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The Global Fund

To Fight AIDS, Tuberculosis and Malaria

**Independent Appeal Panel Report
8 February 2010**

GF/EDP/10/03

**REPORT OF THE INDEPENDENT APPEAL PANEL FOR ROUND 9 PROPOSALS AND THE FIRST
LEARNING WAVE OF NATIONAL STRATEGY APPLICATIONS**

Outline: This report sets out the recommendations of the independent Appeal Panel following its review of the appeals received by the Secretariat for the funding decision on the First Learning Wave of National Strategy Applications and Round 9.

Decision Point:

1. The Board approves the following Round 9 proposals recommended for funding by the Independent Appeal Panel in its report dated 8 February 2010, subject to paragraph 2 below:

- i. Pakistan (HIV disease component only) - USD 11,856,124; and
- ii. Ukraine (Tuberculosis) - USD 34,584,205.

2. These Appeal Panel-recommended Round 9 proposals are approved for funding by the Board as 'Category 2' proposals, for an initial two years, under the terms of the Comprehensive Funding Policy and subject to the following:

- a. Satisfactory completion by the applicants of the Technical Review Panel (TRP) clarifications as set out in paragraph 3 below;
- b. the measures associated with funding of Round 9 proposals and national strategy applications set out in Decision GF/B20/DP9; and
- c. The clear understanding that the amounts indicated are upper ceilings subject to adjustment through TRP clarifications and grant negotiations, rather than final approved Phase 1 grant amounts.

3. The applicants for the proposals referred to in paragraph 1 above shall:

- a) provide an initial detailed written response to the clarifications and adjustments requested by the Independent Appeal Panel not later than six weeks after the receipt of either:
 - i) notification in writing by the Secretariat to the applicant of this Board decision; or
 - ii) the findings of the independent budget review (in the case where the Independent Appeal Panel has requested an independent budget review as part of the clarifications process);

and

- b) complete any further clarifications or adjustments, as required by the Chair or Vice-Chair of the TRP, not later than three months from the Secretariat's receipt of the applicant's initial detailed response to the issues raised for clarifications or adjustments (if applicable).

4. The Board notes the Independent Appeal Panel's request to have additional financial analysis support as part of the clarifications process and requests the Secretariat to make the necessary arrangements.

The budgetary implications of this decision are estimated at approximately USD 25,000 for professional fees associated with the independent budget review.

Part 1: Background

1.1. During its twentieth meeting, the Board approved for funding 85 of the 159 eligible disease proposals (including cross-cutting Health Systems Strengthening (HSS) requests (Section 4B/5B)) that were reviewed by the Technical Review Panel (TRP) in Round 9¹. Of the 74 disease components not recommended for funding, 26 had also not been recommended for funding in Round 8. According to the Rules Governing the Global Fund's Appeal mechanism for Applications Not Approved for Funding (Appeal Rules)², having not been recommended for funding in two consecutive Rounds, these 26 components (including two cross-cutting HSS requests) were eligible for appeal.

1.2. The Board also made a funding decision in regard to the First Learning Wave (FLW) of National Strategy Applications (NSA). Five of the seven NSAs were approved for funding. Under the flexibilities granted to the Secretariat in relation to the NSA FLW, it was also decided that the NSA applicants whose applications were not approved for funding would be eligible to appeal the funding decision.

1.3. Due to the differences between the NSA FLW process and the Rounds-based process, the following adjustments to the rules were made:

- a. Any applicant that submitted an NSA in the FLW for a disease which has not been approved for funding by the Global Fund Board following the TRP's recommendation of Category 3 was able to appeal the decision of the Board. However, any distinct cross-cutting Health Systems Strengthening part (4B/5B) that was attached to the NSA and that was not approved for funding by the Board was subject to the regular appeal rules for Rounds-based proposals.
- b. The appeals were limited to the outcome of the review of the NSA itself and there was no re-examination of the outcome decisions from other stages of the NSA FLW process (e.g. of the outcome of the review of the national disease strategy documentation).

