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of the Global Fund

TRP Removed Parts of 14 Round 10 Proposals Recommended for Funding

For one proposal, the elements removed represented 91% of the budget

TRP cuts cannot be appealed

In Round 10, the Technical Review Panel (TRP) removed elements from 14 proposals that it recommended for funding, resulting in cuts ranging from 1% to 91% of the budgets for these proposals. On average, the budgets were cut by 12%. The total amount removed from the budgets of all 14 proposals was in excess of \$96 million.

In Round 10, the TRP had greater flexibility than it previously had to recommend a proposal on the condition that specific elements of the proposal be removed. In the decision authorising this, the Global Fund Board said that the TRP could “recommend relevant proposals for funding conditional upon the removal of a limited set of specific elements from the disease proposal (which removal is not subject to a right of appeal).”

Sometimes, the TRP removed specific activities and the amounts budgeted for these activities; other times, the TRP just removed parts of the budget. The table below provides a list of the countries involved and shows how much was cut from the budgets.

Table: List of Round 10 proposals recommended for funding, for which the TRP removed one or more elements of the proposal

Applicant (disease)	Budget for Years 1-2			Budget for all five year	
	Amount requested	Amount removed	% removed	Amount requested	Amount removed
APN+ (HIV)	\$12.0 m.	\$10.8 m.	90%	\$33.4 m.	\$30.4 m.
Armenia (TB)	\$4.4 m.	\$0.1 m.	2%	\$11.8 m.	\$0.1 m.
Eritrea (H)	\$14.9 m.	\$0.2 m.	1%	\$47.3 m.	\$0.8 m.
Eritrea (TB)	\$7.8 m.	\$0.5 m.	6%	\$23.3 m.	\$0.5 m.
Ghana (TB)	\$35.0 m.	\$3.1 m.	9%	\$91.9 m.	\$14.5 m.
MENAHRA (HIV MARPS)	\$5.0 m.	\$1.8 m.	36%	\$12.4 m.	\$4.0 m.
Pakistan (M)	\$25.1 m.	\$1.7 m.	7%	\$56.1 m.	\$4.6 m.
PNG (HIV part)	\$21.0 m.	\$0.8 m.	4%	\$44.2 m.	\$2.8 m.
PNG (HSS part)	\$3.6 m.	\$0.2 m.	5%	\$5.7 m.	\$0.4 m.
Senegal (TB)	\$9.1 m.	\$0.8 m.	9%	\$23.6 m.	\$0.8 m.
Somalia (TB)	\$15.7 m.	\$1.5 m.	9%	\$60.3 m.	\$1.8 m.
Syria (HIV MARPS)	\$5.0 m.	\$3.3 m.	65%	\$11.0 m.	\$7.6 m.
Thailand (M)	\$42.0 m.	\$9.5 m.	23%	\$101.0 m.	\$22.6 m.
Timor-Leste (M)	\$7.6 m.	\$0.4 m.	5%	\$23.0 m.	\$0.7 m.

Zambia (H)	\$105.3 m.	\$2.5 m.	2%	\$264.1 m.	\$4.9 m.
TOTAL	\$313.4 m.	\$37.1 m.	12%	\$809.1 m.	\$96.5 m.

Note: For PNG (Papua New Guinea), the HIV and HSS parts were submitted together in one proposal.

What was removed?

In the case of the HIV proposal from APN+ (Asia-Pacific Network of People Living with HIV/AIDS), for which the budget was slashed by 91%, it is more a question of what was not removed. The TRP considered that most of what APN+ was proposing was not suitable for a regional proposal. The TRP cut all of the activities related to service delivery (Objective 1), and all of the activities related to strengthening national networks of people living with HIV (Objective 2). The TRP said that most of the budget for Objective 2 was to support the operating costs of the national networks. The TRP cut about half of the budget of the third and final objective, which involved strengthening the AIDS response by expanding at a regional level information management, documentation, and advocacy. (The ANP+ proposal is discussed in more detail below.)

In the case of the Syria HIV MARPs proposal, for which the budget was cut by 69%, the amounts removed all related to the third objective in the proposal, which involved prevention activities for most-at-risk populations, including injection drug users. The TRP said: “The budget should be reduced to include only Objectives 1 and 2 which are recommended for funding. The TRP believes that only after progress in these objectives has been made will the country be able to more clearly identify the preventive activities and services needed for the most-at-risk populations.”

(Objective 1 involved strengthening the availability, sharing and utilisation of strategic information to guide the development and implementation of evidence-informed policies and programmes for MARP groups. Objective 2 involved promoting supportive legal and policy environments, and strengthening institutional capacity for HIV-prevention programmes among MARP groups.)

The TRP also said of Syria’s proposal: “While, the need for appropriate civil society organizations and peer-to-peer education and services is recognized, most of the budget is consumed by activities directed at building government capacity, structures and facilities with no clear indication of how these will be utilized to address the most-at-risk-populations. More innovative strategies need to be adopted.”

