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The Global Fund

To Fight AIDS, Tuberculosis and Malaria

**Independent Appeal Panel Report
25 January 2007**

GF/07/EDP4

REPORT OF THE INDEPENDENT APPEAL PANEL FOR ROUND 6 PROPOSALS

Outline: This report sets out the recommendations of the independent Appeal Panel following its review of the appeals received by the Secretariat for Round 6 funding decisions.

Decision Point:

1. The Board approves for funding for an initial two years in the amounts indicated and subject to paragraph 2 below, the following Round 6 proposals that were recommended for funding by the Independent Appeal Panel in its report dated 25 January 2007:

- i. Egypt (HIV/AIDS) -- USD 5,412,750; and**
- ii. Pakistan (Tuberculosis) -- USD 22,568,553,**

with the clear understanding that the amounts indicated are upper ceilings subject to Technical Review Panel (TRP) clarifications and grant negotiations, rather than final approved grant amounts.

2. The applicants 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 by not later than six weeks after notification in writing by the Secretariat to the applicant of the Board's decision; and

b) conclude the clarification process, as indicated by the written approval of the Chair or Vice Chair of the TRP not later than four months from the Secretariat's receipt of the applicants initial detailed response to the issues raised for clarifications or adjustments.

There are no material budgetary implications of this decision.

Part 1: Background

1. During its Fourteenth meeting, the Board made a funding decision in regard to Proposals submitted in response to the Sixth Call for Proposals. 85 of the 196 eligible disease components reviewed by the Technical Review Panel (TRP) were approved for funding. Of the 111 disease components not recommended for funding, 48 had also not been recommended for funding in the Fifth Round. Having not been recommended for funding in two consecutive Rounds, these 48 components were eligible for appeal.
2. The applicants for all 48 components were informed of the Board's funding decision and their right to appeal. The TRP comments regarding their Round 6 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 any appeal was identified.
3. The Secretariat received 12 appeals, out of which seven were for malaria, four for HIV/AIDS and one for tuberculosis components (details of which are set out in Annex 1 to this report).

Part 2: Eligibility Review

1. The Secretariat convened an internal Screening Review Panel on 12 January 2007, which reviewed all 12 appeals received for compliance with the eligibility criteria set by the Board (the same disease component rejected by the Board in two consecutive Rounds of Proposals, adherence with the deadline, the grounds on which an appeal can be based provided and written endorsement by the CCM, if applicable, were provided).
2. The Internal Screening Review Panel determined that all 12 appeals were eligible:
 - **Afghanistan CCM**, HIV/AIDS
 - **Burundi CCM**, Malaria
 - **Chad CCM**, Malaria
 - **Colombia CCM**, HIV/AIDS
 - **Comoros CCM**, Malaria
 - **Egypt CCM**, HIV/AIDS
 - **India CCM**, Malaria
 - **Liberia CCM**, Malaria
 - **Nepal CCM**, HIV/AIDS
 - **Pakistan CCM**, Tuberculosis
 - **Sudan CCM**, Malaria
 - **Yemen, CCM**, Malaria

Part 3: Appeal Panel Composition and Appeal Review

1. In line with Global Fund policy, the Appeal Panel was comprised of two members (one cross-cutter and one disease expert) of the TRP, an expert designated by WHO, an expert designated by UNAIDS and an expert designated by the World Bank. The experts designated by the technical partners did not represent these organizations in any capacity, and served in their personal capacities as experts in proposal review.
2. Where a member of the TRP had been a reviewer of the proposal under appeal in Round 6, another expert of the TRP for the relevant discussion replaced him/her. For this reason, five TRP members were involved in the Appeal Panel meeting, although only two TRP members evaluated each appeal considered by the Appeal Panel.

3. The Appeal Panel met in Geneva on 17 January 2007 and reviewed the appeals received. The Appeal Panel was co-chaired by the panel member designated by WHO and the panel member designated by the World Bank. Members of the Global Fund's operations team provided secretariat support services to the Appeal Panel as in prior Rounds. The Appeal Panel assessed the arguments provided by the applicant and determined whether the TRP made a significant and obvious error in their judgment of the Round 6 proposal. In line with the Global Fund policy, the Appeal Panel considered whether the applicant had complied with the requirement that no new information or justification be provided. In accordance with the Appeal Panel rules, only explanatory material which referred to the original proposal was considered by the Appeal Panel.
4. To facilitate the review process, Appeal Panel members were provided with relevant documentation prior to the meeting, which included: the appeal papers as received from the applicants, the Round 6 TRP Review Form for the component under review and the Round 6 Proposal documentation.
5. All decisions by the Appeal Panel were reached by consensus.

