Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Appeal Panel
Geneva, 1 September 2004

Round 4 Appeal Panel Report

Outline: This report sets out the Appeal Panel's recommendations following its review of the appeals received by the Secretariat for the Fourth Round.

Decision Point:

The Board approves the following proposals for funding according to the category 2 classification used in the approval of Fourth Round proposals, with the clear understanding that budgets requested are upper ceilings rather than final budgets and the Secretariat should report to the Board the results of the negotiations with Principal Recipients on the final budget for acknowledgement:

1. Niger (Malaria), NER-404-002
2. Russian Federation (Tuberculosis); RUS-404-007
3. Uzbekistan (Tuberculosis); UZB-404-002

Part 1: Background

1. During the 8th Board meeting 69 components were approved for funding and 104 components were rejected. 36 of the 104 rejected components had also been rejected in Round 3 and 4, and therefore qualified for appeal.

2. All the 36 component applicants were informed of the appeal option, the mechanism for appeal and the deadline for submission. By the stipulated deadline of August 16th the Secretariat had received 14 appeals.

Eligibility Review

3. The Secretariat convened an ad-hoc Committee, which reviewed all 14 appeals on August 20th for compliance with the objective eligibility criteria set by the Board. The committee determined that 13 appeals were eligible for review. The appeal

   SADC (Malaria); MAF-404-035

   was found to be a first time rejection and therefore ineligible for appeal.

4. The committee recommended the following appeals for review:

   Ecuador (Malaria); ECU 404-003
   Ghana (HIV/AIDS); GHA 404-004
   Ghana (Tuberculosis); GHA 404-004
   Iran (Malaria); IRN 404-003
   Niger (Malaria); NER 404-002
   Pakistan (HIV/AIDS); PAK 404-004
   Paraguay (HIV/AIDS); PRY 404-003
   Russian Federation (Tuberculosis); RUS 404-007
   Serbia and Montenegro (HIV/AIDS); YUG 404-005
   Tajikistan (Malaria); TJK 404-003
   Uzbekistan (Tuberculosis); UZB 404-002
   Zimbabwe (HIV/AIDS); ZWE 404-004
   Zimbabwe (Tuberculosis); ZWE 404-004

Appeal Panel Composition

5. The Appeal Panel convened on the September 1st, 2004 in Geneva. As required by the Guidelines for the Appeal Panel, the panel comprised of two members of the Technical Review Panel (TRP), an outside expert recommended by The World Bank, an outside expert recommended by WHO and an outside expert recommended by UNAIDS. Where a member of the TRP had been a reviewer of the proposal under appeal in Round 4, he or she was recused from the panel for the relevant discussion and

replaced by another suitable member of the TRP. This occurred in the following cases:

- Iran Malaria proposal: Dr. Mary Ettling replaced Dr. Andrei Beljaev.
- Pakistan (HIV/AIDS) proposal: Dr. Papa Salif Sow replaced Dr. Peter Godfrey-Fausset.
- Serbia Montenegro (HIV/AIDS) proposal: Wilfred Griekspoor replaced Dr. Jonathan Broomberg.

6. The Appeal Panel Member Composition:

Dr. Jonathan Broomberg (TRP Member; Cross Cutter) Mr. Dan Ritchie (designated by The World Bank) Dr. Yves Agboton (designated by UNAIDS) Dr. Donald Enarson (designated by WHO)	
Dr. Peter Godfrey-Fausset (TRP Member; HIV/AIDS and TB expert)	Participated in HIV and tuberculosis appeal cases only
Dr. Andrei Beljaev (TRP Member; malaria expert)	Participated in malaria appeal cases only

Substituting members where conflict of interest existed:

Dr. Mary Ettling (TRP Member; malaria expert)	Participated in the Iran malaria appeal only
Dr. Wilfred Griekspoor (TRP Member; Cross Cutter)	Participated in the Serbia Montenegro HIV/AIDS appeal only
Dr. Papa Salif Sow (TRP Member; HIV/AIDS expert)	Participated in the Pakistan HIV/AIDS appeal only

Part 2: Recommendation and Decision Point

1. The Appeal Panel recommends three proposals valued at a total of US $ 70.848.667 for two years (and US$ 117.319.253 for five years).

