TITLE: **Three Diseases Fund**

BENEFICIARY COUNTRY: **Myanmar**

1. RATIONALE

1.1. Strategic framework

The Three Diseases Fund is in accordance with the humanitarian objectives of each of the participating donors in relation to Myanmar. It is also in line with the 'European Union Common Position on Myanmar'. The proposed action addresses the prevailing public health emergency relating to the three major communicable diseases - HIV/AIDS, TB and malaria - through financial contributions to a single pooled funding mechanism - the Three Diseases Fund (3DF).

1.2. Lessons learnt

To date, most donor-supported interventions in Myanmar have been executed and implemented by the Ministry of Health (MOH), UN agencies or international NGOs, sometimes in collaboration with local actors. Humanitarian aid provided through small-scale and dispersed projects has had a positive impact on the direct beneficiaries. At the same time, outreach of interventions has remained small compared to overall needs, thus highlighting the need for scaling up of activities and a more strategic collaborative partnership approach.

While the Fund for HIV/AIDS in Myanmar (FHAM) showed during its three years of operation that external funds could be effectively channelled to support implementation by a variety of partners including the National AIDS Programme, the mid term review (MTR) of the Joint Programme for HIV/AIDS and the FHAM identified two main areas of weakness. The first of these was in relation to the scope and impact of interventions, which it was felt were not extensive enough and did not target sufficiently well the most at-risk populations. The second identified weakness was in relation to the potential conflict of interest within the FHAM funding mechanism. Specifically, with FHAM located and managed from within the Joint Programme, it was perceived that there was potential for less than rigorous assessment of proposals and independent monitoring. The absence of direct donor involvement in fund direction and decision making limited its scope and compromised its integrity in terms of partnerships within Myanmar and in terms of transparency with fund recipients involved in decision making on allocations.

Drawing on lessons learned regarding structural governance weaknesses of previous funding mechanisms, the Three Diseases Fund will attempt to avoid conflicts of interest through a separation of programme development from fund management. This should ensure that resources will be used effectively, efficiently, transparently, accountably and equitably in support of key components of national disease programmes and beyond, with an emphasis on achievement of programme outputs.

Whilst recognising that it is not possible to effectively plan and implement a national response to HIV/AIDS, TB and malaria without the participation of the Ministry of Health and those responsible for implementation at local government levels, the Three Diseases Fund has been developed through an open and frank dialogue with the Ministry of Health in which the limitations on the donors' financing have been discussed and acknowledged. Systems and processes are being developed within which the programme of activities to be supported by the Three Diseases Fund will be based on agreed national strategies for the three diseases.

1.3. Complementary actions

In the area of health, in 2003 the EC commenced funding of a bilateral programme of € 5 million in support of HIV/AIDS in close coordination with other donors under the UN Joint Programme for HIV/AIDS in Myanmar. DFID, Sida, Norway and the Netherlands previously contributed to the Fund for HIV/AIDS in Myanmar (FHAM) which was established in 2003. Following a review in 2005, the end of current grants to FHAM in late 2006, and the withdrawal of the Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis (GFATM), donors involved have expressed the desire to replace FHAM with a single pooled funding mechanism which can address the three diseases of HIV/AIDS, TB and malaria. FHAM will therefore cease operations at the end of 2006.

1.4. Donor coordination

While there are no formal mechanisms in place for donor coordination - partly due to limited donor presence in Myanmar - recent experience in the sector of HIV/AIDS has demonstrated that funding mechanisms which promote donor co-ordination and sharing of lessons learned can engage the government and have a significant impact on enhancing the collective effort of donors.

Following the withdrawal of GFATM in August 2005, a consortium of donors (Australia, EC, the Netherlands, Norway, Sweden, and the UK) agreed to work together to develop the concept of the 3D Fund. Other donors have also expressed interest, including Japan and Denmark. With limited policy dialogue and data availability, only a strategic approach coordinated by donors can address the complex structural issues characterising the current situation in Myanmar.

2. COUNTRY CONTEXT

2.1. Development policy of beneficiary country

The State Peace and Development Council has stated its commitment to fulfilling the Millennium Development Goals (MDGs) and has presented its "National Vision" for the period 2001-2010, which aims at "building up the country into a modern, developed, self-sufficient and self-reliant nation with a balanced economy".

