

FOR DECISION

- there is a summary of key background and supporting documents that are referenced in the new proposal for easy reference
- the proposed activities are in line with recommendations from major reviews of the health sector and the immunisation program.

It is not the pre-review team's mandate to assess the quality of the proposal or pass judgment on any of the proposed strategies or activities; rather, its aim is to ensure that the time of the IRC is spent most judiciously in assessing the merits of each proposal.

7.4 New proposals Independent Review Committee

See previous sections 1-6 for details.

7.5 Alliance Executive Committees approve

The IRC recommendations are then considered by the GAVI Alliance Executive Committee who approves funding for countries and this is then sent out to countries.

7.6 Communication to countries

The GAVI Secretariat communicates to countries the review results and if approved the details and timeframe of GAVI support to the country.

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Annex 2 – Proposed ‘pool’ of experts for the 2009 GAVI Alliance integrated new proposals Independent Review Committee

It is proposed to use as many IRC members with previous GAVI experience as possible for the transition phase in 2009. However, more expert members are suggested for the pool in the table below for the PPC consideration, to increase expertise in monitoring and financial analysis and in case previous members are not available. The 3 year term for majority of the current IRC members will expire by 2010. Each member will cease her/his mandate as new proposals reviewer at the end of the third year from the start of her/his experience as reviewer.

Every IRC has an equal mix of independent experts and in-service Ministry of Health technical representatives from GAVI eligible countries.

Current IRC members operating either in the HSS or in NVS reviews are the preferred ‘core’ members for 2009. Depending on availability, it is proposed to invite Francis Omaswa to chair and Peter Ndumbe as an alternate. The role of the chair is to coordinate the IRC activities, facilitate discussion and ensure the IRC reaches decisions according to the ToRs and mandate outlined. The chair will also complete the overall report and when necessary, present the IRC recommendations to the GAVI Executive Committee. The other names are recommended to be part of a pool of possible reviewers that could participate as need arises.

FOR DECISION**PROPOSED CHAIR**

#	Name	Country	Organisation	Logistics /procurement	Public Health	Immun services	M + E	Health systems	Health economist	Financial analysis	CSO	Comment
1	Francis Omaswa	Uganda	Independent Consultant		x			x				Former Executive Director of Global Health Workforce Alliance; Former Director General Health Services , Uganda
2	Peter Ndumbe	Cameroun	Dean, Faculty of Medicine and Biomedical Sciences		x	x	x	x				Clinical epidemiologist and academic; chair of WHO-AFRO Task Force on immunisation; , on various WHO/ international technical committees; large body of publications

PROPOSED IRC MEMBERS (Alphabetical order)

#	Name	Country	Organisation	Logistics /procurement	Public Health	Immun services	M + E	Health systems	Health economist	Financial analysis	CSO	Comment
1	Abdul Wali	Afghanistan	Chief of policy and planning in MoH	x			x	x			x	HSS focal point in MoH, Afghanistan
2	Alejo Bejemino	Philippines	Independent Consultant	x								Numerous consultancies with WHO & UNICEF
3	Alfred da Silva *5	France	Director, AMP, Institute Pasteur		x	x					x	Epidemiologist, Current NVS IRC member; term ending 2010
#	Name	Country	Organisation	Logistics /procurement	Public Health	Immun services	M + E	Health systems	Health economist	Financial analysis	CSO	Comment
4	Alison	Australia	Director of a			x	x	x		x		Expertise M+E, epidemiology;

⁵ * suggests current IRC member

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	Heywood		consultancy company									current GFATM – TRP member ⁶
5	Amarjeet Sinha	India	Joint Secretary, Ministry of Health and Family Welfare			x		x			x	Expertise in developing national health plans, and sector wide programmes in health & education
6	Beatriz Ayala-Ostrom *	Mexico	Int'l Procurement & Supply Chain Consultant	x				x				Current HSS IRC member; term ending 2010; also GFATM TRP member
7	Beena Varghese *	India	Public Health Foundation of India				x		x			Monitoring IRC member; at times invited to join NVS + HSS; term ending 2010
8	Bjorn Melgaard *	Denmark	Independent Consultant		x	x	x	x				Current HSS IRC member; ex WHO Director of IVB at HQ; expertise in assessment of national health plans; term ending 2011
9	Bolanle Oyeledun *	Nigeria	Country Director Mailman School of Public Health, Columbia University		x		x	x				Current HSS IRC member; term ending 2010; also GFATM TRP member
10	David Gzirishvili *	Georgia	Director, Curatio International Consulting						x		x	Health Economist, Current NVS + HSS IRC member; term ending 2009
11	Edmund Browne	Ghana	Head, Department of Community Health		x	x		x				Wide experience of implementing World Bank/ UNICEF/ WHO funded programmes
#	Name	Country	Organisation	Logistics /procurement	Public Health	Immun services	M + E	Health systems	Health economist	Financial analysis	CSO	Comment
12	El Tayeb Ahmed el	Sudan	Director of MCH, National EPI		x	x		x	x			Current NVS IRC member; term ending 2009

⁶ Global Fund for Aids, TB and Malaria – Technical Review Panel

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	Sayed *		Manager									
13	Elsie le Franc *	Jamaica	Independent consultant					x			x	Current HSS IRC member; term ending 2010; also GFATM TRP member
14	George Pariyo *	Uganda	Head Department of Health PP&M, School of Public Health			x		x				Current NVS IRC member; term ending 2011
15	Ibukun * Ogunbekun	Nigeria / USA	Vice President, Health Systems Technology					x	x			Current NVS + HSS IRC member; term ending 2010
16	Lionel Pierre *	Haiti	Independent Consultant	x								Current NVS IRC member; term ending 2010
17	M. Teresa Valenzuela	Chile	Director Public Health and Epidemiology Dept, University de los Andes		x	x	x					Previous EPI manager responsible for introduction of Hib vaccine, academic/multiple consultancies
18	Mogens Munck *	Denmark	Consultant	x								Current NVS IRC member; term ending 2010
19	N.K. Sethi	India	Senior Health Adviser in Planning Commission		x		x	x		x		experience in assessment of national plans/ academic/ member of WHO expert committees/ large body of publications
#	Name	Country	Organisation	Logistics /procurement	Public Health	Immun services	M + E	Health systems	Health economist	Financial analysis	CSO	Comment
20	Pierre Claquin	France/ Bangladesh	Independent consultant		x	x	x	x			x	Extensive experience in health sector reform; surveillance; immunisation; project management
21	Rehan	Pakistan	Director MCH		x	x	x	x				Current monitoring IRC member;

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	Hafiz*											at times invited to join HSS IRC; term ending 2010
22	Rene Owona Essomba *	Cameroun	SWAp ⁷ Technical Secretariat, MOH					x				Current HSS IRC member; term ending 2011
23	Rudolph Cummings	Guyana	Program Manager, Health Sector Development, CARICOM Secretariat		x	x	x					Provides technical guidance to the MOH on matters of health policy & public health
24	Sarah Herbert Jones	UK	Academic with multiple field experiences		x	x	x			x	x	Previous multi and bilateral experience; GFATM TRP member
25	Soon man Kwon	South Korea	Academic with expertise in health financing		x				x	x		Academician with vast experience in health care financing + social protection issues
26	Soren Spanner	Denmark	Independent Consultant	x								Multiple consultancies with UNICEF
27	Victor Mukonka	Zambia	Director Public Health & Research		x		x					Previous work for GAVI
28	Yasuhiko Kamiya	Japan	Academic, formerly with JICA		x	x	x	x				public health experience in Africa and Asia

⁷ Sector Wide Approaches in Health;

Annex 3 - Short Biography of Proposed Independent Review Committee (IRC) Members

1. ABDUL WALI

Afghanistan

Training/Key Competencies: Public health specialist / Health Systems Strengthening (HSS)

Dr Wali is currently the Health Systems Strengthening coordinator and focal point with Ministry of Public Health in Afghanistan. He is also the Advisor for policy and planning responsible for developing evidence based policies and programmes with multi-stakeholder involvement. In addition, he has expertise in health management information system. He is a keen academic who has worked as a research associate at London School of Hygiene and Tropical Medicine (LSHTM) and is currently pursuing another Masters degree in public health from LSHTM.

2. ALEJO H. BEJEMINO

Philippines

Training/Key Competencies: Mechanical engineer / cold chain specialist

Alejo Bejemino has spent much of his professional career with UNICEF, providing technical assistance to national governments on management of cold chain equipment. He has extensive field experience in Pakistan, Afghanistan, South Pacific countries and the Philippines for over 20 years. He is also a trainer on vaccine management and cold chain logistics and systems management. Currently Mr Bejemino is a freelance consultant.

3. ALFRED DA SILVA*⁸

Togo/ France

Training/Key Competencies: Public health specialist with specialization in health economics and programme management

Dr. da Silva has over 20 years of experience in international health and vaccinology (Africa-Europe-Asia). His expertise covers the fields of public health services and programs management, health economics and financing, health policy and institutional development. He is also EPIVAC Project Director and Trainer (Graduate Program in Epidemiology, Vaccinology and Management for Francophone Africa GAVI eligible countries). He is currently the Executive Director of Agence de Médecine Préventive, Paris, France. In addition he the co-coordinator of the global vaccination group of experts at the French Ministry of Foreign and European Affairs and a member of Technet. Currently he is a member of GAVI IRC for new vaccines as well as HSS and his term is expected to end in 2010.

