

DOCUMENT PROFILE				
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Title:	Whistleblowing Policy and Procedures			
Area ¹	Governance			

1. INTRODUCTION

Armauer Hansen Research Institute (AHRI) is a biomedical, clinical, vaccine, modern and traditional medicine research and development and pharmaceutical industry support Institute based in Addis Ababa, Ethiopia. It focuses on infectious and noninfectious diseases medical research, vaccine, pharmaceuticals & diagnostics research and development as well as nationwide pharmaceutical industry support. The Institute was founded in 1970 as part of the All-Africa Leprosy and Rehabilitation Training Center (ALERT), with the support of two Save the Children organizations of Norway and Sweden, and the Ethiopian government. The Institute was named after Gerhard Armauer Hansen, a Norwegian physician who discovered the leprosy bacillus in 1873. In 1999, the Institute was restructured and renamed as AHRI, under the Ministry of Health of Ethiopia. AHRI's mission is to Improve public health and well-being by generating and presenting scientific evidence, enriching and developing new/improved products, equipment and methods, providing pharmaceutical industry support and advisory services and to be a center for technology transfer and capacity building, enhancing the country's sustainable economic, social and environmental benefit. On 14th April 2023, The Council of Ministers of the Federal Democratic Republic of Ethiopia (FDRE) re-established AHRI under Regulation No. 530/2023 with further expanded mandates.

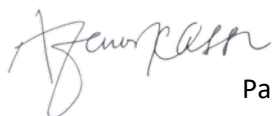
Cognizant of the fact that AHRI needs to demonstrate its commitment to transparent and accountable management of the tasks bestowed on it a Whistleblowing Policy is required. Therefore;

¹ Area refers to which comprehensive functional categories the document belongs to: Research and Development, Research Training, Innovation, Production/Manufacturing, and Governance.

- 1.1. This Whistleblowing policy is designed to encourage all staff members and stakeholders of AHRI to disclose information that they may have regarding unethical, illegal, or improper conduct within the institution, without being penalized in any way. This includes protecting whistleblowers from any harm or discrimination if they blow the whistle on improper or illegal conduct within the institution.
- 1.2. This policy aims to provide an internal mechanism for reporting, investigating, and remedying any wrongdoing in AHRI. AHRI seeks to reinforce a culture where AHRI Staff and stakeholders feel a duty to disclose, in good faith, and feel confident that there will be an impartial investigation without retaliation for the disclosure.
- 1.3. AHRI is committed to maintaining an open culture with the highest standards of honesty and accountability, where staff can report as soon as possible any legitimate concerns in confidence in every area of its operation.
- 1.4. This policy applies equally to all employees, regardless of seniority or length of service and form of employment.

2. SCOPE AND DEFINITIONS

- 2.1. This Whistleblowing Policy is intended to allow concerns that relate to actual wrongdoing at work to be reported if they are reasonably believed to harm the institution, its reputation, and its employees.
- 2.2. Examples of such concerns might include, but are not limited to: research ethics violations, clinical misconduct, fraud (e.g., financial misconduct), corruption, sexual harassment, discrimination, health and safety violations, environmental issues, any other unethical behavior and deliberate attempt to conceal any of the listed misconducts.
- 2.3. If a member of staff fails to notify AHRI or the team of investigators to be assigned by the institution, when any of an occurrence included in, but not limited to, the list of categories of disclosures stated in section 2.2 above, it may be regarded by AHRI as misconduct.
- 2.4. This policy should not be used for personal complaints. Such matters should be handled by following the appropriate mechanisms already in place.
- 2.5. Definitions
 - Whistleblowing is when a member of staff and/or a stakeholder reveals information about any of the matters listed in 2.2.
 - Protected disclosure: AHRI prohibits retaliation against any individual who reports a concern in good faith. All members of staff are protected from suffering any detriment as a result of their 'disclosure'.
 - Stakeholder: This includes research partners, suppliers, and students who joined AHRI for attachment.