2. The Appeal Panel recommends that the Board approve the following proposals for funding according to the category 2 classification used in the approval of Fourth Round proposals, with the clear understanding that budgets requested are upper ceilings rather than final budgets and the Secretariat should report to the Board the results of the negotiations with Principal Recipients on the final budget for acknowledgement:

    1. ***Niger (Malaria); NER-404-002***
    2. ***Russian Federation (Tuberculosis); RUS-404-007***
    3. ***Uzbekistan (Tuberculosis); UZB-404-002.***

Part 3: Detailed Appeal Panel Deliberations

Ecuador (Malaria) - ECU 404-003

1. The Appeal Panel found that the TRP had correctly identified a large number of serious weaknesses and problems in the proposal, and that none of these had been addressed at all in the appeal document.

2. The Appeal Panel could not identify any significant errors on the part of the TRP in its review, and concurred with the classification in Category 3.

Ghana (Tuberculosis) - GHA 404-004

3. The Appeal Panel found that several of the significant weaknesses identified by the TRP were not adequately addressed by the appeal documentation:
    - Lack of explanation of how scaling up will take place and how lessons learnt in the two pilot cities will be applied: The proposal touches very briefly on these issues, and then only to mention them without providing any detail. The appeal document adds little to clarify this problem.
    - Poor description of use of partnerships in DOTS expansion and other activities: While the various activity tables in the proposal give a sense of wide use of partnerships, as confirmed by the budget allocation, the TRP was correct in pointing out that the proposal provides no detail at all on how these partnerships will be implemented in practice.

- Insufficient detail on HIV/TB activities. Again this is poorly addressed in the proposal and not adequately addressed in the appeal documentation.

4. In relation to systematic monitoring of case management, the Appeal Panel found that this is in fact addressed in the proposal, although a similar problem of lack of detailed description of activities was noted, and this important section was noted to be weakly written.

5. The Appeal Panel accepted the view of the appeal document in relation to the question of the budget allocation for TB drugs.

6. Overall, the Appeal Panel found this to be a poorly written proposal, with several problems correctly identified by the TRP, which were not addressed by the appeal documentation. While the issue relating to the constraints imposed by the online application form were noted and discussed, the Appeal Panel did not regard this as a convincing argument, given the fact that all applicants had the same proposal form and many provided much greater detail in their proposals.

7. The Appeal Panel found no significant or obvious errors in the TRP review and concurred with the classification in Category 3.

Ghana (HIV/AIDS) - GHA 404-004

8. The appeal did not adequately address the fundamental problem identified by the TRP, of the lack of detail in the proposal concerning how a program of such ambitious scope and scale would in fact be implemented in practice. While this observation relates principally to the scale up of ART, including the associated procurement and logistics, as well key human resource issues, and the application of lessons learned from initial activities to the proposed scale up, it also applies to several other critical aspects of the proposed activities. While the proposal showed some evidence of careful design and planning, for example in the work plans and budget, this was undermined by the lack of detailed description of strategies for implementation. The Appeal Panel did not accept the argument of the appellant that this lack of detail was attributable to the nature of the proposal form, since all applicants had utilized the same form, and many had provided adequate levels of detail in their applications.

9. The Appeal Panel concurred with the view of the TRP that this lack of detail concerning the 'how' of the proposal makes it very difficult to evaluate the feasibility of the proposal, and in particular, to assess whether it is possible for the proposed scale up to be implemented in a cost effectively and in a timely manner.

10. Some of the other less significant problems identified by the TRP were addressed by the appeal document, including issues relating to the absence of details on national policies and guidelines, the nature of the PMTCT strategy, and the proposed costs of diagnostics and monitoring.

11. The Appeal Panel therefore did not identify any significant or obvious errors made by the TRP in its review of this proposal, and concurred with the TRP classification in Category 3.