1.4. The applicants for all 28 disease components (26 Round 9 and two NSA FLW) were informed of the Board's funding decision and their right to appeal. The TRP comments regarding their application ("TRP Review Form"), the rules governing the appeal mechanism and the standard form "Appeal Form" for completion by the applicant were enclosed with the notification letter. The deadline for submission of appeals (four weeks) was also identified.

1.5. According to the Appeal rules, an appeal can only be made on the grounds that the TRP made a significant and obvious error regarding the information contained in the proposal not approved for funding. Applicants must demonstrate this error based on the proposal that was reviewed by the TRP, and no new information or new justification may be introduced in an appeal.

1.6. The Secretariat received eleven appeals, of which one was for Round 9 malaria, three for Round 9 Tuberculosis, five for Round 9 HIV/AIDS and two for NSA HIV/AIDS, including one cross-cutting HSS part (Section 4B/5B). Details of the appeals submitted are set out in Annex 1 to this report.

Part 2: Eligibility Review

2.1. The Secretariat's Screening Review Panel reviewed all eleven appeals received for compliance with the eligibility criteria set by the Board. Accordingly, appeals must be for the

¹ The Board decision "Approval of Round 9 Proposals and national Strategy Applications" (GF/B20/DP11)

² Please refer to the Rules Governing the Global Fund's Appeal Mechanism available at: <http://www.theglobalfund.org/en/trp/appeals/>

same disease component which has been rejected by the Board in two consecutive Rounds of Proposals³; an appeal must be received by the Secretariat within a specific deadline; applicants must provide grounds for the appeal, and applicants must provide a written endorsement of the appeal by the CCM (where applicable).

2.2. The Screening Review Panel determined that all Round 9 appeals were eligible:

- Kenya CCM, Malaria
- Colombia CCM, Tuberculosis
- Djibouti CCM, Tuberculosis
- Ukraine CCM, Tuberculosis
- Brazil CCM, HIV/AIDS
- Burkina Faso CCM, HIV/AIDS (disease part only)
- Pakistan CCM, HIV/AIDS (disease part only)
- Nepal CCM, HIV/AIDS
- Cameroon CCM, HIV/AIDS

2.3. The Screening Review Panel also determined that both NSA appeals were eligible:

- Kenya CCM, HIV/AIDS including cross-cutting HSS request (Section 4B/5B)⁴
- Malawi CCM, HIV/AIDS

Part 3: Appeal Panel Composition and Appeal Review Process

3.1. In line with Global Fund policy, the Appeal Panel was comprised of three experts nominated by Roll Back Malaria, Stop TB Partnership and UNAIDS in close collaboration with the respective WHO HIV/AIDS, Tuberculosis and Malaria departments and two members (one cross-cutter and one disease expert) of the TRP. For the FLW of NSA appeals a 'cross-cutting' expert nominated by the WHO Health Systems department served on the Appeal Panel instead of the malaria expert. The experts designated by the technical partners did not represent these organizations in any capacity, but served in their personal capacities as experts in reviewing proposals. The TRP members were neither primary nor secondary reviewers of the proposals under appeal. Given the importance of the credibility of the Appeal Panel (and its decision), any real or perceived conflict of interest situations were alleviated.

3.2. The Appeal Panel met in Geneva on 28 and 29 January 2010 and reviewed the eleven appeals received.

3.3. To facilitate the review process, Appeal Panel members were provided with the following documentation prior to the meeting: appeal papers received from applicants, the relevant TRP Review Form, and all relevant Round 9 Proposal or FLW NSA documentation.

3.4. For each of the Round 9 and NSA appeals, the Appeal Panel reviewed and deliberated on each of the Major and Minor Weaknesses identified in the "TRP Review Form" in conjunction with the grounds enumerated in the Appeal Form to determine whether the TRP had made a significant and obvious error in its judgment of the relevant information contained in Round 9 proposal or NSA as that proposal was comprised at the time of proposal review by the TRP.