Development priorities have been established in a number of sectors, including health. A National Health Policy (2001-2006) and a National Health Plan (2001-2006) are in place,

both of which address malaria, tuberculosis and HIV/AIDS as the three main health priorities, due to the high morbidity and mortality related to the three diseases.

2.2. Sector context

Communicable diseases are a major health concern and the country is suffering from a public health emergency in relation to HIV/AIDS, TB and malaria. Access to affordable quality health services is a key issue and many of the most vulnerable communities, especially those in border and conflict areas, there is a need to strengthen the quality of health care.

HIV/AIDS has been found in all states and divisions of Myanmar, although primarily clustered among high-risk population groups and along borders and migration routes. Rates among high-risk groups are already high: 28% for female sex workers and 34% for IDUs in 2004. Overall HIV prevalence within the population is estimated at 1.2%. Recent estimates show that as many as 338,911 people may be infected in the year 2004. The epidemic is driven by commercial sex work and also intravenous drug use which poses a threat to spread. An overall 1.8% of women accessing antenatal care services test positive in 2004. NAP, WHO and UNAIDS estimated that 67,090 people living with HIV/AIDS (PLHA) are in need of anti-retroviral treatment, with 2518 having access in 2005.

In 2003, TB was the second leading cause of mortality and the eighth leading cause of morbidity in the country. Nationwide DOTS (Directly Observed Treatment, Short course – the WHO international standard approach to TB) coverage (324 townships) was achieved by the end of 2003. Treatment success and cure rates under DOTS have remained stable at around 81% and 72% respectively over the past 3-4 years, with the rates varying widely between townships. The 2004 TB notification rate (all forms) in Myanmar is 153 per 100,000 people.

Malaria is the main cause of morbidity and mortality. The disease is endemic in 284 of 324 townships, mainly in rural areas and in some peri-urban locations. Of the estimated total population of 54.28 million (2004), 38.54 million (71%) live in malaria risk areas.

Persistent high burdens of malaria and TB are due to several factors: inadequate financial resources, high prevalence of drug resistance, limited access to services in remote areas, and require for strengthening capacity to deal with the problem of counterfeit or sub-standard drugs.

The Health Sector Strategic Plan is implemented under the leadership and guidance of the National Health Committee. Health and social care infrastructure at decentralized levels **need to be strengthened**. **The availability of human capacity, equipment and supplies and medicine needed to mobilise, a response matching the scale and severity of the three epidemics (HIV,TB and Malaria) also needs strengthening.** Clear policy and operational frameworks, in the form of standards, guidelines and procedures, and for training and supervisory support are **there but need to be updated and strengthened.**
Despite the existence of five-year government plans for combating the main public health challenges, which reflect a high level of central level technical expertise, the scope and depth of implementation is constrained by the budgetary limitations for social sector spending. **By providing additional resources the quality and quantity of public health services will**

improve and this will contribute to increase prospects of success with the MDGoals. The private and non-formal health sectors are widely used and comprise a range of modalities: qualified medical practitioners, semi-qualified health service providers and pharmacists, and unqualified traders as in other developing countries. Quality drugs are often improperly subscribed and sub-standard drugs are widely available.

National Strategic Plans for HIV/AIDS, TB and malaria are currently being developed, along with logical frameworks and costed work plans for activities. The National Strategic Plans will describe the foreseen national programmes for the three diseases, selected components of which the Three Diseases Fund will support financially. The finalisation of these plans is being completed through a consultative process involving all stakeholders.

3. DESCRIPTION

3.1. Objectives

The goal or overall objective of the 3D Fund is to reduce the burden of communicable disease in Myanmar.

The 3D Fund purpose is to resource a programme of activities to reduce transmission and enhance provision of treatment and care for HIV/AIDS, TB and malaria for the most in need populations.

National Strategies for the three diseases are currently being developed and foresee the following purposes for each disease respectively:

i) To reduce transmission and enhance provision of treatment and care for HIV/AIDS affected persons.

ii) To reduce the morbidity, mortality and transmission of TB, including among PLHA, while simultaneously preventing the further emergence of drug resistant forms of TB.

iii) To reduce malaria morbidity by at least 50% by 2010.