⁸ * indicates current GAVI IRC members

4. ALISON HEYWOOD

Australia/ UK

Training/Key Competencies: Public health specialist / policy and programme development/assessment/ evaluation

Dr Heywood has an extensive international experience of over two decades supporting countries in South East Asia and Western Pacific region. Her portfolio of work includes evaluation of health sector reforms, HIV/AIDS, organizational development, human resources strategy, monitoring frameworks, training strategies etc. She was formerly a technical adviser with AusAid followed by freelance consultancies for AusAid and New Zealand's Development Assistance. She has numerous publications to her credit in international journals. Currently she is the Director of a private consulting Group and a member of the Global Fund's Technical Review Panel (TRP).

5. AMARJEET SINHA

India

Training/Key Competencies: Health Systems Strengthening/ Policy and programme development/ evaluation and assessment of health sector programmes

A member of the Indian administrative service, Bihar cadre, Amarjeet Sinha has the distinction of being a core member of the team responsible for designing the national sector wide programmes on both, health and education in India. His key skills are in design, assessment, project management and evaluation of health and education programmes. He has led on several multi-partner Joint Review Missions on health and education. In addition to his field and national level work, he has been on the faculty of the Indian Administrative College. During his long career, Mr Sinha has worked with DFID, UK as a Human Development Adviser and has done a number of consultancies for UNICEF / World Bank/ UNDP and other bilateral agencies in the social sector. He has numerous publications to his credit. Currently he is the Joint Secretary responsible for implementing the flagship programme on health – the National Rural Health Mission in India.

6. BEATRIZ E. AYALA-ÖSTRÖM*

Mexico/ UK

Training/Key Competencies: Health Systems strengthening/ procurement, logistics and supply chain management / business administration

Ms. Ayala-Öström has a double degree in international relations and business management with over two decades of international experience in supporting the design, review, assessment of health sector programmes. She worked specifically in the field of procurement and logistics / supply chain management. She has extensive experience in assessing programs on Sector wide Approaches in health, HIV/AIDS, reproductive health and urban health. She has also participated in expert reviews on behalf of DFID/ UNFPA/ Global Fund etc. She has been a visiting fellow, consultant and lecturer in humanitarian logistics in a number of academic institutions. She is currently a member of

The Global Fund's Technical Review Panel (TRP) and a member of GAVI Independent Review Committee (IRC) for HSS (term expires 2011)

7. BEENA VARGHESE*

India

Training/Key Competencies: Health Economics / health systems/ monitoring

Dr. Varghese has a decade's experience at the international level in carrying out financial analysis of health plans. Her significant body of work has been with the Centers for Disease Control and Prevention, Atlanta and the International Centre for Diarrhoeal Disease Research Bangladesh (ICDDR), Dhaka. She is member of the Scientific Advisory Committee for *Kala-azkar* with the WHO and is on the international review team for GAVI. She is currently working as Senior Health Economics Specialist at the Public Health Foundation of India (PHFI) where she coordinates the post graduate diploma program in health economics and policy. Dr Varghese is currently a member of the GAVI IRC on monitoring and occasionally invited to review new proposals for vaccines/ HSS. Her term expires in 2010

8. BJORN MELGAARD*

Training/Key Competencies: policy and programme development/ health systems/ immunisation / assessment and review of national health programmes

Dr Melgaard has a long career in international health with supporting countries in Asia and Africa. He was previously with DANIDA and WHO. Notably, he has been the Director for the department of Immunisation, Vaccines and Biologicals (IVB) at WHO HQ in Geneva and Deputy Regional Director for South East Asia Region for WHO. He has led on a number of health sector review missions and evaluation of health programmes in different countries. Currently he is a member of various international expert committees on immunization, health research, HIV/ AIDS and evaluations. Dr Melgaard has a large body of publications to his credit.

9. BOLANLE OYELEDUN*

Nigeria

Training/Key Competencies: Public health specialist / reproductive and sexual health /health communications

Dr Oyeledun is currently the Country director for Nigeria for the Mailman School of Public Health, Columbia University's programme on HIV/AIDS care and treatment. She has also been the Deputy Country Director in Nigeria for Johns Hopkins School of Public Health's communications programme on reproductive health and HIV/AIDS. She has considerable experience in working with the Ministry of Health in Nigeria and international agencies. She is a current member of the Global Fund TRP and GAVI HSS IRC (term ending 2010)

10. DAVID GZIRISHVILI*

Georgia

Training/Key Competencies: Specialist in health care policy, system reform and health financing

Dr. David Gzirishvili has over 15 years consultancy experience in providing technical assistance to countries in the Eastern Europe, Caucasus and Central Asia. He has assisted many countries in the development of financial sustainability strategies and/or comprehensive Multi Year Plans (c MYP) for immunisation. He has also assisted countries in developing health sector plans and proposals for external funding. Dr Gzirishvili is currently a member of the GAVI IRC on HSS as well as new vaccines. His term expires at the end of 2009.

11. EDMUND NII LARYEA BROWNE

Ghana

Training/Key Competencies: Public health specialist from London School of Hygiene and Tropical Medicine with over two decades of teaching experience

Dr Edmund is a highly experienced Consultant Public Health Physician and Academic, who is currently the Head, Department of Community Health, KNUST-SMS, and Kumasi, Ghana. He is also the Team Leader for UNICEF-supported maternal, newborn and child health programmes. He is a well acclaimed national researcher with implementing grant projects from WHO/ UNICEF/ Gates/ DFID etc. He has led on numerous WHO country based evaluations on malaria/ TB/ maternal and child health. Dr Edmund has also served as District Director of Health Services for nearly 10 years (1987-1992; 1997-1999) and also acted as Regional Director of Health Services for Ashanti Region.

12. ELSIE LE FRANC*

West Indies

Training/Key Competencies: Health systems strengthening; evaluation and assessment of health sector programmes

Elsie Le Franc is Professor Emeritus and Adjunct Professor in the Sir Arthur Lewis Institute of Social and Economic Studies [SALISES] at the University of the West Indies, where she was previously the Director. She has conducted extensive basic and policy-oriented research on social determinants of health, health services (health systems strengthening, and health services reform), reproductive health, HIV/AIDS; poverty and social exclusion. She has worked in the Caribbean and Africa, and has consulted widely for international agencies such as WHO, UNICEF, DFID, UNDP, IADB, UNIFEM, and USAID. She is currently a member of the Technical Review Panel for the Global Fund to fight Tuberculosis, AIDS and Malaria and GAVI's Independent Review Committee for proposal reviews on HSS. Her current term with GAVI IRC ends in 2010.

Ms. Herbert-Jones has been working for bilateral and other donors, and international NGOs in Africa (10 years), China and India. Her key skills and significant experience lie in: appraisal of project proposals and organisational management capacity (for DFID and others); social analysis of projects on health-related MDGs, human rights, advocacy, and basic services benefitting vulnerable groups. In addition she has extensive experience in assessing different stages of project cycle management including monitoring & evaluation, financial & staff management. Currently she serves on the Global Fund's Technical Review Panel.

25. SOONMAN KWON

South Korea

Training/Key Competencies: Health policy/health systems/ health financing

Dr Kwon is a distinguished academician with vast experience in health care financing and social protection issues in the Western Pacific region. He has done a number of consultancies for GTZ and WHO. He has been on a number of national committees designing health policy on ageing, drug pricing and free health care. Dr Kwon is a guest faculty at many international universities and has a number of publications to his credit

26. SOREN SPANNER

Denmark

Training/Key Competencies: Mechanical engineer / procurement and maintenance of cold chain equipment/ waste management and quality assurance

Mr. Spanner has over three decades of international experience working with WHO/ UNICEF/ DANIDA/ SIDA and other technical agencies, providing technical assistance to countries on procurement and maintenance of cold chain equipment and vaccine management. He has worked in many countries in Africa, Asia and then with UNICEF Supply Division in Copenhagen. He has led on numerous evaluations and has a number of publications to his credit. He is a free lance consultant following a career with UNICEF.

27. VICTOR MUKONKA

Zambia

Training/Key Competencies: Public health specialist/ policy and programme development/ monitoring and evaluation

Dr Mukonka is currently the Director of public health and research in the Ministry of Health in Zambia, responsible for overseeing a range of national health programmes. He is also a co-ordinator for the national health surveys. Dr Mukonka has presented papers in many international conferences. He has been a member of various WHO regional committees on HIV/AIDS and TB.

28. YASUHIKO KAMIYA

Japan

Training/Key Competencies: medical epidemiologist/ immunization/ monitoring

Dr Kamiya has over two decades of experience in the field of international health, particularly in child health in sub-Saharan Africa (Kenya, Ghana, Malawi, and the former Zaire), the Philippines and Pacific islands countries. He has carried out surveillance on childhood infectious diseases in Kenya; and monitoring and evaluation of EPI and Family Planning programme at district level in the Philippines. He has a diverse portfolio of consultancy work in providing technical assistance to countries on health planning, system strengthening and monitoring of programmes. Dr Kamiya formerly worked for the Japan International Co-operation Agency (JICA) in varying strategic capacities and is currently on faculty with the Centre for International Collaborative Research in Nagasaki, Japan.