Part 4: Summary of Appeal Panel Deliberations

Afghanistan - HIV

1. The Appeal Panel found that the TRP had correctly identified a large number of serious weaknesses and problems in the proposal, and that the appeal did not provide a basis for overturning the TRP's decision.
2. The Appeal Panel considered that the appeal largely consisted of stating that the country had followed UNAIDS' advice on what kind of activities to include and UNGASS Framework of Core Indicators for their indicators. The Appeal Panel noted that the country should, taking such important guidance into account, nevertheless undertake more substantive work on defining the vulnerable groups, where work should be carried out, and also how to interact with those groups as well as choose only the indicators relevant to the particular country context for the proposal. The Appeal Panel also concurred with the TRP that it is very important to provide detailed analysis of the current political and military environment in order to assess the feasibility of the proposal.
3. The Appeal Panel also noticed that in regard to a number of weaknesses identified by the TRP, the applicant concurred with the TRP's comments and provided new information/justifications in its reply. Concerning the budget allocation for planning and administration, the Appeal Panel considered that there is no error on the TRP's side, but accepted that confusion could be caused by unclear instructions in the Proposal Form as to which budget items should be covered under planning and administration. The Appeal Panel noted that this issue was discussed in the report entitled 'Report of the Technical Review Panel and the Secretariat on Round 6 Proposals' (GF/B14/10, Revision 2), and the Secretariat support personnel confirmed this issue was being considered in the preparation of documents for Round 7.
4. Taking into account these matters, the Appeal Panel did not identify any significant or obvious error on the part of the TRP in its review, and concurred with the classification of the proposal as a "Recommended Category 3 Proposal".

Burundi – Malaria

5. The Appeal Panel found that the TRP had correctly identified important weaknesses in the proposal, and that the information contained in the appeal document raised questions of judgment rather than questions of significant and obvious error by the TRP. The Appeal Panel also noted that explanations provided by the applicant were not adequate to appropriately respond to the concerns raised by the TRP in their comments.

6. The Appeal Panel therefore concurred with the TRP's classification of the proposal as a "Recommended Category 3 Proposal".

Chad – Malaria

7. The Appeal Panel concurred with the TRP that the failure to address the different epidemiological situations in differing parts of the country and different target groups was a fundamental problem in the proposal. The Appeal Panel also found that the TRP correctly identified that the work plan did not contain sufficient details to make a recommendation that the planned work was feasible.

8. In discussing the appeal grounds, the Appeal Panel recognized that the TRP might have placed too much emphasis on whether the applicant had drawn sufficient links with UNHCR and Darfur refugees and that this should not have been identified as a weakness. The Appeal Panel also agreed with the applicant that reasonably clear and detailed information on use of RDT's, ACT's and ITN's and cost recovery for ACT's and RDT's has been provided in the proposal. On balance, however, the Appeal Panel noted that these issues were not significant compared to the overriding challenge of incomplete information to describe the different approaches that would be taken to respond to the differing epidemiological situations.

9. Accordingly, despite the errors identified by the appellant, the Appeal Panel's view was that the valid weaknesses that remained were sufficiently important for the appeal to be rejected. The Appeal Panel therefore concurred with the TRP classification of this proposal as "Recommended Category 3 Proposal".

10. In addition, the Appeal Panel considered that Chad is a country that would benefit from early, focused technical assistance on the overall health system and systematic planning at the national and sub-national levels, so that the country can submit a strong disease component proposal in future rounds that has contemplated the impact of new funding on the health system. In addition to focusing on a clear diagnosis of gaps on a national and sub-national (region and disease specific basis) this technical assistance should support the establishment of a transparent, participatory process in the country to identify priority areas for additional donor support.

Colombia – HIV

11. The Appeal Panel found that the TRP had correctly identified a large number of serious weaknesses and problems in the proposal, and that the appeal documents did not provide sufficient arguments to the TRP's comments. The Appeal Panel also concurred with the TRP that it is very important to provide clear and detailed information as to how the activities envisaged in the proposal will continue beyond the end of the period supported by the TRP. This, it was noted, was especially important for lower-middle income countries. The Appeal Panel noted that most of the information provided by the applicant was descriptive and lengthy, but failed to provide details to establish that there had been any significant and obvious error by the TRP.