3.2. Expected results

The 3DF will support selected priorities of the three national strategies. The following results are therefore indicative only. It would pre-empt the forthcoming work of the Fund Manager and Fund Board to define specifically which interventions the 3DF will support, as priorities cannot be defined until the national strategies have been finalised.

In order to realize the purposes of the National Strategies of the three diseases, the following indicative results will be achieved:

HIV/AIDS (based on logframe from 2003-2006 Joint Programme)

- Access to services to prevent the sexual transmission of HIV improved and expanded, with a particular focus on at-risk and vulnerable groups through public, private and not-for-profit sectors
- Access to services to prevent the IDU transmission of HIV improved and expanded
- Knowledge and attitudes on HIV prevention and transmission improved, especially among at-risk and vulnerable groups, through public, private and not-for-profit sectors
- Access to services for HIV care and support improved and expanded, including for those also suffering from TB, through public, private and not-for-profit sectors
- Enabling environment improved, and national capacity to manage HIV/AIDS programme enhanced

TB (based on draft TB National Strategy)

- Improved quality of DOTS services sustained and reaching all TB patients, through public, private and not-for-profit sectors
- Improved treatment success rate among all detected TB patients, including those with TB-HIV and multi-drug resistant forms of TB
- Case detection rate of estimated new smear positive TB cases at or above 70%
- Baselines established and reduction in the prevalence of TB, including HIV-TB and MDR-TB and TB deaths, objectively measured

MALARIA (based on draft National Malaria Strategy)

- Access to appropriate preventive measures for at-risk population groups expanded, through public, private and not-for-profit sectors
- Improved access to quality diagnosis and appropriate treatment through public, private and not-for-profit sectors, in accordance with national malaria treatment guidelines
- Active participation of at-risk communities, village and township health committees, in malaria prevention and control
- Managerial, technical and other support services for malaria prevention and control, including epidemic preparedness and response, strengthened

3.3. Stakeholders

All vulnerable groups including poor and people living in hard-to-reach areas affected by the three diseases will be the final beneficiaries of the 3DF. The main stakeholders, as intermediate beneficiaries of the 3D Fund, will be the Implementing Partners: UN Agencies (as Implementing and Technical Support Agents), INGOs and local civilian administrations.

Stakeholders:

- *Ministry of Health*: The recent withdrawal of the Global Fund has left the Ministry of Health, as well as other partners, short of anticipated funds to scale up HIV/AIDS, TB and malaria prevention, treatment and care activities. The MOH supports the proposed 3DF and is aware of the donors' requirements for implementation modalities, including access. Key features of a supportive operating environment are outlined at pages 12-13.

Discussions are being held with members of the Government to ensure a broader base of understanding and commitment to the main principles for the provision of Humanitarian Assistance. Annex 1 outlines those principles.

- *UN agencies*: There has been close collaboration with UNDP concerning the proposed 3DF, particularly with regard to learning lessons from the Global Fund withdrawal. Collaboration with other UN agencies has been focused at programme level.
- *NGOs*: There has been ongoing consultation with INGOs and local NGOs, regarding development of the 3DF in general, and also in relation to programmatic issues.

Beneficiaries: The final beneficiaries of the action will be those most at risk of the three diseases – generally speaking poor and marginalised population groups - including those living in remote and inaccessible parts of the country. For HIV/AIDS, most-at-risk groups with highest level of HIV prevalence will be targeted by the action.

3.4. Crosscutting issues

Factors that determine high risk behaviour of women and men, and health seeking behaviour, **will be studied and if there is gender inequities, the program will formulate evidence based interventions that will address the matter.** The programme will **meet** needs of the most vulnerable groups for three diseases including the poor, marginalised and under-served population groups. Specifically, those living in remote and conflict areas where there are limited government health facilities or hard-to-reach areas, and hard-to-reach groups most at risk of HIV infection will be targeted by the action. The Fund Manager will play a key role in ensuring that issues of equity are taken into consideration in the operational work plans. Effective management will be promoted through transparent mechanisms and accountability, learning from the need to avoid situations involving possible conflict of interest as experienced by previous funding mechanisms in Myanmar. The programme will promote equal access to prevention, care and services for the three diseases and, in the case of HIV/AIDS and TB, removal of stigmatisation.