Annex 4 – Attached CVs of Proposed Chairs

CURRICULUM VITAE FRANCIS OMASWA

1. PERSONAL DETAILS:

Name: Francis Gervase Omaswa

Postal Address: African Centre for Global Health and Social Transformation (ACHEST), Plot 5 Kyadondo Road, P. O. Box 10883, Kampala, Uganda

Phone: 0414 237225, Mobile: +256 715 268322

Telefax: +256 414 237226

E-mail: omaswaf@yahoo.co.uk, omaswaf@achest.org

Nationality: Ugandan

Date of birth: 5th September 1943

Languages: English: Excellent, Ateso: Excellent, Swahili: Good, Luganda: Good French: Reading

2. PRESENT POSITION:

Executive Director, African Centre for Global Health and Social Transformation (ACHEST). This is an initiative sponsored by African and global leaders who have gained firsthand experience in implementing health and development programs in Africa. It is a Net Work and a Think Tank incorporated in Uganda as a nonprofit company and NGO. It aims to support Africa to become a better player in global health and to promote the development of the capacity of African professionals and the related institutions.

3. PREVIOUS POSITIONS:

June 2005 to May 2008:

Special Adviser to the Director General of the World Health Organization/ founding Executive Director, Global Health Workforce Alliance (GHWA)

1999 to 2005: Director General of Health Services, *Ministry of Health Uganda:*

2001 to 2005: Inaugural Chair and Vice-Chair, *Global Stop TB Partnership Coordinating Board*

2003 to 2005: Chair of Global Fund Board Committee on *Portfolio Management and Procurement of the Global Fund to Fight AIDS, Tuberculosis and Malaria.*

Oct 2002 to Date: Senior Associate, *Department of International Health, Johns Hopkins University, Baltimore, Maryland, USA.*

Dec 2000 to Dec 2004: Founding President, *College of Surgeons of East Central & Southern Africa.*

- 2001 to 2005:** Member, *Task Force on Poverty and Health – WHO Afro.*
- 1992 – 1999:** Chief Surgeon & Head, *Quality Assurance Program, Uganda Ministry of Health.*
- 1987 – 1992:** Professor of Surgery & Director, *Uganda Heart Institute, Makerere University, Mulago Hospital, Kampala, Uganda.*
- 1983 –1986:** Coordinator, *Project on “Cost Effective Rural Surgery”/Medical Superintendent, Ngora Hospital, Uganda*
- 1979 –1982:** Head, Cardiothoracic Surgery, *Kenyatta National Hospital, University of Nairobi, Kenya*
- 1974 – 1979:** Registrar/Senior Registrar, Cardiothoracic Surgery, *National Health Service, United Kingdom.*
- 1970 –1974:** District Medical Officer/ Postgraduate Studies, *Ministry of Health & Makerere University, Uganda.*
- Head of a Rural 100-Bed Hospital (for 1 year.)

5. EDUCATION:

Bachelor of Medicine & Bachelor of Surgery,

University of East Africa, Makerere Medical School, Kampala, Uganda (1969)

Master of Medicine in Surgery, Makerere University Kampala, Uganda (1974)

Fellow of the Royal College of Surgeons of Edinburgh, United Kingdom (1977)

Fellow of the College of Surgeons of East, Central and Southern Africa - *Honoris Causa.*
(2001)

Certificate in Continuing Medical Education, Welcome Trust, London (1989)

Certificate in Quality Assurance of Health Care, Johns Hopkins, Baltimore (1993)

Certificate in Corporate Governance, Irish Management Institute, Dublin (1995)

Certificate in Public Sector Negotiations, Kennedy School of Government, Harvard (2000).

7. RESEARCH AND PUBLICATIONS:

He has carried out Research and published in the areas of Surgery, Quality of Health Care, Health Services Management, Human Resources for Health and Infectious Diseases. Lead co-Author of a book *“Quality Assurance of Health Care in Uganda—A Manual for Health Workers.”* contributed to other books.

8. CAREER REVIEW:

8.1 Dr. Omaswa has emerged as an African who has gained recognition as a global leader in Health and Development. He was sponsored by the government of Uganda as a candidate for the position of WHO Regional Director for the Africa in 2004. When he did not succeed in those political elections, he was invited by the Director General of WHO to serve as A Special Adviser on Human Resources and Health Systems at WHO Headquarters where he coordinated the

creation of the Global Health Workforce Alliance of which he became the founding Executive Director. In this role, he convened the first ever Global Forum on human resources for health in Kampala, March 2008, which culminated in the adoption of the Kampala Declaration and Agenda for Global Action that now guides the global community in responding to the global human resources crisis.

8.2 In Uganda, he led one of the most successful **Reform Programs in the Health Sector in Africa**. The Ministry of Health in Uganda was respected and frequently visited as a subject of study tours by delegations from many countries. He was responsible for managing the process for the *Decentralization of Health Services in Uganda*. He led the negotiation and roll out of the *National Health Policy and Health Sector Strategic Plans* which are being implemented through Sector-Wide Approaches. He has a sound grasp of *Development Assistance Management*, as he was responsible for *Donor Coordination in the Health Sector in Uganda*. From this work, he is well known globally and has a wide range of contacts among the major development assistance players at the highest levels both in bilateral and multilateral agencies and foundations and is a popular Participant and Contributor at global Health and Development fora.

8.3 Dr. Omaswa has demonstrated **strong commitment to Africa** and her poor people. He gave up a permanent residence and a promising career in Cardiothoracic Surgery in the United Kingdom in order to respond to an invitation from the government of Kenya to go and lead an Open-Heart Surgery Program in Kenya. Upon completion of a very successful term in Nairobi he, together with his *Anesthesiologist* wife made a bold pro-poor move to take their young family to a remote under-served rural area in Uganda. With the support of the *Association of Surgeons of East Africa*, he was the Head of a project, based at the rural *Ngora Hospital*, to demonstrate how to deliver cost effective Health Care in a rural African setting, for a period of five years.

8.4 He has championed and led **The Movement for the Improvement of the Quality of Health Services in Africa** in collaboration with USAID; he founded the **Regional Center for Quality of Health Care** which is based at Makerere University, Institute of Public Health in Kampala.

8.5 He has led and championed the development of the **Postgraduate College of Medicine for East, Central and Southern Africa (ECSA)**, which has commenced as the *College of Surgeons of East, Central and Southern Africa* and of which he was the founding President.

8.6 At the International Level, he has been at the center of a number of Initiatives:

He was a key contributor to the development of the very successful *Global Stop TB Partnership* between WHO, Governments, NGOs, and the Private Sector, and in recognition, he was elected as the Inaugural Chair of the *Stop TB Partnership Coordinating Board* and later served as the Vice-Chair of this Board for a number of years. He contributed actively in the drafting of the *Abuja Declaration on HIV/AIDS and related Infectious Diseases*. As a result, the African Union appointed him as one of the Consultants who drew up the *Monitoring Guidelines for African Governments*. In 2004, the AU later appointed him as the lead consultant to develop the current AU HIV/AIDS Strategy. He has been one of the architects of the *Global Fund to Fight Aids TB and Malaria* and served as the Chair of the *Portfolio Management and Procurement Committee of the Global Fund Board and on several other committees of the GF Board*. He contributed to the negotiation of the Paris Declaration on Aid Effectiveness in 2004 and was a member of the Steering Committee of the High Level Forum on Health related MDGs. He is the founding Executive Director of the Global Health

Workforce Alliance. He has also served as adviser to governments in developed and developing countries.

8.7 He has a broad and sound grasp of Health and Development Issues in Africa and at the global level. He combines a strong background in Clinical Medicine with wide experience of Public Health Administration and Strategic Planning and thinking. He has maintained close links with African communities as well as the global health community. He has firsthand experience of delivering Health Care at a highly technical level as an Open-Heart Surgeon in Europe and Africa and has served in low resource settings in rural Africa providing Primary Health Care in rural hospitals and communities.

8.8. Dr. Omaswa's Achievements and Stature have been recognized. He has been invited to address African Health Ministers on four occasions. He has delivered statements by invitation at international meetings on Health and Development. He was appointed by invitation as *Senior Associate*, Department of International Health, Johns Hopkins University, and Baltimore, USA. He has received Meritorious Awards from local and international agencies. In his hometown of Soroti, Uganda, a street has been named after him.

CURRICULUM VITAE: **PETER NDUMBE**

MD, MSc, PhD, DLSHTM, MIBiol, CBiol

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1. PERSONAL DATA

SURNAME: NDUMBE
FIRST NAMES: Peter Martins
PLACE OF BIRTH: Mbonge, South West Province, Cameroon
NATIONALITY: Cameroonian

Work:

1. Department of Medicine, Faculty of Health Sciences, University of Buea, PO Box 63, Molyko-Buea, South West Province, Cameroon. Tel: + 237 3332 2134 Fax: + 237 3332 2272 Cell: + 237 7770 1245
2. Centre for the Study and Control of Communicable Diseases (CSCCD), Faculty of Medicine and Biomedical Sciences (FMBS), Melen Street, University of Yaounde I, BP 8445 Yaounde, Cameroon.
 Telephone: (237) 2231 20 51, (237) 2231 27 30 Telefax: (237) 2231 27 33

PROFESSION: Medical Doctor- Infectious Diseases [Microbiologist, Immunologist and Clinical Epidemiologist]

LANGUAGES: **English** and **French:** understood, spoken and written fluently.