Iran (Malaria) - IRN 404-003

12. The Appeal Panel concurred with the TRP view that this proposal contained several critical weaknesses, and found that these were not adequately addressed in the appeal document:
    - In relation to the use of inappropriate impact indicators, the appeal document did not address the issue adequately;
    - The proposal provides very limited description of the proposed strategy and activities, or rationale for proposed activities, and this significant problem was not addressed by the appeal. This applies throughout the proposal, and was noted by the Appeal Panel to be a particular problem in relation to treatment strategy.
    - The lack of focus on monitoring disease foci, which the TRP correctly identified as a critical weakness is not addressed by the appeal document.

13. The Appeal Panel was satisfied with the responses in the appeal document regarding the use of locally produced ITNs rather than long lasting nets, as well as in relation to the indoor residual spraying strategy. The issues raised by the TRP in relation to the budget tables were also satisfactorily explained.

14. Overall, the Appeal Panel judged that the proposal contained significant weaknesses which were not adequately addressed in the appeal document. The Appeal Panel did not find that the TRP had made any significant or obvious errors in its review, and concurred with the TRP classification in Category 3.

Niger (Malaria) - NER 404-002

15. The Appeal Panel concurred with the TRP that the proposal had provided inadequate information on the potential overlap between the activities funded by this proposal and those of Round 3 GFATM funding in relation to distribution of ITNs. This point was conceded by the appeal documentation, which clarified this point.

16. The Appeal Panel also concurred with the TRP view that the proposal failed to adequately address the linkages between this programme and

other aspects of malaria control within Niger. While these issues are briefly touched on within the proposal, these are not fully addressed. A proposal to GFATM does not, in itself, need to be broad and all-encompassing, but must clearly draw linkages between a narrower proposal and the wider disease control context.

17. The Appeal Panel did not concur with the TRP on the lack of evidence for real input from the Ministry of Health and/or CCM of Niger.

18. The Appeal Panel did agree with the TRP in its observation that the proposal does not deal sufficiently with the impact of a campaign of this nature on the wider health services. This is touched on in the appeal, but again is deal with superficially.

19. The Appeal Panel did not accept the argument in the appeal documentation that the TRP had made a significant and obvious error in requiring resubmission on the basis that this was a time limited intervention. Such an intervention could always be repeated, and in any event, the TRP is required to make an evaluation on the merits of the proposal, and not on the consequences of requesting resubmission.

20. The Appeal Panel, in considering the proposal as a whole, and the TRP's cited weaknesses, found that the TRP had made a significant error not in the specific problems it identified, but rather in its judgment that the problems identified were so fundamental that they undermined confidence in the feasibility of implementing the proposal, and that they could not be clarified within a 6 week timeframe. For these reasons, the Appeal Panel recommends that the Appeal be upheld and that the proposal be reclassified in Category 2.

21. If this recommendation is approved by the Board, the applicant should clarify the following issues prior to grant negotiations:

    - Spell out, in detail, the precise distribution of ITNs planned with Round 1 GFATM funds and those planned with the R4 funds, and the relationship and boundaries between these distribution activities
    - Provide a detailed analysis of the impacts, both positive and negative, of this campaign on the wider healthcare system in Niger.
    - Provide further detail on how this planned campaign will articulate with and be coordinated with the broader malaria control strategy in Niger and
    - Given the delay in implementation due to the Appeal process and subsequent clarifications, please indicate in detail the revised timing of implementation of the campaign, and submit any required budgetary adjustments.

Pakistan (HIV/AIDS) - PAK 404-004

22. The appeal document did not satisfactorily address the major issue raised by the TRP relating to the high costs of some activities and to inappropriate use of ARVs and diagnostic and monitoring approaches. In the case of the very high planning and administration costs in the proposal, even if some inappropriately classified costs were removed from this category, the remaining planning and administrative costs remain too high. This issue was not addressed to the satisfaction of the Appeal Panel by the appeal documents.

23. Similarly, the appeal document concedes that incorrect ARV regimens were proposed and that ART costs are higher than they should be.

24. The Appeal Panel did not concur with the TRP that the focus on prevention activities aimed at youth is inappropriate in the circumstances of Pakistan's HIV epidemic. This aspect of the proposal was also noted to build on pilot activities previously approved by the TRP in Round 1. While these activities may not be the highest priority, this does not imply that they are inappropriate. The Appeal Panel also noted that the appeal document introduced new information in its appeal in regard to this issue, and also that the proposal should have provided much more detail on the linkage between the youth directed activities and those relating to other high risk groups.