4. IMPLEMENTATION ISSUES

4.1. Implementation method

Donor contributions to the 3D Fund will be implemented in accordance with management procedures jointly agreed by the Donor Consortium. Each donor will sign an individual contribution agreement with UNOPS as Fund Manager. The Fund Manager will transparently allocate the resources through both direct and competitive grants to Implementing Partners, and these grants will be regularly monitored and audited.

Eligible implementing partners will include UN agencies and INGOs and, local NGOs, civil society organisations and community based organisations and local civil administrations.

The Donor Consortium seeks to ensure the smooth implementation of activities supported by the 3D Fund from the outset. The creation of a conducive operating environment for the provision of assistance to Myanmar will be of great importance for the success of the Three Diseases Fund.

In this context, a dialogue on a set of Guiding Principles for the Provision of Humanitarian Assistance is currently being facilitated by the UN Resident Coordinator with the Government of Myanmar in order to define operational principles that are mutually agreeable to all parties and maximise aid effectiveness.

4.2 Governance and Institutional Structures

The management arrangements of the Three Diseases Fund comprise a distinct separation between the Fund and the Programme to be funded. The objective of this is to limit the possibility of conflict of interest, as occurred previously with both the FHAM and the GFATM. The two will be divided by a notional 'Firewall' (see diagrammatic representation below). The roles ascribed to the different partners on the Fund and Programme sides are described in detail below:

a) The 3D Fund

The Donor Consortium (DC) is the apex body in terms of the Three Diseases Fund governance and has the overall responsibility for the 3D Fund's operating policy as well as for the Fund commitment and replenishment.

The Consortium is accountable to the individual donor managements for the design and delivery of the fund concept for providing support for the three diseases in Myanmar. The Consortium is not a legal entity. It is the forum for donor collaboration. Any legal agreements will be between the individual donors and the Fund Manager. The Donor Consortium will however act on behalf of the donors by reaching consensus decisions regarding the development and operational aspects of the Fund. The Donor Consortium will appoint a Fund Board to act as a managing committee on behalf of the donors, and this committee will have oversight of the Fund Manager.

The Fund Board (FB) will have responsibility to: i) maintain a policy dialogue with the **Coordination Body for 3 diseases**; ii) monitor the risk assessment; iii) commission (and be involved in) external mid term and final reviews of the Fund; iv) receive Fund annual reports and audits. The Fund Board will be comprised of three donor representatives and three independent experts, and the CEO of the Fund Manager will act as non voting secretary. The FB will be chaired by a senior donor representative on a rotational basis.