The HIV MARPS regional proposal from MENCHARA (Middle East & North Africa Harm Reduction Association) had its budget cut by 33%. The amounts removed were for activities involving service delivery, which the TRP considers inappropriate for a regional proposal.

For the Thailand malaria proposal, the TRP, citing numerous problems with the budget, made a large number of cuts, some minor and some moderate, but adding up to more than 20% of the total budget. The TRP said, among other things, that incentive schemes for patients were not justified; that some activities were redundant; that the number of staff to be employed was not justified; that costs for technical assistance were excessive; and that there was no justification for the number of vehicles to be purchased. In reducing the budget, the TRP made comments such as: “Please reduce the 32 person-months proposed to 12 person-months [for] technical advisors fees for the first year of the grant”; and, “In view of the past and existing investment in this BCC [behaviour change communication] activity through previous grants and via other donor funded programs, remove 40 percent of the total budget for this line item.”

Among the reasons cited by the TRP for removing elements from the other 10 proposals were the following:

- the activity was not justified;
- overhead costs for a government entity are not justified;
- there were mistakes in the budgeting;
- the projected rate of inflation was too high;
- the proposed operational studies were not a priority; and
- the proposed activities duplicated activities in another grant.

In its report on Round 10, the TRP stated that it was “not always practical or constructive to remove specific elements without the benefit of clarifications from the applicant.” It is possible, therefore, that in future rounds there may be a different process in place for the removal of elements of a proposal that the TRP considers problematic.

APN+ proposal

In cutting the budget of the APN+ proposal by 91%, the TRP removed all of the activities related to strengthening national networks of people living with HIV, which was the second of three objectives included in the proposal. The budget for the activities under this objective was \$6.8 million, representing about 20% of the budget for the entire proposal.

According to the APN+ proposal, one of the core aspects of the proposed programme was “to strengthen and support networks of people living with HIV in Bangladesh, Indonesia, Lao, Nepal, Pakistan, Philippines, and Vietnam to deliver essential services not already provided through national AIDS programs.” [Emphasis in the original.] The proposal states that instead of developing a standard package of activities, “each member national network developed their own plans based on their national responses and the strengths and weaknesses of their networks. Some networks were already effective and efficient in their service delivery and advocacy work and other networks chose to build their own institutions before scaling up service delivery work.”

The APN+ developed what it thought was a solid rationale for adopting a regional approach. It said that it would be “difficult and expensive to conduct separate programmes to improve the skills of people living with HIV and to provide community system strengthening support to different networks in the seven countries. With the regional approach, it is easier to organize the activities out of the regional office for all seven countries and more economical to produce generic information, education and communication materials.” It also said that the regional approach “allows activities and policies to be standardized.”

However, the activities listed in the proposal read more like a series of separate activities in each country than a regional approach using regionally-developed tools to strengthen national networks. As the TRP pointed out, most of the budget for Objective 2 was devoted to paying the salaries and operating costs of the national networks.

The Global Fund provided Round 10 applicants with guidance on regional proposals in (a) an information note, and (b) the “Guidelines for Proposals – Round 10: Multi-Country Applicant.” Both documents state that the applicant must explain why the activities in the proposal are most effectively managed through a multi-country approach rather than a single-country approach. However, neither document explains what this means, and neither document provides examples of the types of activities that the TRP considers inappropriate for regional proposals. It is clear that the TRP does not consider delivering services directly in-country and paying for the salaries and operating costs of national organisations to be appropriate activities for a regional proposal.

APN+ based its proposal on the Global Fund’s “Community Systems Strengthening Framework,” which encourages applicants to include in their proposals, where appropriate, operational and core funding for community-based organisations. This includes staff salaries, capacity building and overhead costs. This applies equally to national and regional community-based organisations. However there is nothing in the framework to suggest that the Global Fund would respond favourably to a proposal in which operational and core funding for national networks of people living with HIV would be funnelled through a regional network.

APN+ says that it decided to include operational and core funding for national networks of people living with HIV in its proposal because country coordinating mechanisms (CCMs) in the region are not including funding for this in their national proposals.

(Editor’s note: The guidance produced by Aidsplan for regional proposals in Round 10 exhibits the same shortcomings as the materials produced by the Global Fund. This will be corrected in the guidance produced for Round 11.)

Some of the information for this article was taken from the “Report of the Technical Review Panel and the Secretariat on Round 10 Proposals,” at www.theglobalfund.org/en/trp/reports/?lang=en. Some of the information also came from the TRP comments on individual proposals. Copies of all Round 10 proposals, both approved and not approved, are at www.theglobalfund.org/en/fundingdecisions/?lang=en. The text of the Board decision point referred to in this article (Decision Point GF/B18/DP19) is at www.theglobalfund.org/en/board/meetings/eighteenth.

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