3.5. In line with Global Fund policy, the Appeal Panel did not consider any new information or justification provided by an applicant. Only explanatory material (detailed reasons justifying

³ Except for the NSA FLW

⁴ Kenya was deemed eligible to appeal the decision on the cross-cutting HSS request (Section 4B/5B) attached to its HIV/AIDS NSA on the grounds that Kenya had submitted a cross-cutting HSS request in Round 8 (attached to Tuberculosis component) which was not recommended for funding.

the Appeal) referring to an original proposal for Round 9 or NSA was considered by the Appeal Panel.

3.6. All decisions by the Appeal Panel were reached by consensus.

Part 4: Summary of Deliberations on Round 9 Appeals

Kenya - Malaria

4.1. The Appeal Panel found that the TRP had correctly identified several fundamental weaknesses and issues in the proposal. In some instances, new justifications were provided by the appellant in the Appeal Form, but these were not taken into consideration by the Panel.

4.2. While the Appeal Panel concurred with the appellant that, on a technical basis, Long Lasting Impregnated Nets (LLINs) and Indoor Residual Spraying (IRS) may be used in combination, they agreed with the TRP's overall finding that Kenya failed to provide adequate epidemiological information to substantiate the use of this approach. The Appeal Panel also agreed with the appellant that a description of how this proposal would supplement existing efforts in this area was provided. However, the Panel found that the description was not adequate and the data provided were not consistent.

4.3. On balance, the Appeal Panel did not identify a significant or obvious error on the part of the TRP in its review that would be sufficient to overturn the TRP's funding recommendation. The Panel therefore endorsed the TRP's findings and concurred with the classification of the proposal as a "Category 3 Proposal".

4.4. The Panel would like to draw Kenya's attention to the very fundamental weaknesses identified by the TRP and would like to encourage Kenya to address these through a future submission of a proposal.

Colombia - Tuberculosis

4.5. The Appeal Panel found that the TRP had correctly identified fundamental weaknesses and issues in the proposal. In particular, the Panel agreed with the TRP's findings that the proposed performance framework was incomplete, lacked baseline data and failed to identify targets and outcome indicators. The Appeal Panel noted that it is critical that a proposal includes a minimum set of data so that the TRP can make an informed recommendation on funding.

4.6. The Appeal Panel did not identify any significant or obvious error on the part of the TRP in its review. The Panel therefore strongly endorsed the TRP's findings and concurred that this proposal should not be recommended for funding and be classified as a "Category 3 Proposal".

Djibouti - Tuberculosis

4.7. The Appeal Panel found that the TRP had correctly identified fundamental weaknesses and issues in the proposal. In particular, the Panel agreed with the TRP's finding that the situation analysis is not adequately elaborated and detailed in the proposal. The Appeal Panel noted that some new information was provided by the appellant in the Appeal Form, but this was not taken into consideration by the Panel.

4.8. The Panel conceded that the TRP's comment on the applicant's failure to describe lessons learned from Round 6 was not accurate; however, the Panel felt that the description provided in the proposal was inadequate.

4.9. On balance, the Appeal Panel did not identify any significant or obvious error on the part of the TRP in its review. The Panel therefore endorsed the TRP's findings and concurred with the classification of the proposal as a "Category 3 Proposal".

Ukraine - Tuberculosis

4.10. The Appeal Panel found that the TRP made a number of errors concerning most of the major weaknesses (2, 3, part of 4 and 5) identified in the Round 9 Tuberculosis TRP Review Form for Ukraine which, taken together, constitute a significant and obvious error by the TRP:

- The rationale for the approach to laboratory networks presented in the proposal is well documented in the proposal and considered adequate by the Appeal Panel for the Ukraine context. Sufficient details could also be found in the proposal to judge the proposed drug resistance surveillance system appropriate.
- There is a description of the use of new technologies and the introduction of the line probe assay (LiPA) is planned for six laboratories not 28 as stated by the TRP.
- The support for Green Light Committee (GLC) is included in the budget. As regards second-line drugs procurement, the Appeal Panel found that, although some provision for quality assurance is mentioned in the proposal, the level of detail and clarity may not have been sufficient for the TRP to make a clear assessment. However, the Appeal Panel believes that this issue can be clarified.
- A number of interventions for patient support were described in the proposal. The support referred to in the TRP's comment is meant for 4,000 patients particularly at risk of default. While the Appeal Panel found the approach to patient support in the proposal justified, it found that the presentation and the narrative on the subject in the proposal were unclear.

4.11. The Appeal Panel agreed with the TRP that the presentation of program-related costs in the budget as lump sums was a major weakness, particularly in view of their share in the budget. While these costs are related to the institutional setup chosen by the CCM for implementation, and as explanations were provided on why this setup was preferred, the Panel believes that this issue can be clarified.

4.12. On balance, the Appeal Panel considered that this proposal has one major weakness and some minor weaknesses which do not justify the recommendation as a 'Category 3'. The Appeal Panel therefore recommended that the appeal be upheld, and that the proposal be reclassified as a "Recommended Category 2 Proposal", subject to successful completion of the following clarifications:

- 1) respond to the budgetary clarifications as informed by the findings of an Independent Budget Review assessing, but not limited to:
 - (i) the 'program related costs' for the Principal Recipient and sub-recipients; and
 - (ii) the distribution costs (16 percent of the budget) for food support which appear high; and
- 2) ensure that the measures described for ensuring the quality and controlling the circulation of second line TB drugs are in place before the Grant agreement is signed.

During the review of this appeal, the Appeal Panel requested that the Global Fund Secretariat arrange for a detailed independent budget review as part of the clarification process. This review has been requested due to significant concerns regarding the program-related costs. The primary goal of the analysis will be to make a recommendation on the overall reasonableness of the budget items of particular concern. The outcome of this review may

result in budget adjustments/reductions in upper ceiling amounts before final TRP approval of the clarifications.

Brazil - HIV/AIDS

4.13. The Appeal Panel found that the TRP had correctly identified fundamental weaknesses and issues in the proposal. In particular, the Appeal Panel agreed that: the applicant did not provide an adequate description of the capacity-building needs of the non-government organizations and civil society organizations to be supported under this proposal; targets and indicators were lacking for some of the activities; and, there is an overarching issue of additionality of Global Fund grants, i.e., how this proposal would supplement existing efforts in this area.

4.14. The Panel conceded that the TRP's comment that the applicant had failed to address the weaknesses identified by the TRP during the Round 8 review in this Round 9 resubmission was not entirely accurate. However, the Panel felt that the TRP was, overall, correct in stating that the responses provided by the applicant to some of the weaknesses were not informative or relevant.

4.15. On balance, the Appeal Panel did not identify any significant or obvious error on the part of the TRP in its review. The Panel therefore endorsed the TRP's findings and concurred with the classification of the proposal as a "Category 3 Proposal".

Burkina Faso - HIV/AIDS part only

4.16. The Appeal Panel found that the TRP had correctly identified two fundamental weaknesses in the proposal. In particular, the Panel agreed with the TRP's finding that the proposal undermines the key principles of additionality and complementarity of Global Fund funding⁵.

4.17. The Appeal Panel did not identify any significant or obvious error on the part of the TRP in its review. The Panel therefore strongly endorsed the TRP's findings and concurred with the classification of the proposal as a "Category 3 Proposal".

Pakistan - HIV/AIDS part only

4.18. The Appeals Panel found that the TRP made a number of errors concerning the major weaknesses (1, 2, 3, 5 and parts of 4 and 6) identified in the Round 9 HIV proposal from Pakistan which, taken together, constitute a significant and obvious error by the TRP.