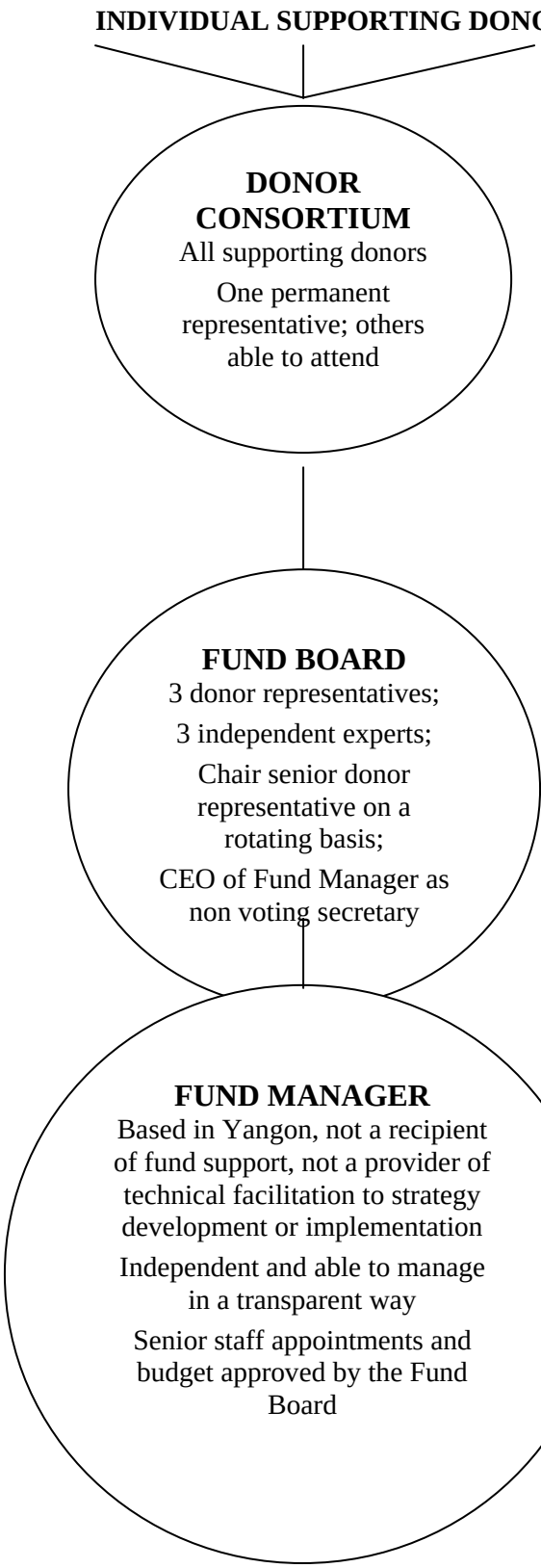
In addition to these responsibilities (taken on behalf of the Donor Consortium), the FB will assess the National Strategies, Programmes and Operational Plans as a basis for allocation of resources and will identify, if necessary, additional outputs and activities. The FB will appoint and oversee a Fund Manager.

The Fund Manager (FM) will comprise a long term international Chief Executive Officer (CEO), a Public Health Officer, an M&E Officer, a Procurement/Supply Chain Officer, an Admin & Finance Officer, and a Communications Officer, as well as local support staff. The FM will be responsible for holding, disbursing and monitoring the financial, technical and ethical performance of the Three Diseases Fund. In assuming these responsibilities, the FM will have the possibility to contract independent (local) managing agents as well as short term international expertise as required.

UNOPS has been selected by the Donor Consortium to act as Fund Manager. This decision was based on UNOPS comparative advantage as an 'independent' UN organisation with the mandate to provide financial and project management services for other organisations. The agency does not receive core funding from the UN Member States and is therefore free from the constraints affecting UNDP that contributed to the eventual withdrawal of the GFATM from Myanmar. UNOPS also has an existing presence in-country and will not be a potential beneficiary of fund resources.

Based on the elaboration of a typology of prospective Implementing Partners (IP) and on the type of activities to be undertaken, the Fund Manager will transparently allocate the resources through both direct and competitive grants that will be monitored and audited regularly. In this way the FM will agree on levels of support to each output of the Operational Plans and on additional activities considered necessary to supplement/complement the programme. The below graphic representation illustrates the institutional setup of the Three Diseases Fund.

FUND GOVERNANCE



DONOR CONSORTIUM

Responsible for:

- Fund operating policy
- Enabling/operational environment decisions
- Monitoring risk assessment
- Appointing Fund Manager
- Appointing Fund Board
- Fund commitment and replenishment
- Commissioning reviews of the fund
- Receipt of Annual Report and Audit on behalf of the individual donor
- Reference and reporting to the respective donors as necessary for major decisions or to seek guidance on policy issues.

FUND BOARD - Responsible for:

- Assessment of National Strategies as a basis for funding
- Dialogue with national coordination structures
- Identification of additional outputs/activities
- Making decisions referred by the Fund Manager and confirming decisions delegated to the Fund Manager
- Receiving annual reports and audit reports
- Commissioning reviews of specific fund activities

FUND MANAGER

Responsible for:

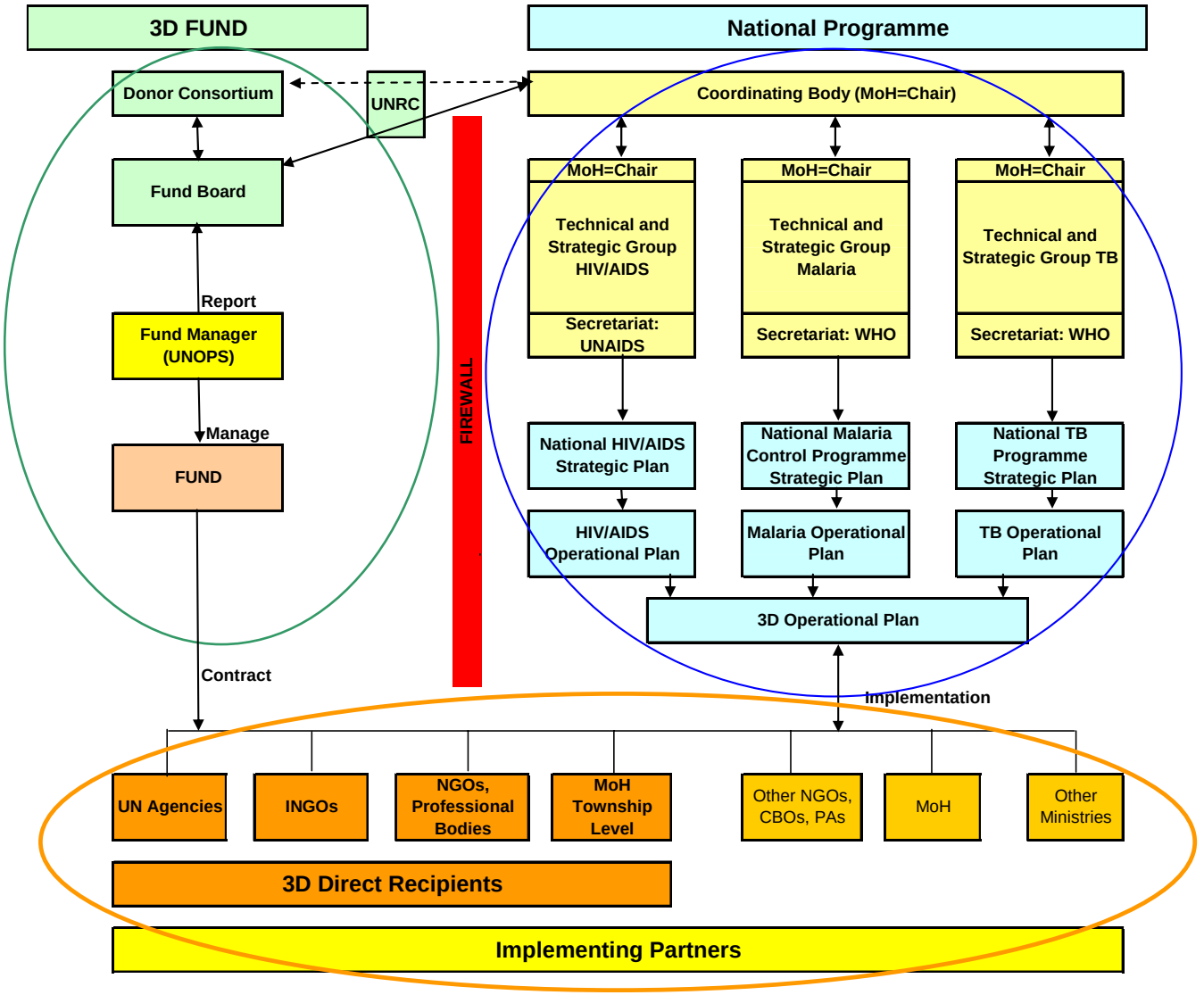
- Holding, disbursing and monitoring the performance of the Fund
- Directly (or where appropriate through contracts with independent managing agents) undertaking procurement of commodities; administer grant allocation, audit and fund monitoring; administer competitive allocation; receive, assess, and advise on proposals; undertake performance monitoring in coordination with those responsible for programme monitoring and evaluation

b) The Programme

On the Programme side, the **Technical and Strategic Groups** (TSG) – one per disease – will be chaired by the Ministry of Health (MoH) with facilitation and technical support from the lead UN agencies (UNAIDS and WHO). The TSGs will be responsible for finalisation of the National Strategic Plans and for leading the development of the output-based country wide Operational Plans incorporating all existing Implementing Partners (government, UN agencies, INGOs, LNGOs, CBOs and Professional Associations (PA) as well as all existing support (Govt., UN, bilateral donors, INGO, and private sources). Each TSG will have a balanced membership reflecting the range of service providers, users and other interests.