25. Overall, the Appeal Panel judged that the proposal contained significant weaknesses which were not adequately addressed in the appeal document. While disagreeing with the TRP in relation to the prevention component, the Appeal Panel did not find that the TRP had made any significant or obvious errors in its review, and concurred with the TRP classification in Category 3.

Paraguay (HIV/AIDS) - PRY404-003

26. The appeal did not adequately address the TRP's significant concerns about the proposed Principal Recipient's ability to manage a grant and program of the scale proposed in the application and the lack of detail regarding access to marginalized groups.

27. Some of the other, less significant weaknesses identified by the TRP were adequately addressed in the appeal, including issues relating to the selection of sub-recipients, ART costs, and volume of activities in the first quarter.

28. Overall, the panel did not identify significant and obvious errors made by the TRP, and concurred with the TRP's classification of the proposal in Category 3.

Russian Federation (Tuberculosis) - RUS 404-007

29. The Appeal Panel found that the TRP had made a significant error in its interpretation of the proposal's ongoing reliance on a specialized structure for service delivery. In fact, the Panel found that the proposal successfully demonstrates that Russia has adopted international best practices at the policy level, and that the proposal is designed to assist Russia in a transition to implementing these practices.

30. Additionally the Appeal Panel found that the TRP had made an error in arguing that the budget was not broken down sufficiently in order to justify expenses. Annexure 1 of the proposal provided detailed budgets, and in many cases, the explanations contained in these were found to be adequate. There are cases, however, where the explanations for particular expenditures or unit costs remain inadequate.

31. On detailed aspects of the budget, the Appeal Panel found as follows:
    - $2 million for Monitoring and Evaluation Plan: This was explained in detail, although the Appeal Panel agreed with the TRP that this amount is excessive.
    - $12.6m for patient incentives: Appeal Panel found that this was justified in the budget, and did not accept the implied view that this may not be in line with GFATM policy
    - Selective detail on unit costs and some excessive: The Appeal Panel concurred with the TRP on this point.
    - Training costs vary widely with little explanation: Appeal documentation correctly notes that these are explained in the detailed budget.

32. The Appeal Panel therefore found that the TRP had made significant errors in its review, and recommended that the appeal be upheld, and that the proposal be reclassified to Category 2. If this recommendation is accepted by the Board, the following points should be clarified prior to grant negotiation commencing:
    - The $2 million budget for development of ME plan should be substantially reduced
    - All infrastructure unit costs must be provided in full detail, with justifications in all cases
    - Explain why outpatient infrastructure costs are estimated on basis of $15,000 per million population and provide more specific costs.
    - Provide full details and justification for all training costs, including reasons for variation in individual training costs between $50 and $500 per day.

Serbia and Montenegro (HIV/AIDS) - YUG 404-005

33. The Appeal Panel found that the TRP had been correct in identifying several significant weaknesses in this proposal and that the appeal documentation did not address these issues adequately. In particular, the appeal did not respond in satisfactory fashion to two principal concerns:
    - the lack of cost-effectiveness in the design of the proposal for a small population and a very low prevalence, and
    - the imbalances in the proposed funding of prevention activities, especially related to higher risk populations.

34. Moreover, the appeals documentation did not respond to the TRP's concerns regarding the capacity of the PR, the approach to PMTCT or procurement arrangements.

35. In two less critical issues, the Appeal Panel found the appeal document did address TRP concerns adequately:
    - M&E documentation had been made available to the TRP in a separate CD-ROM (which was confirmed to the Appeal Panel by the GFATM Secretariat), and
    - The TRP statement that certain proposed activities in the proposal were inappropriate for funding should have clarified that this was the view of the TRP regarding this specific proposal, rather than GFATM policy.

36. The Appeal Panel therefore did not identify any significant or obvious errors made by the TRP in its review of this proposal and concurred with the TRP classification in Category 3.