For two of the major weaknesses, the Appeal Panel concurred with the appellant:

- Because the application misclassified several personnel costs as "management", the TRP found these costs excessive. However, the correct classification was apparent on examining the budget. The TRP also incorrectly attributed high technical assistance costs from the HSS part (Section 4B/5B) to the HIV component.
- The TRP asserted that at-risk populations other than Injecting Drug Users were ignored, but the proposal did note that the needs of the latter were being addressed through other programs funded by other sources.

For the following four points the Appeal Panel found the appeal grounds to be justified; however, the TRP comments had some validity:

- The links with tuberculosis were addressed briefly by a reference to the Round 6 grant, but should have been elaborated on more comprehensively in the application.

⁵ As referred to in the Framework Document of the Global Fund (GFATM/B1/Doc4, p. 2).

- The performance framework was appropriate for the activities proposed, but would benefit from addition of indicators on antiretroviral treatment (ART) access and uptake among Injecting Drug Users.
- The service targets for Injecting Drug Users were appropriate, but there are inconsistencies between the numbers of Injecting Drug Users reached in the narrative and the budget that must be resolved.
- The financial gap analysis was correct, but negative numbers in early years resulting from failure to include non-government activities were not properly explained.

4.19. The Appeals Panel found that the TRP raised a number of lesser issues regarding the application, but none were significant enough to constitute sufficient grounds to reject the application:

- The application narrative failed to justify high numbers of vehicles, explain the need to hire doctors and nurses for mobile clinics, and explain why ART costs were not budgeted in the first two years.
- There were numerous inconsistencies and issues in the budget, as outlined in the TRP review.

4.20. On balance, the Appeal Panel agreed with the appellant that the TRP made a significant and obvious error and, therefore, recommends re-classification of this Round 9 HIV proposal from Pakistan (disease part only) as a “Recommended Category 2 Proposal”, subject to the following clarifications:

- 1) The inconsistencies between the budget estimates of number of IDUs reached by programs (e.g., 4,700 in the first year rising to 28,000 gradually in the final year) and the numbers reported in the narrative and performance framework (11,200 in the first year rising quickly to 28,000) need to be resolved and the corresponding budgetary and narrative corrections submitted for review.
- 2) The performance framework needs to be expanded to include indicators of ART access and uptake among IDUs.
- 3) All other budget issues identified in the original TRP review form must be addressed with detailed justifications and appropriate downward adjustments to the budget as required (e.g., NACP costs).

Nepal - HIV/AIDS

4.21. The Appeal Panel found that the TRP had correctly identified several fundamental weaknesses and issues in the proposal. In particular, the Appeal Panel agreed that the proposal failed to develop a sustainable approach which could have contributed to strengthening the national health delivery system.

4.22. The Panel conceded that the TRP’s comment that the applicant failed to provide adequate description of the plans to scale up HIV clinical service delivery points for anti-retroviral treatment, tuberculosis diagnosis and management, and other viral infections was inaccurate. The Panel also concurred with the appellant that the TRP made an erroneous observation that a comprehensive prevention program is lacking; however, the Panel agreed that more detail on the program should have been provided.

4.23. On balance, the Appeal Panel did not identify any significant or obvious error on the part of the TRP in its review to overturn the TRP’s funding recommendation. The Panel therefore endorsed the TRP’s overall findings and concurred with the classification of the proposal as a “Category 3 Proposal”.

Cameroon - HIV/AIDS

4.24. The Appeal Panel found that the TRP had correctly identified a number of fundamental weaknesses and issues in the proposal. In particular, the Panel concurred with the TRP that the approach to most-at-risk populations identified was not focused and that there was no description of additionality and complementarity with existing funding.

4.25. The Appeal Panel noted that there was an error in the weakness referring to ‘five health districts’ which occurred during the translation of the Proposal Form.

4.26. In summary, the Appeal Panel did not identify any significant or obvious error on the part of the TRP in its review to overturn the TRP’s decision. The Panel therefore strongly endorsed the TRP’s findings and concurred with the classification of the proposal as a “Category 3 Proposal”.