3. PRINCIPLES

- 3.1. This policy offers guidance and protection to those members of staff who disclose a whistleblowing concern. AHRI's aim is that the well-being of any member of staff should not in any way be harmed as a result of that protected disclosure, whether the item reported proves to be true or not, provided the reporting was carried out in good faith.
- 3.2. Subjecting any member of staff and stakeholder to a detriment because of a protected disclosure, including a member of staff who has been investigated as part of the disclosure, may be regarded as gross misconduct which will result in disciplinary action.
- 3.3. AHRI undertakes to protect good-faith whistleblowers from any personal claims and any detriment, victimization, harassment, or bullying as a result of their disclosure.
- 3.4. This policy is not designed to support a member of staff who wishes to question financial or business decisions that have been taken by AHRI; nor should it be used to seek reconsideration of matters which have already been addressed under the institutions discipline and research ethics committee.
- 3.5. In most cases, whistleblowing claims need to be made promptly and at the latest within the six months following the date of the act complained of. Limited exceptions may apply in particular circumstances only.

4. CONFIDENTIALITY OF CONCERNS RAISED

- 4.1. This policy encourages staff to provide evidence and put their name to any disclosure they make. AHRI will treat all disclosures confidentially and sensitively. Concerns expressed without supporting evidence are less powerful and not easy to investigate; however, they will be considered and reviewed at AHRI's Management discretion.

In exercising this discretion, the factors taken into account will include one or more of the following: availability of evidence, seriousness of the issues raised, the credibility of the concern, and the likelihood of confirming the allegation from attributable sources.

5. UNTRUE ALLEGATIONS

If a member of staff makes a genuine allegation in good faith, which is not confirmed by subsequent investigation, no action will be taken against them. If, however, they make malicious or vexatious allegations, particularly if they persist in making them, then disciplinary action may be taken against the individual concerned under this policy.

6. PROCEDURES FOR MAKING A DISCLOSURE

- 6.1. If a member of staff believes that a matter or practice within the scope of this policy (section 2.1) is or has been taking place, they should make the disclosure immediately to their line

manager. If the matter or practice is more serious and/or concerns the line manager, then it should be reported to the Deputy Director General and/or the Director General.

- 6.2. Staff may also report their concerns confidentially to ahriwhistleblower@gmail.com which will be received by a member of the higher officials. A whistle-blowing platform is also available on AHRI's website: www.ahri.gov.et
- 6.3. Once the disclosure has been received, it will be referred to the senior management. The senior management will decide whether the matter should be investigated and whether sufficient information exists to allow the allegation(s) to be investigated and, if so, the appropriate process to determine: the nature and scope of the investigation, who will lead the investigation, what nature of any technical, financial, or legal advice may be required, or what timeframe for the investigation.
- 6.4. The senior management will also consider the appropriate time to inform any alleged wrongdoer(s) of the investigation process. The senior management and investigation team members should treat any information about the disclosure and the investigation as confidential.

7 POSSIBLE OUTCOMES

- 7.1. Possible outcomes of the investigation may include no further action, disciplinary action, or further investigation by an external authority.
- 7.2. Cases relating to suspected criminal activity would be reviewed by the Director General and the legal affairs directorate to decide whether they should be referred to the police or other relevant bodies.
- 7.3. While AHRI cannot always guarantee the outcome any whistleblower is seeking, it will try to deal with their concerns fairly and appropriately. However, if the discloser is unhappy about the outcome of an investigation, they should make a further report outlining their concerns. If there is good reason to do so, and particularly if there is new evidence, the concern will be investigated again.

8. DUTY TO COOPERATE

The concerned bodies shall have the duty to cooperate to facilitate the effective discharge of their duties under this policy.

9. INAPPLICABLE POLICIES

No policies or practices or circular letter shall, in so far as it is inconsistent with this policy, apply to matters provided by this policy.

10. EFFECTIVE DATE

This policy shall enter into force from the date of the signature by the Director General of Armauer Hansen Research Institute following approval of the management.

Answer