A **Coordinating Body** chaired by the Minister of Health will finalise the three Operational Plans and will engage with the Fund Board in policy dialogue as far as the political environment permits. The Coordinating Body will have representative membership drawn from the Government, UN agencies, INGOs, NGOS, CBOs, PAs, other groups of service providers, bilateral donors (excluding donors to the Three Diseases Fund), service user and other demand side groups.

FUND GOVERNANCE INSTITUTIONAL ARRANGEMENTS



As illustrated in the graphic representation of the institutional relationships and described above, a notional 'Firewall' will separate the Three Diseases Fund management from the development and coordination of the programme. This separation acknowledges the limitations on policy dialogue and the absence of a 'normal' approach to sector based development assistance. The Fund will support a programme based on national strategies developed collaboratively by partners within Myanmar, but will only fund implementing partners directly.

The Fund will exercise its own performance monitoring which will be linked to the output and outcome monitoring of the programme. In addition, the Fund will only support activities of the Ministry of Health and other line Ministries through decentralised cooperation with local civilian administrations

Limited policy dialogue and discussion of the enabling environment including requirements for effective implementation will take place between the Donor Consortium and Fund Board and representatives of the government. The Operational Plan (a three year rolling output based narrative document and budget) will be presented by the Three Diseases Programme Co-ordinating Body to the Fund Board. The approval of the Operational Plan will provide the context for the Fund's operation.

Whilst there will be a developing relationship across the firewall as confidence builds, the formal governance structures are completely separate.

4.3 Achieving Effective Implementation

The 3D Fund donors will seek to ensure that the resources provided by the Fund are used as effectively as possible. In order to help address the human suffering of poor and vulnerable people in Myanmar caused by the three diseases, the Fund will work with a range of implementing partners, particularly the UN, international NGOs and local level officials from the Ministry of Health and other local civilian administrations. The success of the 3D Fund will be crucially dependent on appropriate operating conditions for the work of all these implementing partners.

Creating a supportive operating environment for 3D Fund implementing partners is therefore imperative in order to ensure that the Fund resources provide the greatest possible benefits to poor and vulnerable people in Myanmar.

Key features of a supportive operating environment for humanitarian assistance include:

- **Timely and reliable access for project implementation and monitoring.** In order to ensure that the people of Myanmar gain the greatest possible benefits from the 3D Fund, the work of all project implementers (UN and INGO staff as well as Government of Myanmar staff) and those involved in project monitoring (3D Fund staff and members of Donor Consortium) will be greatly assisted by: (i) prompt clearance of experts and other persons performing services on behalf of the Fund, or one of its implementing partners; (ii) prompt issuance, without cost, of necessary visas, licences or permits; (iii) access to sites of work and all necessary rights of way; and (iv) free movement, within or to or from the country, to the extent necessary for proper execution of their work.

This might best be achieved were the Government of Myanmar to consider:

(a) facilitating travel for implementing partner and 3D Fund staff to established project sites where there is no current security concern (for example, in areas of the country open to tourists) on the basis of three days advance notice (for information)
(b) facilitating travel on the basis of two weeks advance notice for other areas of the country
(c) facilitating visas for experts and other persons performing services on behalf of the 3D Fund, or one of its implementing partners, on the basis of four weeks advance notice.

· **Fund Management – technical and administrative implementation modalities.** UNOPS as a member of the UN family and 3D Fund Manager will need to continue to be granted the privileges and immunities granted to other members of the UN family in Myanmar, including use of the exchange rate used by other UN agencies. Management of all 3D Fund resources will follow transparent, independent, open competitive processes. Specifically, staff for all implementing partners should be recruited on the basis of suitability and qualifications for the job alone. In order to be able to support the people of Myanmar by providing drugs and other commodities and equipment, 3D Fund implementing partners will need to be able to rely on prompt issuance, without cost, of licenses and permits needed for tax free importation of commodities and equipment which are essential for project implementation.