Part 5: Summary of Deliberations on NSA Appeals

Kenya - HIV NSA - Disease part

5.1. The Appeal Panel found that the TRP had correctly identified several major weaknesses (major weaknesses 1, 2, 3, 4, and the first part of major weakness 5 in the TRP Review Form). The identified major weaknesses included:

- lack of clarity about the selection of the proposed interventions and about the share of NSA of the existing gap;
- inadequate approach to address fundamental strategic issues and bottlenecks in the health system in a coherent manner;
- inadequate approach to address major critical issues identified in the National Strategy Review Report related to procurement capacity, financial gap analysis, and human resources;
- lack of clarity about the estimation of the financial gap; and
- lack of a convincing strategy to strengthen the capacity of the government Principal Recipient;

5.2. While the Appeal Panel disagreed with the TRP’s finding that Kenya had failed to sufficiently address the issue of the non-government PR’s capacity and that there was potential overlap in the activities referred to in major weakness 6, the Panel did not consider that these points are sufficient grounds to overturn the TRP’s funding recommendation.

5.3. The Appeal Panel noted that the Kenya NSA HIV Appeal contained some new information and referenced documents which were not included in the core NSA documentation. The Panel reiterated that it only considered information which was already contained in the National Strategy Application, the National HIV/AIDS Strategy and the outcome of the Review of the National HIV/AIDS Strategy.

5.4. On balance, the Appeal Panel did not identify a significant or obvious error on the part of the TRP in its review that would be sufficient to overturn the TRP’s funding recommendation. The Panel therefore endorsed the TRP’s findings and concurred with the classification as a “Category 3 Proposal.”

Kenya HIV NSA - Cross-cutting HSS part (sections 4B/5B)

5.5. The Appeal Panel found that the TRP had correctly identified several fundamental weaknesses in the cross-cutting HSS part (sections 4B/5B) of the Kenya HIV NSA. In particular,

- the management and coordination of HSS interventions are not described in sufficient detail;
- the majority of the HSS interventions fall within the responsibilities of the two Ministries of Health but their roles have not been described;
- no justification is presented for the high share of the human resource component or its sustainability.

5.6. The Appeal Panel concurred with the appellant that major weakness 1 (insufficient evidence on how the proposed HSS interventions will reinforce implementation of the National AIDS Strategic Plan) and major weakness 2 (discordance between proposed HSS activities and National Plan of Operations) alone would not have been sufficient grounds for rejecting the application as they could have been dealt with during the TRP clarifications process.

5.7. On balance, the Appeal Panel did not identify a significant or obvious error on the part of the TRP in its review that would be sufficient to overturn the TRP's funding recommendation. The Panel therefore endorsed the TRP's findings and concurred with the classification of the proposal as a "Category 3 Proposal."

Malawi - HIV NSA

5.8. The Appeal Panel found that the TRP had correctly identified fundamental weaknesses and issues in the application. The weaknesses included in particular:

- lack of convincing evidence that National AIDS Commission (NAC) is effectively able to play the central role in reviewing, revising, and implementing new strategies to prevent HIV transmission;
- it is not possible to assess whether the planned training and retention of new health professionals will meet the country's need to implement expanded services;
- lack of a convincing operational plan to improve the performance of the Central Medical Stores;
- no documentation is provided relating to commodity forecasting planning as currently practiced;
- the NAF itemized budget for HIV prevention does not reflect new or innovative approaches to reducing risky sexual behavior; and continues to rely on generic information, education and communication (IEC) materials despite recognition of a lack of targeted materials as an unsuccessful approach.
- the work plan and budget do not reflect segmentation of targeted approaches for different at-risk populations identified in the NAF;
- the implementation capacity section of the NSA provides an inadequate analysis of the additional capacity required by NAC to effectively manage the large increment in funding and additional implementation responsibilities;
- the national HIV prevention strategy does not seem to be evidence-based in that there is insufficient focus on elements of the population engaging in high-risk sexual behavior. While data provided in the NSA indicate very high prevalence among certain groups, there is no explicit strategy to reduce transmission in these groups.