PRESENT FUNCTIONS:

1. Dean, Faculty of Health Sciences, University of Buea, PO Box 63, Molyko-Buea. The faculty has 180 students in Medicine, 160 in Nursing and 160 in the Medical Laboratory Sciences
2. Professor of Virus Immunology, Faculty of Medicine and Biomedical Sciences, FMBS, University of Yaoundé I since 1997.
 The main functions here are the teaching of basic and clinical virology as well as basic and clinical immunology in the medical school. I also participate in Clinical Epidemiology and Public Health teaching.
3. Director, Centre for the Study and Control of Communicable Diseases, FMBS, University of Yaounde I since 1993.

As Director of the Centre I am responsible for the administrative and technical functions of the Centre. The different activities of the Centre are described in section 8. These are mainly research in vaccine preventable diseases, malaria and sleeping sickness as well as continuing professional development of laboratory staff regarding HIV and STI infections.

4. Head of Department of Microbiology and Infectious Diseases, Faculty of Medicine and Biomedical Sciences, University of Yaounde I since 1992.
There are eight full-time and six part time members of the Department including five technicians and one secretary. As head of department, I am responsible for organising the pedagogic, research and administrative activities of the department.

PREVIOUS RELEVANT APPOINTMENTS

- 1) Dean, Faculty of Medicine and Biomedical Sciences, University of Yaounde I, Yaounde, Cameroon from 27 Jan 1999 to 14 Dec 2006.
- 2) Chairman National AIDS Commission, Cameroon
I chaired the multi-sectoral National AIDS Commission from March 1998 to December 1998 prior to my appointment as Dean of the Faculty of Medicine above.
- 3) Deputy Director, Institute of Medical Research and Studies on Medicinal Plants (1990-2001)
The Institute has three research centres: The Centre for Medical Research, The Centre for Studies on Medicinal Plants and the Nutrition Centre. I assisted the Director in the management of the research personnel and in ensuring that the research programmes are implemented.
- 4) Director, Camdiagnostix (1995-2000)
Camdiagnostix is a production unit for a rapid test for the detection of antibodies against the HIV virus. It was set up through a technology transfer scheme by PATH (Program for Appropriate Technology in Health), Seattle, using funds from the Rockefeller Foundation, the Canadian Government and the McDonnell-Douglas Foundation.

CURRENT INTERNATIONAL POSITIONS

- 1) Member of the Scientific and Technical Advisory Committee of the UNICEF/UNDP/WORLD BANK/WHO Special Programme for Research and Training in Tropical Diseases (TDR) since 2003, Chair since 2005
- 2) Chairman of the Task Force on Immunization (TFI) for the WHO African Region since 2004, member since 1994
- 3) Chairman of the Technical and Advisory Group on Measles for the Africa Region since 2005
- 4) Member of the Global Steering Committee on Measles since 2005.
- 5) Member of the Global Ad Hoc Committee on polio eradication of the WHO since 2004.

2. CURRICULUM STUDIORUM

UNIVERSITY STUDIES, CERTIFICATES AND DEGREES AWARDED

1973-1979 University Center for Health Sciences, (UCHS) University of Yaounde.

The UCHS was one of the first medical schools in Africa to use the community based, problem-oriented teaching methodology. In November 1979, I obtained the Doctor of Medicine degree, University of Yaounde, "*Mention, très honorable*".

1981-1982 London School of Hygiene and Tropical Medicine, University of London and the Royal Postgraduate Medical School, University of London.

I enrolled to do the Medical Microbiology course. The curriculum contained basic and clinically relevant teaching in Bacteriology, Virology, Parasitology, Mycology, Immunology and Epidemiology. My project was on the relationship of zinc and immunity. In 1982, I obtained the Master of Science degree in Medical Microbiology.

1982-1985 Institute of Child Health, University of London.

I was enrolled to study Clinical Immunology. My area of interest was immunity to viruses. I had to combine skills of both virology and immunology in my work.

1984: Associate Member of Royal College of Pathologists, UK.

1985: Doctor of Philosophy (PhD) in Immunology.

1990: Chartered Biologist and Member of the Institute of Biology, (IOB), London.

4. POSTS HELD : ACADEMIC AND MINISTRY OF HEALTH MINISTRY OF HEALTH (CLINICAL)

1. September 1980 to August 1981:

Divisional Chief of Preventive Medicine and Rural Health Services, Donga-Mantung Division, North West Province, Cameroon.

I was responsible for the health of a population of about 100 000 people. I also had the challenge of implementing the Primary Health Care declaration which had just been signed in Alma Ata. Thus, with the cooperation of the population, I started health posts, trained village health workers and traditional birth attendants. The regular programmes (vaccination, IWC, ANC) were implemented.

2. January to March 1982

Attachment, Department of Medical Microbiology Hammersmith Hospital, London. This was part of the training requirements in Medical Microbiology. Activities were laboratory (80%) and clinical (20%).

3. September 1982- June 1985

Attachment, Immunology, Hospital for Sick Children, Great Ormond Street, London (in conjunction with Immunology and Infectious Diseases of the Institute of Child Health).

4. Jan '86-Dec '92

Consultant and Head of Clinical Immunology, Department of Medicine, The Central Hospital, Yaounde. The service had two outpatients' consultations a week and 12 beds. Inpatients' consultations were done on request.

5. 1987-1996

Chairman, Research Section, National AIDS Commission

ACADEMIC

1988- 1993	Member, Vice Chancellor's research sub-committee in the Faculty of Medicine
1988-94	Coordinator, University of Alberta-CUSS (University of Yaounde) Projects
1990-95	Technology Officer, Clinical Epidemiology Unit, FMBS
1995-1999	Vice-Dean, Research; Faculty of Medicine

RELEVANT ADDITIONAL COURSES IN INFECTION AND EPIDEMIOLOGY

1990	McGill AIDS Center, University of McGill, Montreal: Virus isolation techniques. (Dr Mark Wainberg)
1990	INCLLEN training in Clinical Epidemiology at the University of Toronto, Wellesley Hospital (Dr Claire Bombadier), The management of HIV/AIDS at the Toronto General Hospital (Dr Mary Fanning)
1991	Design implementation and evaluation of programmes to reduce the risk of HIV infections, Jerusalem, Israel, 1991. The course had a strong bias towards the use of anthropological and sociological methods in the control of disease (Dr Ronny Shtarkshall).
2002	Fulbright New Century Scholar, based in the University of North Carolina in Chapel Hill. The scholars looked at "Health in a borderless world". I studied youths and their access to reproductive health services in Cameroon."

5. MEMBERSHIP OF PROFESSIONAL AND ACADEMIC SOCIETIES

- Member of the Cameroon Medical Association since 1979.
- Member of the British Society of Immunology since 1983.
- Member of the New York Academy of Sciences since 1983.
- Associate member of the Royal College of Pathologists, UK since 1984.
- Fellow of the Royal Society of Tropical Medicine and Hygiene since 1984.
- Member of the Institute of Biology, UK, since 1989.
- Member of the International AIDS society since 1990.
- Member of the Society on AIDS in Africa since 1991.
- Vice President of the Cameroon Association of Biotechnology Professionals since 1992.
- Adviser to the Cameroon Epidemiology Association since 1992.
- Member of the International Epidemiology Association since 1992.
- Member of the American Association for Clinical Chemistry since 1992.
- President of the Cameroon Society for Microbiology since 1993.
- Member of the American Society for Microbiology since 1993.
- Member of the "Société Française de Microbiologie" since 1993.

6. PUBLICATIONS LIST

Can be provided upon request

Annex 5 – Confidentiality and Conflict of Interest Undertaking

- 1) GAVI Alliance has access to certain Information relating to vaccines or related products which it considers to be proprietary to itself or to parties collaborating with it (hereinafter referred to as “the Information”).
- 2) The Undersigned, as a member of the committee of experts (hereinafter referred to as “the committee”), may have access to the Information in the course of his/her participation in the committee.
- 3) GAVI is willing to provide to the Undersigned the Information for the purpose of performing his/her responsibilities in connection with the activities of the committee provided that the Undersigned undertakes to treat the Information as confidential and to disclose it only to persons who are bound by like obligations of confidentiality and non-use as are contained in this undertaking.
- 4) For the duration of the membership of the Undersigned in the committee and for a period of five years following the termination of membership, the Undersigned undertakes to regard the Information as confidential and proprietary to GAVI and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in this undertaking except that the Undersigned shall not be bound by any such obligations if he/she is clearly able to demonstrate that the Information:
 - a) was known to him/her prior to any disclosure by GAVI to the Undersigned; or
 - b) was in the public domain at the time of disclosure by GAVI or
 - c) Becomes part of the public domain through no fault of the Undersigned; or
 - d) becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality to GAVI.
- 5) The Undersigned also undertakes not to communicate the deliberations and decisions of the committee to persons outside this committee except as agreed by the committee itself or by GAVI.
- 6) The Undersigned agrees not to participate in the review of any matter under consideration by the committee if such participation may give rise to a real or perceived conflict of interest. The Undersigned agrees to promptly disclose any such possible conflict of interest to GAVI. Conflict of interest means that the Undersigned, his/her spouse, child or collaborating investigator, or an entity with which the Undersigned has an employment relationship or collaborative arrangement, has an existing or potential financial or other interest that either could unduly influence the Undersigned's position with respect to the subject-matter of the work of the committee or could result in the Undersigned's objectivity and independence being questioned by others.
- 7) Any dispute relating to the interpretation or application of this undertaking shall, unless amicably settled, be subject to conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the rules of arbitration of the International Chamber of Commerce. The parties shall accept the arbitral award as final.

