HHSAC

HHSAC Consortium Charter

Tier-1 - Public Tier-1 Document

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Verification-Only Public Surface: This document is intentionally sanitized. It provides governance and verification information sufficient for initial compliance review without exposing sensitive operational details.

Evidence-First Definition: Any reference to 'delivered' means only POD-indexed delivery recorded in the evidence register at a controlled point. HHSAC does not claim patient-level delivery or end-user receipt.

Compliance-by-Design: HHSAC does not facilitate evasion of laws, sanctions, or controls. Ambiguity triggers EX/HOLD until resolved through documented escalation.

Charter Statement

This Charter establishes the Humanitarian Health Supply Chain Assurance Consortium (HHSAC) as a governance and verification framework. HHSAC's public Tier-1 surface provides audit-grade governance information and document verification mechanisms for Prime/Bank/Regulators and other authorized stakeholders.

Mission and Objectives

- Increase confidence in humanitarian health supply chain integrity through evidence-first verification and documented controls.

- Provide a tiered disclosure model that supports compliance review without exposing sensitive operational information.

- Maintain a single source of truth for governance documents via Doc IDs, versions, and cryptographic checksums.

Operating Posture and Boundaries

- HHSAC is not an operational disclosure portal; Tier-1 is sanitized by design.

- HHSAC does not claim patient-level delivery or end-user receipt; verification ends at documented handover to authorized recipient at a controlled point.

- HHSAC does not facilitate evasion of laws, sanctions, or controls; compliance constraints are primary.

Membership and Roles

HHSAC differentiates the consortium brand from the operating roles that execute controlled processes:

- Program Office (Program Operator): Aventta Trading Industrial GmbH (Berlin, Germany).

- Logistics Backbone: Belka Global Group (operational details Tier-2 only).

- Scientific & Clinical Advisory Panel: Independent Scientific & Clinical Advisory Panel (advisory only; no signing authority).

- Risk & Compliance Oversight: Risk & Compliance Committee + Independent Risk & Compliance Chair (External Counsel - TBD).

Governance Model

- Committee-based oversight; documented meeting cadence and decisions retained under controlled records (Tier-2).

- Segregation of duties and dual-authorization for material actions (Two-Key Release Order).

- Escalation protocol for exceptions/ambiguity with EX/HOLD default.

  The detailed gate logic is defined in HHSAC-CTL-001 (Tier-1).

Document System and Registry

- All Tier-1 governance documents are published as PDFs with Doc ID, version, publication date, and SHA-256 checksum.

- The Document Registry is the authoritative reference for validity. Only documents listed as Active in the registry are valid for reliance.

- Tier-2 documents may be referenced by Doc ID but are not published publicly.

  Registry queries and checksum verification support: registry@hhsac.org.

Controlled Disclosure (Tier-2) Principles

- Tier-2 access requires: (1) authorization as Prime/Bank/Regulator (or equivalent), (2) executed NDA, and (3) approved Tier-2 request gate.

- Disclosures are minimized and redacted to the minimum necessary for the stated purpose.

- All disclosures are logged and attributable to request IDs and approving authorities.

  Tier-2 procedures are implemented through controlled internal SOPs (not public).

Compliance Commitments

- Anti-evasion: no circumvention of legal/regulatory controls; suspicious requests are refused and escalated.

- Data minimization: publish only what is needed for verification; keep sensitive operational data out of Tier-1.

- Audit readiness: maintain traceability from claims to evidence, and from documents to approvals.

- Training and access control: least-privilege access and documented competency for key roles.

Disclaimers

- No warranty: Tier-1 documents provide governance framing and verification pathways; they are not operational commitments.

- No medical claims: HHSAC does not make clinical efficacy or outcome claims.

- No political claims: communications must remain apolitical and verification-oriented.

Amendment and Effective Date

This Charter is effective on the publication date shown on the cover page. Amendments follow versioned document control and must be reflected in the Document Registry.