5.9. In summary, the Appeal Panel did not identify a significant or obvious error on the part of the TRP in its review. The Panel therefore strongly endorsed the TRP's findings and concurred with the classification of the proposal as a "Category 3 Proposal."

Part 6: Lessons Learned

General Lessons Learned

TRP Review Forms

6.1. The Appeal Panel noted some instances where the language used in the TRP's funding recommendation was not sufficiently clear. The Panel encourages the TRP to avoid wording that lacks specificity. More precise wording in the TRP Review Forms to ensure that the applicants have a good understanding of the TRP recommendations and findings should be used, and examples provided wherever possible.

6.2. The Panel also encourages the TRP to refrain from using strong non-specific statements in the TRP Review Forms (for example, "the presentation of the budget is unacceptable" should instead say "the TRP does not have adequate information to assess the appropriateness of the budget" or "the amount indicated appears too high and lacks detail to enable proper analysis").

6.3. The Panel recommends that the TRP use more consistent definitions for major and minor weaknesses in the TRP Review Form. Similarly, budget commentary in the TRP Review Form should be broken down into major and minor weaknesses and be more illustrative, so as not to cause confusion.

Proposal Documentation

6.4. The Appeal Panel recommends that countries be given clear guidance, both in Rounds-based and NSA applications, that if they would like an argument or element to be considered by the TRP, they must include it in the proposal/application and mandatory attachments. The Panel reiterates that annexes do not constitute the core part of the application, they are only for elaboration or clarification of specific topics already adequately discussed in the application.

6.5. The Panel noted that some applicants seemed to assume that the TRP has the responsibility for reading all the attached documents they send and absorbing all their detail. For NSAs, this might be reasonably expected in the case of the National Strategic Plan; however, in all other cases, if applicants wish to include supporting points or information from an annex, the main elements must be referred to in the application itself with the annex serving only to provide additional detail, should the TRP desire that detail.

6.6. The Panel recommends that countries take into consideration the fact that an application will be reviewed without reference to annexes and should ensure that the application is self-contained. In this regard, the Panel recommends that applicants strictly limit the number of additional annexes to those necessary to support information provided in the body of the proposal. Applicants should assume that annexes not specifically summarized and referenced in the proposals are outside of the TRP review.

Appeal Documentation

6.7. The Panel reminds applicants that according to the Global Fund's Appeal Rules "no new information or new justification to what was contained in the proposal may be introduced in an Appeal". In this regard, the Appeal panel recommends that appellants refer to proposal documents only and refrain from attaching annexes to the Appeal Form.

Political letters of support

6.8. The Appeal Panel noted a number of instances where political letters of support were included as attachments to the Appeal Form. The Panel considered that these letters were both new information and inappropriate.

6.9. The Appeal Panel would like to reiterate that the appeal process is based on technical review and shall remain independent of political interference.

Demonstration of additionality

6.10. The Appeal Panel stresses that it is critically important for countries to demonstrate additionality and complementarity of requests for Global Fund financing and recommends that applicants include a clear, comprehensive and accurate description of additionality and complementarity in future applications through the Rounds-based and/or NSA funding windows.

NSA-specific Lessons Learned

General guidance for countries in preparing their NSA applications

6.11. The Appeals Panel strongly recommends that countries preparing National Strategy Applications pay particular attention to two key issues:

6.12. One of the advantages of the NSA process is the two step nature of the process, with a strategy review identifying critical issues of the national disease strategy prior to the preparation of the NSA itself. Each critical issue found must be addressed in the NSA with a concrete set of actions likely to overcome the problem.

6.13. The NSA is a request for support to implement portions of the national disease strategy. Accordingly, the application must describe the implementation arrangements in more detail, not merely repeat the strategy (This includes providing information on the actions to be taken, who will implement them and how, and the resources required for implementation).