FOR DECISION

Each year, all GAVI eligible countries are required to send an Annual Progress Report (APR) to the GAVI Secretariat by May 15th. This report is reviewed by the monitoring Independent Review Committee (IRC) which meets in June and September.

With the new governance structure the IRC team for monitoring must be officially reappointed by the new GAVI Alliance Board or EC, as stipulated in the by-laws.

The GAVI Alliance Executive Committee is requested to:

- Approve the proposed mandate and terms of reference of the monitoring IRC for 2009 (annex 1)
- Approve the proposed pool of IRC members for the 2009 monitoring Independent Review Committee (annexes 2&3).
- Approve the proposed chair and an alternate chair for the monitoring Independent Review Committee 2009 from amongst the nominated members (annex 4).

Independent Review Committee (IRC) - Monitoring

Background

Countries provided with support from the GAVI Alliance are required to submit an Annual Progress Report (APR) in May of each year. This exercise is central to the GAVI Alliance performance measurement process and assesses the degree to which support provided by GAVI in the previous year, has contributed to the organisation's goals and objectives. The review is undertaken by the monitoring IRC with the support of the GAVI Secretariat.

The monitoring Independent Review Committee (IRC) communicates its recommendations directly to the GAVI Alliance Board or Executive Committee.

IRC membership

The increasing complexity of new proposals submitted to the GAVI Secretariat requires the monitoring IRC to possess a broad range of expertise to cope with new policies in areas including:

- Immunisation programme planning
- Epidemiology and disease control of vaccine preventable diseases
- Health system planning and health financing
- Health service delivery, including at the community level
- Demand generation strategies
- Reproductive and child health services
- Human resource management
- Logistics and procurement
- Auditing and financing

FOR DECISION

Broad expertise in these various health disciplines is necessary. Moreover, practical, “system-wide” experience in low- and middle-income countries and knowledge of integrity issues is also a prerequisite. Due regard has also been paid to the importance of selecting experts on as wide a geographic basis as possible. Primarily, these experts should be selected from low and middle income countries. Specifically, IRC members will not come from Alliance partner agencies and will not have taken part in technically assisting country applications of countries they are reviewing. Furthermore, they will be exempted from reviewing APRs from their countries of origin.

Monitoring IRC members generally serve for a term of 3 years; the terms of most current members expire in 2010. Therefore the Secretariat has consulted with partners to identify a larger pool of experts from which enough reviewers can be identified for each review.

It is proposed that in 2009 the monitoring IRC pool will have 20 members including a chair and alternate chair. When new members are needed, GAVI issues a call for nominations to its partners, specifying the particular area of expertise and qualifications needed. The Secretariat will select participants for a particular review from an approved pool of members (annex 2). IRC Members may receive an honorarium for their services, as approved by the GAVI Secretariat, in addition to travel expenses and per diems.

For the 2009 review it is proposed to invite Dr. Clifford Kamara as chair of the monitoring IRC and Assia Brandup-Lukanow as alternate chair. The monitoring IRC chair fulfils a similar to the proposals IRC, in coordinating the IRC activities, facilitating discussion and ensuring objectivity and independence in the way the IRC reaches its decisions. The chair also ensures a focus on quality and accuracy is maintained throughout the process and will complete the overall report. When necessary, the chair will present the IRC recommendations to the GAVI Board or Executive Committee.

Recommendations

The GAVI Alliance Executive Committee is requested to:

- Approve the proposed mandate and terms of reference of the monitoring IRC for 2009 (annex 1)
- Approve the proposed pool of IRC members for the 2009 monitoring Independent Review Committee (annexes 2&3).
- Approve the proposed chair and an alternate chair for the monitoring Independent Review Committee 2009 from amongst the nominated members (annex 4).

Proposed next steps

Pending approval by the EC, the GAVI Secretariat will invite 12 reviewers and chair to participate as reviewers in the monitoring IRC review in both June and September 2009. The first monitoring review is scheduled to take place on 15th–28th June. An additional review in September (21 September–3 October) facilitates late or delayed submission of annual progress reports. Each IRC member will sign a confidentiality and conflict of interest statement (annex 5).

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Attachments

Annex 1: Mandate and TOR for the 2009 monitoring IRC

Annex 2: Pool of experts for the monitoring IRC

Annex 3: Short Biographies of the proposed IRC members

Annex 4: Resume of the proposed chair and alternate chair for the 2009 monitoring IRC

Annex 5: Confidentiality and conflict of interest statement

FOR DECISION

Annex 1 - Mandate and terms of reference of the 2009 APR review by the Independent Review Committee (monitoring)

1. Background

Since its inception, the structure and composition of GAVI's Independent Review Committee for monitoring has been emulated by other partnerships and organisations. The GAVI IRC model has been successful thanks to three characteristics:

- 1) The committee relies upon a **wide range of experts** in public health, epidemiology, development, finance and economics. This means that performance measurement of every Annual Progress Report is undertaken against different yet equally important parameters;
- 2) The committee is based on a **system of peer review**. Not only are IRC members experts in a variety of fields related to immunization and health systems, they have practical experience working in or with developing country governments;
- 3) The committee is **independent**. It makes its recommendations in an environment free from political considerations.

Each year, all GAVI alliance eligible countries are required to send an Annual Progress Report (APR) to the GAVI secretariat by May 15th. This report is reviewed by the monitoring Independent Review Committee (IRC) which meets in June and September. Although the submission deadline is May 15th, there are two reviews undertaken by the monitoring IRC. An additional review in September facilitates late or delayed submission of APRs and also facilitates ISS assessment with the availability of WHO/UNICEF coverage estimates. The submission of an APR is intended to be beneficial to both government and external partners to GAVI. It is submitted annually together with the WHO/UNICEF Joint Reporting Form (JRF). The JRF is an annual global monitoring requirement of WHO and UNICEF and provides a measure of progress against a set of standard performance and quality indicators. Together, the APR and the JRF provide a comprehensive country overview of the previous year's performance including the attainment of annual targets. The APR also provides an opportunity for countries to make requests for continuing support.

2. Accountability:

The monitoring Independent Review Committee will communicate its recommendations directly to the GAVI Alliance Executive Committee, which is accountable to the GAVI Alliance Board. The GAVI Alliance Board will make the ultimate decision on whether to approve funding of any new country support. The GAVI Alliance Board also has the responsibility for communicating its decision to countries, via the GAVI Secretariat.

3. Discharging its mandate:

- a) The IRC monitoring team carries out its mandate primarily through the review of country annual reports (the committee will compare country-approved plans with activities reported in

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the progress reports and special attention will be given to coverage achievements), DQA reports, and if necessary other relevant documentation such as WHO/UNICEF JRFs, audit reports and reports from pre-screening;

- b) The IRC is provided with two pre-screening reports by UNICEF (in relation to vaccine procurement, delivery and reporting in the APR) and by WHO (noting discrepancies between JRF data and APR data, discrepancies between coverage estimates, information on other survey data);
- c) The IRC monitoring team formulates its recommendations, which are then be forwarded to the GAVI Board for its decision;
- d) The committee may recommend conducting specific studies in order to assess activities, tools, and impact of GAVI;
- e) Upon conclusion of the review, the IRC monitoring team is expected to provide individual country reports together with an overall report. These reports can include clear recommendations based on the review process.

4 Terms of reference of the 2009 monitoring IRC:

- a) Review country reported performance as reported in the APR and endorsed by partners, and inform the Board on performance and progress towards the GAVI strategic objectives and milestones that relate to the support provided;
- b) Make recommendations regarding continuation in 2010 of annual requests for support to new vaccines, injection safety supplies and Health Systems Strengthening, according to GAVI Board policies, and as articulated in the proposal guidelines and procurement policy. In particular, the IRC will assess changes in targets, wastage rate, and proportion of GAVI support and baseline data;
- c) Make recommendations regarding ISS reward allocations to countries based on the country's reported achievements in their APR and the WHO/UNICEF country estimate;
- d) Report to the GAVI Board on specific issues, and challenges in reporting by countries in their progress reports. Based on major issues recognized, the IRC may suggest specific global analyses, evaluations or actions to be performed by the GAVI entities;
- e) Report to the GAVI Board any relevant findings through the review process;
- f) Make recommendations on improvement of the monitoring process and any possible changes to introduce in relation to GAVI policies or processes.

5 Outputs and implications emerging from the 2009 process

At the end of each review, the monitoring IRC will provide:

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- a. One detailed country report for each APR submitted. These country reports will accompany the decision letter to be sent to countries following board approval;
- b. The monitoring IRC also provides one overall report for submission to the Executive Committee. The overall report will include a qualitative and quantitative analysis of the APRs submitted and will also include any recommendations for improving the IRC review and country APR processes;
- c. The IRC will make one of three possible recommendations to the board resulting from the review of each APR. These recommendations are summarised below:

Recommendations	Definition
<i>Approval:</i>	The Annual Progress Report has met all the performance measurement criteria and is approved for further GAVI support.
<i>Approval with clarification:</i>	The Annual Progress Report lacked some specific pieces of data, which must be provided (generally) within a month. The requested data must be received before the Annual Progress Report is considered officially approved for further GAVI support, but the APR does not need to be reviewed again by the monitoring IRC.
<i>Insufficient information:</i>	The Annual Progress Report does not fulfil specific or significant requirements and the information provided is deemed insufficient to assess performance or approve further support.