· **Respect for the international humanitarian principles of humanity, neutrality and impartiality.** The Fund's success will be dependent on all stakeholders acting in accordance with recognised international humanitarian principles. The 3D Fund donors align themselves with the Guiding Principles (see Annex 1) as set out in the UN Resident Coordinator's letter of 7 March 2006 to the Minister, Ministry of National Planning and Economic Development, and would be strongly supportive of further discussions between the representatives of the Government of Myanmar, UN Agencies and International NGOs on the spirit and modalities of humanitarian operations. It will be particularly important to ensure that assistance provided through the 3D Fund benefits people who are most in need, irrespective of their of ethnic origin, social status, gender, nationality, political opinions, race or religion.

4.4 The 3D Fund indicative budget and calendar

The Financing Proposal provides a framework for the policy and financing mechanism of the Three Diseases Fund. It is understood that the donors are working to different time-frames, do not share the same funding procedures, and are not all in a position to make definite commitments to the envisaged five year programme of the Three Diseases Fund at this stage. The intention is, however, that donors will be asked to renew their commitments on a periodic basis, subject to satisfactory disbursement and implementation of the Fund resources.

The proposed duration of the 3D Fund is 60 months from the signing of the Contribution Agreement with UNOPS. The 3D Fund indicative budget amounts to US$ 99.5 million.

4.5 Performance monitoring

While the National Programmes, with technical and coordination support from UN agencies (WHO and UNAIDS), will be responsible for routine monitoring of the national response to the three diseases in line with the "Three Ones" principle[1], the Fund Manager will undertake performance monitoring of contracts and grants at activity level, and this information will be shared to ensure a single integrated approach to monitoring.

4.6 Evaluation and audit

The Fund Manager will prepare an annual report to be submitted to the donors. The Donor Consortium will commission a mid term review in the third year of every five year period of the Fund and an end of term evaluation in the fifth year. The Fund Board may in addition commission reviews where there are specific concerns or issues to be examined.

The Fund Manager will arrange for the audit of all grants and contracts. The Donor Consortium will commission an independent annual financial audit of the Fund Manager's accounts.

[1] The "Three Ones": one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad based multi-sector mandate; and one agreed country-level monitoring and evaluation system

Annex 1

Guiding principles for the provision of humanitarian assistance

I. Objectives and focus of humanitarian assistance

1. Human suffering should be addressed wherever it is found, with particular attention to the most vulnerable in the population, such as children, women and elderly. The dignity and rights of all must be respected and protected.

2. Humanitarian assistance is to be provided without engaging in hostilities or taking sides in controversies of a political, religious or ideological nature. There will be no weapons or armed personnel on the premises or transportation facilities of humanitarian organizations.

3. Humanitarian assistance is to be provided irrespective of ethnic origin, social status, gender, nationality, political opinions, race or religion. Relief of suffering must be guided solely by needs and priority is to be given to the most urgent cases of distress.

4. Humanitarian assistance aims to help reduce poverty, meet basic needs and enable communities to become more self-sufficient.

5. Humanitarian activities are guided by international humanitarian law and human rights and by the mandates given by international instruments to the various humanitarian organizations.

II. Management and operational principles

6. Humanitarian actors respect the culture, structures and customs of the communities where humanitarian programmes are carried out. Where possible and to the extent feasible, ways shall be found to involve the intended beneficiaries of humanitarian assistance and/or local personnel in the design, management and implementation of assistance programmes.

7. Humanitarian agencies hold themselves accountable to those they seek to assist and will be accountable for their actions to the government, and for their use of resources, to those who provide them. Humanitarian actors retain responsibility to manage human, financial and material resources for their activities. Management of these resources follows transparent, independent, open, competitive processes. Specifically, staff are recruited on the basis of suitability and qualifications for the job.

8. Equipment, supplies and facilities of humanitarian actors are not to be used for purposes other than those stated in programme objectives. Vehicles of humanitarian agencies are not to be used to transport persons or goods that have no direct connection with assistance programmes.

9. Humanitarian assistance is only of value if delivered in a timely fashion. Effective humanitarian operations require **easy**, sustained access for humanitarian personnel participating in relief activities to deliver, monitor and assess humanitarian aid, enabling them to reach targeted members of the population in need of assistance.