6.14. The Appeal Panel recommends that for future waves of the NSA, the Secretariat ensures that the distinction between the two stages of the NSA process be more clearly conveyed to the applicants.

Part 7: Recommendation of Appeal Panel

7.1. The Appeal Panel recommends that the Board accepts the following appeals and approves these Round 9 proposals for funding as "Recommended Category 2 Proposals", subject to the Board decision on the Measures Associated with Funding of Round 9 Proposals and National Strategy Applications (GF/B20/DP9) and the completion of the clarification process within the same Board set timeframes applying to all other Round 9 "Recommended Category 2 Proposals", with the clear understanding that amounts requested are upper ceilings rather than final Phase 1 Grant amounts:

- i. Pakistan (HIV/AIDS, disease part only) and
- ii. Ukraine (Tuberculosis).

7.2. The Board's approval is sought for the amount of US\$ 46,440,329 as indicated under "Total 2 Years" in Annex 2 to this report.

**List of Appeals Received and Determined Eligible
by the Secretariat's Screening Review Panel**

					Requested Amounts in Round 9 Proposal or National Strategy Application	
Funding Window	Country	Component for which applicant is eligible to appeal	WHO Region	GF Cluster	Total 2 years	Total up to 5 years
Appeals in USD						
Round 9	Nepal	HIV	SEARO	SWA	\$10,250,156	\$33,295,636
Round 9	Pakistan	HIV part only	EMRO	SWA	\$11,856,124	\$43,160,710
Round 9	Ukraine	Tuberculosis	EURO	EECA	\$34,584,205	\$103,459,618
Round 9	Kenya	Malaria	AFRO	EA	\$173,151,886	\$270,264,819
NSA FLW	Kenya	HIV, incl. CCHSS	AFRO	EA	\$94,306,695	\$329,342,925
NSA FLW	Malawi	HIV	AFRO	SA	\$230,661,339	\$375,123,503
Total Appeals in USD					\$554,810,405	\$1,154,647,211
Appeals in EURO						
Round 9	Burkina Faso	HIV part only	AFRO	WCA	€ 38,217,344	€ 138,152,594
Round 9	Cameroon	HIV	AFRO	WCA	€ 41,336,332	€ 121,255,912
Round 9	Brazil	HIV	AMRO	LAC	€ 13,097,142	€ 30,940,720
Round 9	Colombia	Tuberculosis	AMRO	LAC	€ 6,981,414	€ 13,155,213
Round 9	Djibouti	Tuberculosis	EMRO	MENA	€ 1,847,708	€ 5,069,930
Total Appeals in EURO					€ 101,479,940	€ 308,574,369
USD Equivalent of Total Appeals in EURO					\$142,128,768	\$432,176,987
Total All Appeals Received and Determined Eligible - USD					\$696,939,173	\$1,586,824,198

*For proposals/applications in EURO, UN official exchange rate effective from 01 February 2010 is 0.714 EUR = 1 USD

**All proposals/applications listed in the above table were classified as 'Category 3' proposals by the TRP and approved by the Board as such.

Global Fund Regional Teams

EA	East Africa & Indian Ocean
EAP	East Asia & the Pacific
EECA	Eastern Europe & Central Asia
LAC	Latin America & The Caribbean
MENA	Middle East & North Africa
SA	Southern Africa
SWA	South West Asia
WCA	West and Central Africa

List of Appeals “Recommended Category 2 Proposals”

					Recommended Upper ceilings for funding	
Funding Window	Country	Component for which applicant is eligible to appeal	WHO Region	GF Cluster	Total 2 years	Total up to 5 years
Round 9	Pakistan	HIV part only	EMRO	SWA	\$11,856,124	\$43,160,710
Round 9	Ukraine	Tuberculosis	EURO	EECA	\$34,584,205	\$103,459,618
Total All Appeals Recommended for Funding - USD					\$46,440,329	\$146,620,328