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Annex 2 – Proposed ‘pool’ of experts for the 2009 GAVI Alliance monitoring Independent Review Committee

It is proposed to use as many IRC members with previous GAVI experience as possible for the monitoring IRC reviews in 2009. In addition to the current members and chair, the PPC is being asked to consider the expert members suggested for inclusion in the pool and if available, for the review team in 2009. The inclusion of additional skills will increase expertise in related areas including financial analysis. At the present time, the 6 current members of the monitoring IRC are available for the reviews in 2009. The remaining 6 members will be drawn from the proposed pool. The 3 year term for majority of the current IRC members will expire by 2010.

For the 2009 review it is proposed to invite Dr Clifford Kamara as chair of the monitoring IRC and Dr Assia Brandup-Lukanow as alternate chair. The monitoring IRC chair fulfils a similar to the proposals IRC, in coordinating the IRC activities, facilitating discussion and ensuring objectivity and independence in the way the IRC reaches its decisions according. The chair also ensures a focus on quality and accuracy is maintained throughout the process and will complete the overall report. When necessary, the chair will present the IRC recommendations to the GAVI Executive Committee.

Each member will cease her/his mandate as a monitoring IRC member at the end of the third year from the start of her/his experience as a reviewer.

FOR DECISION**PROPOSED CHAIR**

#	Name	Country	Organisation	Logistics /procurement	Public Health	Immun services	M + E	Health systems	Health economist	Financial analysis	CSO	Comment
1	Clifford Kamara	Sierra Leone	Independent Consultant		x		x	x	x	x		Current chair of Monitoring IRC
2	Assia Brandup-Lukanow	Germany/Denmark	Independent Consultant					x	x			GFTAM review panel, WHO consultant

PROPOSED IRC MEMBERS (Alphabetical order)

#	Name	Country	Organisation	Logistics /procurement	Public Health	Immun services	M + E	Health systems	Health economist	Financial analysis	CSO	Comment
3	Rudolph Cummings	Guyana	Program Manager CARICOM		x	x						Health Sector Development experience.
4	Amanda L. Glassman	US	Deputy Director, Health Financing Task Force, UN Foundation				x			x		Led teams in the approval and disbursement of more than US\$3 billion in lending in the areas of health, poverty and social protection,
5	John Grundy	Cambodia / Australia	Nossal Institute for Global Health University of Melbourne			x	x	x				Current member of monitoring IRC
6	Rehan Hafiz	Pakistan	Director MCH			x	x	x				Previous member monitoring and HSS team
7	Terry Hart	India / UK	IT Power India Pvt. Ltd.	x			x					Current member of monitoring IRC
8	Alison	Australian	Consultant and			x	x	x		x		M&E experience and

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	Heywood		GFATM TRP member									epidemiology
9	Paul Isenman	UK	Consultant						x	x		Broad development perspective. Aid effectiveness
10	Penelope Kalesha	Zambia	Ministry of Health, Government of Zambia	x	x	x	x					Current member of monitoring IRC
11	Sultana Khanum	Bangladesh	Retired WHO HSS development Asia		x			x				Previous HSS work with GAVI
12	Nicolaus Lorenz	Basel, Switzerland	Head of the Swiss Centre for International Health		x				x	x		Previous GAVI Cooperation (HSS IRC), extensive project experience in poor countries
13	Marty Makinen	USA	Independent				x		x	x		Previous member of monitoring IRC
14	Dileep Mavalankar	India	Indian Institute of Management			x	x	x		x		Current member of monitoring IRC
15	Joe Martin	Ireland	Independent Consultant					x	x	x		Temporary Financial Consultant designing our TAP operational framework
16	Victor Mukonka	Zambia	Director Public Health & Research		x		x					Previous work for GAVI
17	Marcelline Ntakibirora	Burundi / Zimbabwe	Independent consultant			x	x					Current member of monitoring IRC
18	Tsukamoto	Japan / Thailand	Independent Consultant		x					x		Health System and Risk management, Public Health
19	Frans Gerard Van Anandel	Holland	Director, HEAP Research BV				x	x	x	x		Previous member of monitoring IRC
20	Beena Varghese	India	Public Health Foundation				x		x			Previous member of monitoring and HSS team

FOR DECISION**Annex 3 - Short Biography of monitoring Independent Review Committee (IRC) members****1. CLIFFORD KAMARA**

Sierra Leone

Training/Key Competencies: Public health specialist / Health Systems Strengthening (HSS)

Dr Kamara is currently chair of the monitoring IRC. He has extensive experience in health planning, management & coordination. He is now retired but previously worked at the Ministry of Health of Sierra Leone as Director of Planning and Information. He was responsible for facilitating the National Health Planning Process and for managing and coordinating donor funded health projects, especially the World Bank Funded Health Projects. He has previously been a member of the HSS and NVS proposals IRC.

2. ASSIA BRANDRUP-LUKANOW

Germany/Denmark

Training/Key Competencies: Health Economist / Health Systems

Assia Brandrup Lukanow has worked in International Public Health for multi-and bilateral development organizations over the past nearly twenty years. Her main expertise is in health systems issues, reproductive health and rights, and traditionally neglected areas of health care, such as neglected tropical diseases and violence and health. She is presently adviser to the Global Fund to fight AIDS, TB and Malaria, and to the WHO, and is Member of the Scientific and Technical Advisory Group on Neglected Tropical Diseases. Her regional experience covers Central and Eastern Europe, Central Asia, Turkey, Yemen, as well as some countries of East and West Africa.

3. RUDOLPH CUMMINGS

Guyana

Training/Key Competencies: Public health specialist; formulating/ assessing/ evaluating programmes on immunisation and other health care programmes

Dr. Cummings has significant experience in formulating policy and programmes, e.g. drafting and implementing the polio eradication strategy, measles elimination strategy etc for Guyana. He has a long experience of programme management in various capacities in Guyana and has chaired the Inter agency co-ordination committee on immunisation and adolescent and sexual health. He has an extensive experience of providing technical assistance to countries in the Caribbean region. He has been a member / chair of a number of task force committees set up by PAHO. Dr Cummings has a number of publications to his credit.

FOR DECISION**4. AMANDA L. GLASSMAN**

USA

Training/Key Competencies: Health financing

She is currently working as Lead Social Development Specialist at the Inter-American Development Bank, Washington, DC, USA. Lead social protection and health policy dialogue, programming, technical cooperation, lending and evaluation program in Mexico. Design and supervise grants to the Instituto Nacional de Salud Pública and a network of regional think tanks working on applied policy research on health financing. Cluster leader for health for the bank. Serve as deputy to division chief in matters of quality assurance. Collaborate with the Brookings Global Latin America Initiative to analyze the fiscal sustainability of Brazil's social policy model and to write papers and opinion pieces on global and domestic health financing. Prior to this post, she was the Deputy Director for the Global Health Financing Initiative, during which she carried out and directed policy research on innovative financing for health in developing countries. Efforts focused on domestic health financing and its fiscal sustainability, insurance, aid effectiveness, performance-based aid, and leveraging of commercial finance and investment. Worked collaboratively with US and European bilateral aid agencies, global health partnerships and civil society organizations on aid effectiveness issues in the health and social protection sectors. Wrote and published articles and editorials, provided advice and conducted outreach in support of objectives. Provided analytical support to a high-level task force on health financing led by David de Ferranti and composed of Mary Robinson, Ngozi Okonjo-Iweala, Julio Frenk, HRH Hassan of Jordan and Viroj Tangcharoensathien. Serve as reviewer for The Lancet, Health Affairs and Health Policy & Planning.

5. JOHN GRUNDY

Cambodia/Australia

Training/Key Competencies: Health Systems / Public Health

John Grundy has a background in remote area community health in Australia, and as a project manager for health development projects in the Asian region (14 years international experience in Cambodia, the Philippines, North Korea, Mongolia, Myanmar Vietnam and Malaysia). John has practiced as a public health academic in the university sector in Australia. He is currently affiliated with Nossal Institute for Global Health at the University of Melbourne. John has been resident in Cambodia since 1993 and in recent years has focused on health system strengthening and immunization programs in North Korea, Myanmar and Cambodia.

6. REHAN HAFIZ

Pakistan

Training/Key Competencies: Public Health / Immunization / Health Systems/ Tropical Diseases Research

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Dr Hafiz is currently the national EPI Manager and Director of maternal and child health division. He has experience in co-ordinating several multi-donor social sector programmes in Pakistan. He has a fine balance of experience in clinical research, programme management and leading at a strategic level. He has done several consultancies for WHO EMRO to strengthen EPI programmes in the region. Dr Hafiz is a member of GAVI IRC for Monitoring and occasionally invited on the GAVI IRC for both HSS and new vaccines. His term is expected to end in 2009.

7. TERRY HART

India/UK

Training/Key Competencies: Logistics / Cold Chain Management

Technical Director and Co-Founder of IT Power india and Director of IT Power Ltd, UK. He has extensive experience in developing countries including health planning, management and coordination, waste management, etc. His specialist area also includes logistics in relation to vaccine, transport storage and management (cold chain).

