposal.
- c. The Appeals Panel considered its authority to consider supplemental documentation submitted by the CCM with the appeal form in some detail. The document was lengthy and comprehensive, and the Panel took the view that it introduced a substantial amount of new information and justification and could not be considered under Rule 2.2 of the Rules Governing Internal Appeal Mechanism.

2. The Appeal panel recommends that the proposal remain in Category 3.

### **Proposals recommended for approval**

#### **D. Suriname: HIV AIDS**

1. The Appeal Panel found as follows:
  - a. This is a sound proposal, which is well structured and addresses critical needs.
  - b. The idea for a Revolving Fund, and the use of GFATM funding to 'prime' the fund is innovative.
  - c. Some relatively minor weaknesses were noted in some of the activities and indicators.
  - d. More detail is required on the role of laboratory services, which are included in several of the objectives and activities.
  - e. As noted in the TRP review, more detail is required on the mechanics and financing of the Revolving Fund.
  - f. The Appeals Panel found that the TRP comment on vulnerable groups aspects not being sound was not accurate, since key components of the proposal focus on providing ARVs and upgrading services to PLWHAs.
2. The Appeals Panel recommends that the Board reclassify this proposal as Category 2, with clarifications as outlined by the TRP and as above to be provided.

#### **E. Yemen: HIV/AIDS**

1. The Appeals Panel found that the TRP review misinterpreted the proposal in several important ways:
  - a. The Appeal Panel determined that the TRP had overvalued the constraints imposed by the external environment, and that the proposal had sufficiently addressed the difficulties posed by such constraints.
  - b. Some comments made by the TRP are inaccurate: for example, that there are no numerical targets, or that only one consultant is budgeted to provide technical assistance for all training activities, or that too high a proportion of budget is allocated to human resources and training.
2. Overall, this was found to be a comprehensive proposal designed to fill several substantial gaps in an environment of historically low activity and strong societal and political resistance.
3. However, some important weaknesses were noted:

- a. Objective 2 is weak: activities are very broadly defined, output indicators are poor, and some of the targets are inappropriate (reach 30,000 people with community IEC activities seem very low;)
  - b. Objective 3 is similarly weak: activities are again broadly and vaguely defined, making them very difficult to evaluate;
  - c. Monitoring and Evaluation section is weak, with heavy dependence on TA;
  - d. Overall, the proposal may be too ambitious considering the resource constraints and low level of historical activity. The proposal should perhaps focus on fewer critical priorities in the first instance.
4. The Appeals Panel recommends that the Board reclassify this proposal in Category 2. Yemen should provide clarifications and modifications in line with the comments of the TRP and those outlined here.

#### **F. MAM 303-12 Multi Country Andean Region: Malaria**

1. The Appeals Panel found that the proposal has several strengths, including:
  - a. The proposal provided a strong strategic argument for cross border activities;
  - b. The description of the underlying disease situation was satisfactory;
  - c. The proposal targets vulnerable populations in the four countries;
  - d. The proposal demonstrates a high level of political support for the proposed cross border activities;
  - e. A good description of existing infrastructure and services for malaria in the four countries, including in the target areas;
  - f. Co-financing concerns are dealt with, with local funding to replace GFATM funding over the life of the project;
  - g. The overall objectives of the proposal are consistent with the health policies and plans of the participating countries;
  - h. The budget is very detailed and impressive.
2. The proposal also had important weaknesses:
  - a. Objective 1: Some of the activities are vaguely described e.g. ‘set up community based projects’, and some indicators could be improved (e.g how many CHWs will be trained?);
  - b. Objective 2: This is an ambitious objective, and there is insufficient detail regarding implementation;
  - c. Objective 3: Further detail on some activities and implementation should be provided;
  - d. Objective 4: Installation of voice and data network: This objective is weak and unconvincing, due to very high cost, and insufficient information on how the funds will be spent. In addition, some indicators are poor;
  - e. Monitoring and Evaluation section is weak;

f. Procurement is weak and vaguely described.

3. The Appeals Panel recommends that the Board reclassify this proposal as category 2 with the following clarifications in addition to the TRP clarifications:

- a. The objective aimed at installing a voice and data network should be dramatically scaled down to the level of a pilot project only, with a much smaller budget;
- b. The M&E and Procurement sections must be strengthened;
- c. The other comments made by the TRP and noted above should be taken into account.

**List of Appeals Received:**

<i>country</i>	<i>component</i>	<i>project name</i>	<i>amount/ 2years</i>	<i>amount/5 years</i>
Yemen	HIV/AIDS	Developing National Capacity to address HIV/AIDS	\$5,500,405	\$14,764,062
Barbados	HIV/AIDS	Reducing HIV/AIDS vulnerability in Barbados through targeted interventions within a national multisectorial HIV/AIDS response program.	\$9,208,353	\$10,157,002
Suriname	HIV/AIDS	Living longer and better: extending and improving the quality of life of persons living with HIV/AIDS in Suriname	\$2,188,432	\$4,676,831
Multi-country America 303-12	Malaria	Malaria control in the cross-border areas of the Andean Region: A community-based approach	\$15,909,000	\$26,483,000
East Central and Southern Africa-303- 50	HIV/AIDS	Strengthening the Response to the HIV/AIDS Pandemic in East Central and Southern Africa	\$3,077,000	\$7,872,000
Panama	HIV/AIDS	Joint alliance and collaboration between the civil society, the private sector and the governmental sector to reinforce the prevention of HIV/AIDS, human rights and PLWHA integral care in Panama 2003/2008	\$8,075,594	\$18,475,669
MAF-303- 24	HIV/AIDS	Leveraging community services to African children affected and orphaned by HIV/AIDS	\$15,477,500	\$21,517,000
MAF-303- 041	Malaria	New Partnerships for child Survival linking malaria control to measles campaigns	\$51,179,486	\$51,179,486
			<b>\$110,615,770</b>	<b>\$155,125,050</b>

**List of Eligible Appeals:**

<i>country</i>	<i>component</i>	<i>project name</i>	<i>amount/ 2years</i>	<i>amount / 5 years</i>
Yemen	HIV/AIDS	Developing National Capacity to address HIV/AIDS	5,500,405	14,764,062
Suriname	HIV/AIDS	Living longer and better: extending and improving the quality of life of persons living with HIV/AIDS in Suriname	2,188,432	4,676,831
MAM-303-12	Malaria	Malaria control in the cross-border areas of the Andean Region: A community-based approach	15,909,000	26,483,000
MAF-303-50	HIV/AIDS	Strengthening the Response to the HIV/AIDS Pandemic in East Central and Southern Africa	3,077,000	7,872,000
Panama	HIV/AIDS	Joint alliance and collaboration between the civil society, the private sector and the governmental sector to reinforce the prevention of HIV/AIDS, human rights and PLWHA integral care in Panama 2003/2008	8,075,594	18,475,669
MAF-303-24	HIV/AIDS	Leveraging community services to African children affected and orphaned by HIV/AIDS	15,477,500	21,517,000
			<b>50,227,931</b>	<b>93,788,562</b>