12. The Appeal Panel concurred with the classification of the proposal as "Recommended Category 3 Proposal".

Comoros – Malaria

13. The Appeal Panel concurred with the applicant, that the proposal contains enough detail on how this proposal will link to the earlier grant. It was also determined that the TRP made a mistake in their statement that the proposal was not well structured and priorities are not well articulated.

14. The Appeal Panel considered that the issue of the budget for planning and administration appeared related to the confusion as to what should be identified under the planning and administration element of the Global Fund's budget tables, and therefore cannot be considered as a mistake on either side.

15. However, the Appeal Panel found that the TRP correctly identified the issue of feasibility of successful implementation of the proposal, which the Appeal Panel considered to be the key issue of this proposal. Significantly, the applicant failed to comment in the proposal on performance under the existing grant, including how implementation bottlenecks would be overcome, in circumstances where the same Principal Recipient was nominated and the earlier Global Fund grant had been recommended by the Secretariat as a "no go" in the Phase 2 process largely because of performance issues associated with the Principal Recipient and also CCM issues.

16. On balance, the Appeal Panel judged that the proposal contained a significant and fundamental weakness in regard to successful implementation of the proposal and notwithstanding that the TRP made some errors in judgment, those were not significant enough to outweigh the critical feasibility issue. The Appeal Panel therefore concurred with the TRP's classification of the proposal as "Recommended Category 3 Proposal".

Egypt – HIV

17. The Appeal Panel agreed with the applicant that the budget and workplan provided were sufficiently detailed, and that the TRP had made an error in this regard.

18. The Appeal Panel also concurred that budgetary errors challenged by the appellant could not be located. In addition, because the proposal budget was detailed, the TRP did not need to place such emphasis on the less detailed sub-recipient budget and workplan.

19. However, the Appeal Panel concurred with the TRP in regard to the inclusion of inappropriate activities to reach drug users and prisoners, as well as a necessity to improve the indicators for the proposed work overall.

20. On balance, the Appeal Panel considered that the TRP made a significant and obvious error in considering the provided budget and workplan insufficiently detailed, and 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) Please address the weakness identified by the TRP on inappropriate activities to reach drug users and prisoners;
- 2) Please verify the budget. In some cases it does not correctly add up. For example, there is an increase in the target for the number of people reached for several activities, but

there is no corresponding increase in the budget over subsequent years, and this appears inaccurate. Under the detailed budget for objective 1: Strengthening the supportive environment for improved HIV and support through capacity building, 1.1 sees an increase in the number of sentinel sites including antenatal sites: (8 sites first 2 years, 5 sites in the third and fourth year, and 6 sites in the fifth year). The budget per year does not correlate with the magnitude of increase of the number of new sites, which requires clarification and revision;

- 3) Noting the importance of harm reduction as an important intervention in preventing HIV transmissions among IDUs, the Appeal Panel agreed with the TRP that the CCM and/or PR need to articulate a plan with the government of Egypt to ensure a supportive policy framework for prevention activities focused on hard to reach vulnerable populations in particular for injecting drug users (including, substitution therapy and needle and syringe exchange) in view of the growing number of IDUs in Egypt. (The Appeal Panel considers that without such enabling policy for prevention, the IDU related HIV transmission would be a growing gap that may in the future supersede the sexually transmitted portion of the HIV epidemics in the country); and
- 4) The indicators need to be improved, with particular focus on outcome and impact indicators. All targets should be cumulative inclusive of baselines.

India – Malaria

21. The Appeal Panel found that the TRP had correctly identified important weaknesses and issues in the proposal. The Appeal Panel concurred with the TRP that there is no clear explanation on linkages with the existing Round 4 grant and potential synergies with activities supported by the World Bank. The Panel also noted that epidemiological information should be better described in the proposal.

22. The Appeal Panel also identified that new information was submitted in regard to issues concerning the budget and workplan, which could not be taken into consideration.

23. The Appeal Panel considered that the TRP's comment that the proposal does not envisage the use of long lasting insecticide treated bed nets was not relevant and should not be listed as weakness, however it is not an error.

24. Given the reasons provided above, the Appeal Panel concurred with the TRP's classification of the proposal as a "Recommended Category 3 Proposal".