8. ALISON HEYWOOD

Australia

Training/Key Competencies: Public Health / policy and programme development/assessment/ evaluation

Dr Heywood has an extensive international experience of over two decades supporting countries in South East Asia and Western Pacific region. Her portfolio of work includes evaluation of health sector reforms, HIV/AIDS, organizational development, human resources strategy, monitoring frameworks, training strategies etc. She was formerly a technical adviser with AusAid followed by freelance consultancies for AusAid and New Zealand's Development Assistance. She has numerous publications to her credit in international journals. Currently she is the Director of a private consulting Group and a member of the Global Fund's Technical Review Panel (TRP).

9. PAUL ISENMAN

UK

Training/Key Competencies: Financial Analysis / Aid Effectiveness

He is a seasoned expert on development policy and aid effectiveness. He is now a consultant on aid effectiveness for the World Bank and other international organizations, specializing in aid architecture; health and education; global programs and fragile states. He most recently directed the division responsible for aid effectiveness in the Organization for Economic Co-operation and Development

FOR DECISION

(OECD) in Paris. Mr. Isenman led strategy, policy and grant-making efforts at the United Nations Foundation before then. His extensive programmatic experience was garnered from 22 years with World Bank wherein he held the position of director, dealing with countries in Africa, South Asia and Latin America. He also occupied several senior level policy and economic posts throughout his years with World Bank. Mr. Isenman has a B.A. and M.B.A. from Harvard University and has published in the areas of human development, aid allocations, food aid and purchasing power parities. He lives in France and is fluent in French.

10. PENELOPE KALESHA

Zambia

Training/Key Competencies: Very good experience in planning, implementation and monitoring of child health activities.

Currently working in the Ministry of Health as Child Health Specialist. In this position she oversees 9 provincial health offices and 72 district health offices in planning, implementation and monitoring/supervision of child health activities. Coordinates and works with stakeholders in the provision of services for child survival. She reports to the Director of Public Health and Research in the Ministry of Health. She chairs a number of meetings technical working groups for issues such as Paediatric HIV and Anti-Retroviral Therapy, Expanded Program of Immunisation, Integrated Management of Childhood Illnesses and Maternal Newborn and Child Health. Formally Executive Director of a second level hospital (Lewanika General Hospital) whose responsibilities were management, administration and clinical care of patients. Acted for 5 months as Provincial Health Director for Western Province Provincial Health Office.

Has been National IMCI facilitator since training two years ago. Underwent Middle level Management training for EPI managers to strengthen management and implementation of EPI program. Also underwent a Leadership and Management training for Executive Directors.

11. SULTANA KHANUM

Bangladesh

Training/Key Competencies: Public Health & Policy specialist; Child Health, nutrition and development; Health Systems Research; Health care financing and evidence-based health information systems; Health systems Development and management; Human resource development for health

Recently (March 2008) retired from: World Health Organization (WHO) as Director Health Systems Development Division, South-east Asia Regional office (SEARO), New Delhi. She mobilized resources from external sources and bilateral donors for strengthening and expanding the Department adding 4 key positions (health financing, quality and safety in health care delivery, Human resource for Health and GAVI-HSS support to countries) to be efficient and effective in order to meet the requirements of SEAR countries.

FOR DECISION**12. NICOLAUS LORENZ**

Switzerland

Training/Key Competencies: International Health Cooperation

Nicolaus Lorenz is a public health physician with more than 25 years of experience in international health. At present he is head of the Swiss Centre for International Health (SCIH), which he has built up at the Swiss Tropical Institute, an associate Institute of Basel University. The SCIH is today a leading advisory and implementing organization in this field. He is member of the directorate of the Swiss Tropical Institute (www.sti.ch). At present he is overseeing around 100 multidisciplinary and multinational staff based in Switzerland, Europe, Asia, Africa and Latin America. Activities relate to health system strengthening and Global Health Initiatives, scaling-up and the control of priority diseases such as malaria, HIV/AIDS and tuberculosis. Nicolaus Lorenz is an external advisor and review expert for various agencies such as the World Health Organization, GAVI, World Bank, the German and Swiss Development Agency. He led his department to become a WHO collaborating Centre for Health Systems Development. In order to keep in touch with the realities of international health cooperation he has recently taking up the responsibility to supervise directly SCIH's activities for the Global Fund in Cambodia and Laos. He has a long teaching experience at European and US-American Universities. For many years he was an external examiner of the Liverpool School of Tropical Medicine. Nicolaus Lorenz is also Member of the Board of various organizations and institutions including the well known ICDDR in Bangladesh. He has been president of Medicus Mundi Switzerland – network health for all (www.medicusmundi.ch) for more than 13 years. At present he is vice-president of Medicus Mundi International, a network of mostly European NGOs active in international health. He holds also an executive MBA for the non-profit sector and is familiar with principles and practices in business administration and organizational development.

13. MARTY MAKINEN

USA

Training/Key Competencies: Health Economics / Monitoring and Evaluation

Principal Scientist and Vice President at Abt Associates with more than twenty years of experience in health, population, and nutrition economics and agricultural economics, domestically and internationally. Teaching, technical assistance, and research conducted in the areas of health, population, and nutrition has dealt with: financial, organizational, and management policy; benefit-cost and cost-effectiveness analysis of interventions; project and program design and evaluation; alternative financing systems; financial risk-sharing arrangements; hospital management and efficiency; and demand for services. Research and technical assistance work in agriculture has dealt with: livestock, meat, grain, and input marketing; and pricing, food, and marketing policy. Experience in the U.S., Europe, former Soviet Union, Africa, Asia, Latin America, and the Caribbean.

FOR DECISION**14. DILEEP MAVALANKAR**

India

Training/Key Competencies: Financial Analysis / Health Systems

Dr. Dileep V. Mavalankar's current work includes management of maternal health programs, quality of health services and top management capacity for health and neglect of public health. He has been consultant to several international organizations including Columbia University, WHO, UNICEF, CARE, Aga Khan Foundation, UNDP/World Bank and government of India's health and family welfare departments and state governments and appointed by the prime minister to the Missions Steering Group of the National Rural Health Mission constituted by the Government of India.

15. JOE MARTIN

Ireland/UK

Training/Key Competencies: Financial Analysis / Health Systems

Joe is a UK Chartered Accountant and Management Consultant with over 18 year's (8 in UK and 10 in international setting) experience of public financial management in the UK and in International Development. He has held various senior financial management positions in the UK and gained extensive consultancy experience in the UK public sector before focusing attention on international development consultancy in various countries in Asia, Africa and Eastern Europe.

He has worked at different levels of government at local, district, provincial and federal level in PFM reforms, building capacity and training and in PFM strengthening. Joe has approached PFM reforms, particularly at sector level, invariably as part of the wider public financial reforms processes operating at country level and has been involved in budgetary and MTEF reforms in various countries.

He has undertaken design, review, assessment and evaluation missions for various development partners and organisations on various types of enterprises. Experience has been built up on the basis of two residential postings (Bangladesh and Cambodia) and numerous short-term consultancies (listed below) from his base in UK. Joe is a self-employed independent consultant and is also a qualified Chartered Public Finance Accountant, CIPFA London, qualifying in 1996.

16. VICTOR MUKONKA

Zambia

Training/Key Competencies: Public health specialist/ policy and programme development/ monitoring and evaluation

Dr Mukonka is currently the Director of public health and research in the Ministry of Health in Zambia, responsible for overseeing a range of national health programmes. He is also a co-ordinator

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for the national health surveys. Dr Mukonka has presented papers in many international conferences. He has been a member of various WHO regional committees on HIV/AIDS and TB.

17. MARCELLINE NTAKIBIRORA

Burundi/Zimbabwe

Training/Key Competencies: Public Health Specialist

Medical officer in Public Health, Zimbabwe with extensive experience in health planning, implementation, monitoring & evaluation. Previous experiences in a variety of consultancies and specialist knowledge of Francophone Africa. Currently a monitoring IRC member.

18. KATSUYUKI TSUKAMOTO

Japan/Thailand

Training/Key Competencies: Epidemiology / Financial Analysis

He has worked as EPI Officer for WHO in Vietnam where he supported National Expanded Program on Immunization (NEPI) and National Regulatory Authority (NRA) for quality control of vaccines and biological in the Ministry of Health of Vietnam. While in this position he also helped in the preparation of GAVI applications and annual progress report including new vaccines introduction such as pentavalent since 2008. Good experience in health planning, implementation & monitoring.

19. FRANS GERARD VAN ANDEL

Holland

Training/Key Competencies: Health Economist / Financial Analysis

Frans van Anandel is a Dutch national with over 25 years of experience in international health and economics issues. He trained as a health economist in the Netherlands and received a MPH from the Harvard School of Public Health and a PhD from the Medical faculty, Erasmus University Rotterdam. Dr van Anandel has worked for many organizations in the public and private health care sector such as WHO, the World Bank, various national governments (Netherlands, UK, Denmark, Sweden, Finland, Germany) and private industry in the pharmaceutical and medical devices field. He has ample experience evaluating health care programmes and technologies. Recently he carried out an evaluation of health related activities and programmes of EC support to less developed countries on behalf of the EC and at present he is involved in a mid-term evaluation of avian flu in Asia on behalf of the same organization. Dr van Anandel is 52 years of age at present and is fluent in Dutch, English and German and conversant in French and Russian.