Tajikistan (Malaria) – TJK 404-003

37. The Appeal Panel found that the TRP was correct in identifying several significant weaknesses in this proposal, it also found that the appeal documentation did not address these satisfactorily. These issues included:
    - Inconsistencies in a large number of tables throughout the proposal
    - Use of atypical indicators to measure impact and coverage of activities proposed
    - Questions relating to the feasibility of simultaneously scaling up an ambitious project while developing new human resources required for the scale up

38. On some less significant issues, the Appeal Panel accepted the arguments of the appeal documentation. These included:
    - The issue of decline in domestic financing over the life of the project
    - The need for a GFATM programme manager
    - The treatment strategy concern in relation to resistance data

39. Overall, the Appeal Panel found no errors in the TRP review, and concurred with the TRP's classification in Category 3.

Uzbekistan (Tuberculosis) - UZB 404-002

40. The Appeal Panel found that the TRP review was incorrect in regard to the roles of the GFATM program and other aspects of the TB program in Uzbekistan, and that these roles and the respective funding sources were made clear in the proposal.

41. Similarly, while the linkages between the proposed activities and the detailed budget were not explicit in the proposal, the Appeal Panel found that it was possible to identify these linkages, and that the lack of explicit linkages did not undermine confidence in the likely feasibility of the proposed implementation.

42. The question relating to financing of drugs, and the respective roles of GFATM funds and GDF funds was also satisfactorily addressed in the appeal document, although the Appeal Panel did take the view that this could have been made more explicit in the proposal.

43. The Appeal Panel agreed with the TRP that the proposal provided insufficient detail on several budget line items, but felt that these could be clarified rapidly.

44. The Appeal Panel therefore found that the TRP had made significant errors in its review of this proposal and upheld the Appeal.

45. The Panel therefore recommends that the proposal be reclassified in Category 2, and that the applicant should clarify the detailed budgetary questions raised in the TRP review, and should in addition provide a revised budget that provides full detail on all unit costs for every budget item.

Zimbabwe (HIV/AIDS) - ZWE 404-004

46. The appeal document failed to satisfactorily address the fundamental questions identified by the TRP in its review concerning the feasibility of the proposed rapid and ambitious scale up, and the associated need to develop substantial human resources capacity at a rapid rate, the appeal document did not provide sufficient further insight to convince the Appeal Panel that the TRP had made an error in this regard.

47. The Appeal Panel concurred with the view of the TRP that the proposal did not provide an adequate level of detailed description to create sufficient

confidence that a proposal of this scale could be effectively implemented in the timetable proposed, given the human resource and other constraints confronting health authorities in Zimbabwe.

48. Similarly, the Appeal Panel agreed with the TRP that more information on the proposed sub-recipients would be required in the proposal in order to ensure the feasibility of the the proposal. In the context of relatively weak public sector human resources, justifying a substantial role for a large number of NGOs and civil society organizations, by simply providing a list of multiple sub-recipients is inadequate, as is the explanation that the detailed roles and associated budgets for these many sub-recipients would be elaborated once the grant is received. In this context, a successful proposal would need to elaborate, in detail, the specific role of each organization in each set of activities, and provide associated budgets for these organizations.

49. The appeal document did satisfactorily address some of the less critical issues raised by the TRP, including the linkages between VCT and other services and ART services, and the competence of the proposed PR.

50. The Appeal Panel therefore did not identify any significant or obvious errors made by the TRP in its review of this proposal, and concurred with the TRP classification in Category 3.

Zimbabwe (Tuberculosis); ZWE 404-004

51. The Appeal Panel found that some of the significant problems identified by the TRP in its review were not satisfactorily addressed by the appeal document.
    - Failure to provide information on NGO recipients of a substantial proportion of the proposed budget: The Appeal Panel concurred with the TRP that this was a significant weakness, given the major role envisaged for these organizations. The appeal document introduces entirely new information in answer to this issue. This information should have been provided in the original proposal.
    - Insufficient detail on content of proposed activities, making it difficult to reconcile and justify budget: Again the Appeal Panel concurred with the TRP view on the significance of this problem, and found that too much was assumed to be understood by the TRP. The appeal document failed to address this issue adequately.
    - High planning and administration costs: The Appeal Panel found that even after stripping out incorrectly labeled operational costs, these costs remain high and this is not satisfactorily addressed in either the proposal or the appeal document. In fact such costs could be justified on the basis of the need for substantial health systems and management strengthening, but this would need to be spelled out and justified in detail in the proposal.