Liberia – Malaria

25. The Appeal Panel found that the TRP had correctly identified serious weaknesses and problems in the proposal, and that the appeal document did not provide sufficient arguments to the TRP's comments. The Panel agreed with the TRP that targets are unrealistic, in particular in the absence of baselines for many indicators.

26. The Appeal Panel also noted that the applicant claims that most of the weaknesses could be clarified during the grant negotiations, but assessing the number of them together, these constitute a serious concern for successful implementation.

27. The Appeal Panel did not identify any significant or obvious error on the part of the TRP in its review, and concurred with the classification of the proposal as a "Recommended Category 3 Proposal".

Nepal – HIV

28. The Appeal Panel concurred with the TRP that the most significant issue in the proposal was the failure to explain the relatively low increase in coverage during the proposal term compared with the large amount of money requested, especially when a small increase of coverage from 37 to 40% for MSM was considered unlikely to be effective to reduce the spread of HIV in this most vulnerable population group in Nepal.

29. The TRP's comment on the absence of clarity regarding FHI as the second PR for the non-CCM proposal, and as sole PR in the Non-CCM proposal submitted by FHI, is valid. However, the Appeal Panel also noted that on balance this was not a substantial weakness identified by the TRP.

30. The Appeal Panel found the TRP's comments on insufficient detail regarding the political instability in light of successful implementation was also justified. Concerning other weaknesses identified by the TRP, the Appeal Panel noted that applicant either did not provide counter-arguments or provided new additional information, which could not be taken into consideration.

31. The Appeal Panel did not identify any significant or obvious error on the part of the TRP in its review, and concurred with the classification of the proposal as a "Recommended Category 3 Proposal".

Pakistan – Tuberculosis

32. The Appeal Panel found that the TRP made an error in its review, as the epidemiological analysis provided in the proposal was sufficiently clear. The Appeal Panel also concurred with the applicant that the linkages with the existing Round 2 and 3 grants are relatively clear (that there was no duplication) and the plan for monitoring and evaluation was adequate.

33. The Appeal Panel noted that the issues raised by the TRP on social stratification and the description of the functions and responsibilities, and coordination between the two Principal Recipients (PRs) were valid.

34. On balance, the incorrect observation about the epidemiological situation and the link to the existing grants were found by the Appeal Panel as persuasive errors by the TRP. The Appeal Panel therefore recommended that the appeal be upheld, and that the proposal be reclassified as a "Recommended Category 2 Proposal", subject to the following clarifications:

- 1) Please explain why the presented social stratification gives the same percentage of women and youth over all objectives and service delivery areas. It is suggested that for each target population and for each specific service delivery area and objectives, the percentage be adjusted to reflect the actual feasibility and context;
- 2) Please provide further explanations regarding the description of functions and responsibilities and the mode of coordination between the two PRs, with a particular focus on how the two PRs will interact with each other in a coordinated and timely basis to ensure attainment of the proposed impact of Global Fund additional support. In view of the proposal as a whole, it is not recommended for the two proposed PRs to function independently without clear coordinating mechanism to harmonize and create synergy for the overall achievement of the proposed support; and
- 3) Please explain the relationship of the two PRs with the selected sub-recipients and how coordination of activities will be effectively undertaken, overseen and reported upon in a harmonized manner to the CCM and other key stakeholders including the Global Fund.

Northern Sudan – Malaria

35. The Appeal Panel concurred with the TRP that internally displaced persons are ignored in the proposal and there is no appropriate explanation regarding how other entities were managing this population, which is a significant weakness. The Appeal Panel also found that the TRP had correctly identified that there is no detailed information provided on target groups for the training under different objectives or the location where these trainees are distributed in the country to ensure equitable coverage of services and there are coverage indicators, but no impact indicators provided as requested in the proposal form and guidelines. The Appeal Panel concurred that the TRP made minor errors in calculating recruitment costs, but these were not significant.

36. In regard to the TRP's comment on the use of the RDT and microscopy, the Appeal Panel concurred with the applicant, that both microscopy and RDT are appropriate malaria parasitological diagnosis strategies, and therefore should not be identified as a weakness by the TRP.

37. Despite the error identified by the appellant, the Appeal Panel's view was that the valid weaknesses that remained were sufficiently important for the appeal to be rejected, and therefore concurred with the classification of the proposal as a "Recommended Category 3 Proposal".