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20. BEENA VARGHESE

India

Training/Key Competencies: Health Economics / Health Systems/ Monitoring

Dr. Varghese has a decade's experience at the international level in carrying out financial analysis of health plans. Her significant body of work has been with the Centers for Disease Control and Prevention, Atlanta and the International Centre for Diarrhoeal Disease Research Bangladesh (ICDDR), Dhaka. She is member of the Scientific Advisory Committee for *Kala-azar* with the WHO and is on the international review team for GAVI. She is currently working as Senior Health Economics Specialist at the Public Health Foundation of India (PHFI) where she coordinates the post graduate diploma program in health economics and policy. Dr Varghese is currently a member of the GAVI IRC on monitoring and occasionally invited to review new proposals for vaccines/ HSS. Her term expires in 2010

FOR DECISION**Annex 4 – Curriculum Vitae of Proposed Chair and Proposed Alternate Chair:****PROPOSED CHAIR: CURRICULUM VITAE - CLIFFORD W. KAMARA****I. DATE AND PLACE OF BIRTH**

11th September, 1948
Freetown, Sierra Leone

II. NATIONALITY

Sierra Leonean

III. CIVIL STATUS

Widowed with four children

IV. LANGUAGES

1. Krio (Mother Tongue)	Fluent
2. English	Fluent
3. Russian	Fluent
4. German	Fair

V. QUALIFICATIONS

1. M.D. Kharkov Medical Institute, U.S.S.R.	1972
2. M.P.H. Royal Tropical Institute Amsterdam, The Netherlands	1987

Sierra Leonean Medical Doctor/ Health Development Specialist with expertise in the planning, management, monitoring and evaluation of health programs. Experience spans a period of 36 years starting at district level, and extending to regional, national and international levels. Retired from the Ministry of Health and Sanitation in September, 2008, and now active as Lecturer in the Department of Community Health Care in the College of Medicine and Allied Health Sciences of the University of Sierra Leone, and as Senior Program Officer in the Sustainable Immunization Financing Program of the SABIN Vaccine Institute.

MAJOR POSTS HELD

1. 1980 – 1986: District Medical Officer; Medical Officer in –charge of the District Hospital; Chairman, Primary Health Care working Committee, Bombali District, Sierra Leone.
2. October 1992 – November, 1995: Medical Officer, Disease Prevention and Control, World Health Organization supported Health for All Country Team.
3. 1992 – September 2008: Manager/ Coordinator of Donor supported projects in the Ministry of Health.

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4. 1987 – September 2008: Head of the Planning, Management Information and Statistics Unit of the Ministry of Health (renamed Directorate of Planning and Information).
5. September, 1989 – to date: Lecturer, Division of Community Health Care, College of Medicine and Allied Health Sciences, University of Sierra Leone.
6. 2003 – 2008: Member of GAVI's Independent Review Committee(s); chaired the Monitoring IRC in 2008.
7. November 2006 – to date: Member of the Health Metrics Network (HMN) Technical Advisory Group (TAG).
8. October 2008 to date: Senior Program Officer, Sustainable Immunization Financing Program, SABIN Vaccine Institute.

FIELD RESEARCH: includes numerous baseline demographic and health surveys, socio-economic studies, FP and EPI coverage evaluation studies.

CONSULTANCIES: Conducted various consultancies principally on Public Health and Health Management for UNICEF, UNDP, WHO, PLAN International, and the World Bank.

* Familiar with common word-processing, spreadsheet and statistical computer packages.

FOR DECISION**ALTERNATE CHAIR: CURRICULUM VITAE – ASSIA BRANDUP-LUKANOW**

Nationality: German

Family: married to Anver Versi, British, two daughters, 12 and 8 years old (German/British)

Qualifications:

Doctorate in Medicine, State Exam in Medicine

Licensure to Medical Practise in Germany, UK, Denmark

Master of Science in Clinical Tropical Medicine, Diploma in Tropical Medicine and Hygiene, Master of Arts Psychology (Diplom-Psychologin), (University of Mainz, 1980), Client-centred Psychotherapy

Institution, Year:

- University of Mainz 1980: Master of Arts in Psychology
- University of Mainz, 1985: State Exam in Medicine,
- University of Mainz, 1987, Doctorate in Medicine (Dr. med)
- London School of Hygiene and Tropical Medicine, 1990: Master of Science in Clinical Tropical Medicine
- Royal College of Physicians, 1990: Diploma in Tropical Medicine and Hygiene
- Landesaerztekammer Rheinland Pfalz, Germany, Full Registration 1985
- General Medical Council, UK, Full Registration, 1989
- Sundhedsstyrelsen, Danmark, Full Registration, 2007

Expertise: Public Health in Developing Countries and Countries with Economies in Transition, Gender and Health, Reproductive Health, Neglected Tropical Diseases, Health Policy and Strategy Development, Health Financing, Design, Implementation, and Monitoring of Health - and Social Sector Programs in Development. Work with multilateral, bilateral, UN Agencies and NGOs. Advisory experience to new Global Health Initiatives (GFATM, GAVI, Providing for Health) Clinical Internal and Tropical Medicine, Psychosomatic Medicine,

Languages:

German (mother tongue), UN Proficiency exams in: English, French, and Russian, Dante Alighieri ML exam in Italian, Studieprøven & Prøve i Dansk 3 in Danish

Membership in Professional Associations, honorary positions held:

Member of Steering Group for European pre-Bamako meeting on Health Research for Development, 2008

Member of WHO Technical Working Group on Health Workforce and Education Scale Up, since 2006

Member of the Technical Review Panel, The Global Fund (GFATM) since 2006

Member of the WHO Scientific and Technical Advisory Group on Neglected Tropical Diseases, since 2007

Member of the Royal Society of Tropical Medicine, UK since 1990

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Member of the German Society Tropical Medicine (DTG) since 1990

Member of the Editorial Board, ENTRE NOUS, The European Magazine for Sexual and Reproductive Health, UNFPA/WHO-EURO since 2003

Member of the Board/German Committee United World Colleges since 1980

Chair, Board of Appeal, WHO Regional Office for Europe, 2000-02

Chair, AKME (Arbeitskreis Medizinische Entwicklungshilfe, German Interagency Working Group on Health and Development), 2002-2005

Chair, Technical Review Panel of the BACKUP Initiative to the Global Fund, 2002 till 2006

Program Development, Implementation, Coordination:

Inter-country Program on Community-based services, (development of pilot approaches, focus on Africa), GTZ, 1991-1992

IPPF/EU Country programs in Family Planning and Sexual and Reproductive Health in Albania, Bulgaria, Romania, Turkey, Czech Republic and Slovak Republic, Russian Federation, Central Asia (IPPF 1992-1994)

UNFPA/WHO National Country programs in Reproductive Health in Portugal, Romania, Albania, Moldova, Turkey, Hungary, Georgia, Armenia (1994- 1998)

WHO/MoH National Country Programs in Sexual and Reproductive Health/Safe Motherhood in Albania, Armenia, Bulgaria, Romania, Georgia, Moldova, Russian Federation (1994-2002)

WHO/MoH Six-country Program CARAK: Improving Maternal and Child Health in the Central Asian Republics, Azerbaijan and Kazakhstan (1995-2002)

WHO/UNFPA country projects in Reproductive health in Conflict/Post conflict in Tajikistan, Kosovo, Bosnia-Herzegovina, Georgia, Chetchnia

FOR DECISION**Annex 5 – Confidentiality and Conflict of Interest Undertaking**

- 1) GAVI Alliance has access to certain Information relating to vaccines or related products which it considers to be proprietary to itself or to parties collaborating with it (hereinafter referred to as “the Information”).
- 2) The Undersigned, as a member of the committee of experts (hereinafter referred to as “the committee”), may have access to the Information in the course of his/her participation in the committee.
- 3) GAVI is willing to provide to the Undersigned the Information for the purpose of performing his/her responsibilities in connection with the activities of the committee provided that the Undersigned undertakes to treat the Information as confidential and to disclose it only to persons who are bound by like obligations of confidentiality and non-use as are contained in this undertaking.
- 4) For the duration of the membership of the Undersigned in the committee and for a period of five years following the termination of membership, the Undersigned undertakes to regard the Information as confidential and proprietary to GAVI and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in this undertaking except that the Undersigned shall not be bound by any such obligations if he/she is clearly able to demonstrate that the Information:
 - a) was known to him/her prior to any disclosure by GAVI to the Undersigned; or
 - b) was in the public domain at the time of disclosure by GAVI or
 - c) becomes part of the public domain through no fault of the Undersigned; or
 - d) becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality to GAVI.
- 5) The Undersigned also undertakes not to communicate the deliberations and decisions of the committee to persons outside this committee except as agreed by the committee itself or by GAVI.
- 6) The Undersigned agrees not to participate in the review of any matter under consideration by the committee if such participation may give rise to a real or perceived conflict of interest. The Undersigned agrees to promptly disclose any such possible conflict of interest to GAVI. Conflict of interest means that the Undersigned, his/her spouse, child or collaborating investigator, or an entity with which the Undersigned has an employment relationship or collaborative arrangement, has an existing or potential financial or other interest that either could unduly influence the Undersigned's position with respect to the subject-matter of the work of the committee or could result in the Undersigned's objectivity and independence being questioned by others.
- 7) Any dispute relating to the interpretation or application of this undertaking shall, unless amicably settled, be subject to conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the rules of arbitration of the International Chamber of Commerce. The parties shall accept the arbitral award as final.