52. The Appeal Panel felt the appeal document adequately addressed the Budget's ambiguity in relation to the accounting for GFATM, government and other financing sources, as well as with the explanations for the perceived high unit costs and incomplete budget observed by the TRP. It was noted that the TRP had reviewed hard copies of the budget and work plan, and that some details were contained in comment cells in the original excel spreadsheet which were not seen by the TRP, but were reviewed by the Appeal Panel.

53. Overall, the Appeal Panel concurred with the view of the TRP that this proposal contained substantial weaknesses, and these were not adequately addressed in the appeal documentation. There were no significant errors on the part of the TRP, and the Appeal Panel concurred with the classification in Category 3.

Annex 1

List of Appeals Received:

GF ID	*country*	*component*	*project name*	*amount/ 2years*	*amount/ 5years*
ECU-404-003	Ecuador	Malaria	Proyecto Nacional de lucha contra la Malaria	$3,652,024.00	$6,428,539.00
GHA-404-004	Ghana	Tuberculosis	Accelerating access to prevention, treatment, care and support of AIDS, TB, malaria towards achieving the Millenium Development Goals	$7,179,010.00	$17,926,610.00
GHA-404-004	Ghana	HIV/AIDS	Accelerating access to prevention, treatment, care and support of AIDS, TB, malaria towards achieving the Millenium Development Goals	$93,068,214.00	$305,279,944.00
IRN-404-003	Iran	Malaria	Reducing the malaria transmission in malarious areas (stratum I) of I.R. Iran	$4,452,187.00	$6,565,387.00
MAF-404-035	Multi-Africa (SADC)	Malaria	Scaling up Roll Back Malaria Across the Southern African Development Community Region (SADC)	$1,351,900.00	$3,340,251.00
NER-404-002	Niger	Malaria	Measles & Malaria	$11,257,988.00	$11,257,988.00
PAK-404-004	Pakistan	HIV/AIDS	Strengthening the control of three poverty related diseases through publich private partnership in Pakistan	$10,960,944.00	$27,543,654.00
PRY-404-003	Paraguay	HIV/AIDS	Enhancement on the Paraguayan national response to HIV/AIDS for an effective and sustainable prevention and care program	$3,890,125.00	$8,809,437.00
RUS-404-007	Russian Federation	Tuberculosis	Promoting a Strategic Response to HIV/AIDS and TB Treatment and Care for Vulnerable Population in the Russioan Federation	$53,534,157.00	$92,263,589.00
YUG-404-005	Serbia and Montenegro	HIV/AIDS	Comprehensive Response to address HIV/AIDS in Montenegro	$3,944,411.00	$9,014,634.00
TJK-404-003	Tajikistan	Malaria	Reducing the burden of HIV/AIDS and Malaria in Tajikistan	$1,115,590.00	$2,261,625.00
UZB-404-002	Uzbekistan	TB	Scaling up the Response to TB Control in Uzbekistan: A focus on vulnerable populations 2005 – 2009	$6,056,522.00	$13,797,676.00
ZWE-404-004	Zimbabwe	HIV/AIDS	Strengthening national efforts against HIV/AIDS, Tuberculosis and Malaria	$77,833,063.00	$218,419,107.00
ZWE-404-004	Zimbabwe	TB	Strengthening national efforts against HIV/AIDS, Tuberculosis and Malaria	$12,383,147.00	$30,422,723.00
				$290,679,282.00	**$753,331,164.00**

List of Eligible Appeals:

GF ID	*country*	*component*	*project name*	*amount/ 2years*	*amount/ 5years*
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GHA-404-004	Ghana	Tuberculosis	Accelerating access to prevention, treatment, care and support of AIDS, TB, malaria towards achieving the Millenium Development Goals	$7,179,010.00	$17,926,610.00
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ZWE-404-004	Zimbabwe	Tuberculosis	Strengthening national efforts against HIV/AIDS, Tuberculosis and Malaria	$12,383,147.00	$30,422,723.00
				$289,327,382.00	**$749,990,913.00**