Yemen – Malaria

38. The Appeal Panel found that the TRP correctly identified significant weaknesses in the proposal, including that the proposed financial incentives are excessive, and insufficient information on different interventions in different regions was provided. The Appeal Panel considered that the appeal did not adequately address the issues raised by the TRP.

39. The Appeal Panel did not identify any significant or obvious errors on the part of the TRP in its review, and concurred with the classification of the proposal as a "Recommended Category 3 Proposal".

40. In addition, the Appeal Panel considered that the country may strengthen its ability to receive funding if it is much more explicit about where its malaria control program will be undertaken and how implementation will occur. In addition, the country should consider prioritization of its impact indicators, as the material supplied in the Round 6 proposal was too lengthy, revealing a lack of sufficient focus on priority issues.

Part 5: Lessons Learned

1. The non-TRP Appeal Panel members expressed their appreciation of the professional work of the TRP as a review panel for new proposals. They noted that scientific views are well represented. As a further enhancement to the TRP review process the non-TRP members recommended that, at the time of drafting TRP recommendations during the initial proposal review, the TRP seek to limit the use of terminology which could be interpreted in several ways and avoid judgmental comments such as "unclear" or "excessive", with a preference for greater specificity in the issue upon which the TRP was making comment. To avoid any confusion, where a budgetary issue was identified, it would be useful if the TRP could indicate the corresponding page, where it occurred. The Appeal Panel members also suggested that the TRP separate actual weaknesses from factual statements, the former of which were more appropriately included in the preliminary, narrative section of the TRP Review Form for each proposal.

2. The Appeal Panel also noted that it could be useful for countries to be aware of the success rate for resubmission of the same proposal (ranked as "Recommended Category 3 Proposals") and what happens when such proposals are rejected a second time.

3. In regard to meeting logistics, the Appeal Panel members expressed their appreciation for the support provided by the Secretariat. As a further enhancement, the Appeal Panel members recommended that the Secretariat provide the relevant documentation in hard copy to Appeal Panel members prior to the Panel meeting, in addition to the existing practice of providing information through a secure website link. This would facilitate the printing of material in a standard format.

4. The Appeal Panel members considered that the composition of the Panel is appropriate, both in terms of expertise and the size.

Part 6: Recommendation of Appeal Panel

1. The Appeal Panel recommends that the Board approves the following Round 6 proposals for funding as "Recommended Category 2 Proposals", subject to the completion of the clarification process within the same timeframes applying for all other Round 6 "Recommended Category 2 Proposals", with the clear understanding that amounts requested are upper ceilings rather than final Phase 1 Grant amounts:

- i. Egypt (HIV/AIDS); and
- ii. Pakistan (Tuberculosis).

2. The Board's approval is sought for the amount indicated as "Total 2 Years" in Annex 2 to this report.

Decision Point:

1. The Board approves for funding for an initial two years in the amounts indicated and subject to paragraph 2 below, the following Round 6 proposals that were recommended for funding by the Independent Appeal Panel in its report dated 25 January 2007:

- i. Egypt (HIV/AIDS) -- US\$ 5,412,750; and
- iii. Pakistan (Tuberculosis) -- US\$ 22,568,553,

with the clear understanding that the amounts indicated are upper ceilings subject to Technical Review Panel (TRP) clarifications and grant negotiations, rather than final approved grant amounts.

2. The applicants 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 by not later than six weeks after notification in writing by the Secretariat to the applicant of the Board's decision; and

b) conclude the clarification process, as indicated by the written approval of the Chair or Vice Chair of the TRP not later than four months from the Secretariat's receipt of the applicants initial detailed response to the issues raised for clarifications or adjustments.

List of Appeals “Recommended Category 2 Proposals”

	Country	Component & World Bank Income classification	WHO Region	GF Cluster	Upper Ceiling			
					Year 1	Year 2	Total 2 years	Total up to 5 years
Category 2 - USD								
1	Egypt (Lower-middle)	HIV/AIDS	EMRO	MENA	\$2,819,854	\$2,592,896	\$5,412,750	\$11,619,700
2	Pakistan (Low)	Tuberculosis	EMRO	SWA	\$11,914,349	\$10,654,204	\$22,568,553	\$56,020,759
Category 2 - USD - Total					\$14,734,203	\$13,247,100	\$27,981,303	\$67,640,459

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