EPIC Health Systems
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EPIC-POL-01 · GOVERNANCE AND COMPLIANCE POLICY SET

Code of Conduct

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Document control

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Applies to	All EPIC personnel as defined in section 2, and every sub-contractor, supplier, consortium partner and sub-grantee working on EPIC activities
Related documents	EPIC-POL-02 Anti-Bribery, Corruption and Conflict of Interest Policy; EPIC-POL-05 Financial Integrity, Fraud and Procurement Policy; EPIC-POL-06 Data Protection and Information Security Policy; EPIC-POL-08 Safeguarding, Child Protection and PSEAH Policy; EPIC-POL-10 Human Resources and Labour Standards Policy; EPIC-PRO-02 Ethics and Compliance Training Procedure; EPIC-POL-13 Research Integrity and Human Research Protection Policy

Role holders and function contact details are recorded only in EPIC-POL-00A Schedule of Appointments and Contacts, the only document EPIC updates when a person changes.

1. Purpose

This Code sets the standards everyone working for or with EPIC Health Systems is held to, and points to the policy that carries each detailed rule.

It also carries, at section 4, the reporting channels, the protection from retaliation and the sequence EPIC follows after a report, for the whole policy set.

It applies to every EPIC activity, including research in health facilities and communities, advisory work, training, and to work through partners and agents.

2. Application of the Code

Personnel is defined here and carries that meaning in every other EPIC policy.

Definition of personnel
Members of the Board of Directors and of any advisory or technical committee; the General Manager, managers and all employees, whether full-time, part-time, fixed-term or seconded; interns, volunteers and students placed with EPIC; consultants and other individuals engaged under a contract for services; and short-term field personnel including enumerators, data collectors, translators, transcribers, drivers and field supervisors, however briefly they are engaged and whether EPIC pays them directly or through a partner, agency or other intermediary.

Sub-grantees, sub-awardees, sub-contractors, consortium partners, suppliers, vendors and agents accept this Code contractually, remain responsible for their own personnel, and must impose equivalent obligations on anyone they engage on EPIC work. No project manager may negotiate the acceptance clause away.

Non-personnel present because of EPIC, including visitors, photographers, film crews, journalists, funder representatives and board or student observers, sign the acknowledgement at Annex A before travelling to a site and are accompanied by a named member of EPIC personnel answerable for their conduct.

A consultant must declare any finding of misconduct made against them in the last five years, and a false declaration is grounds for immediate termination.

The Code applies at EPIC premises, a partner's offices, a health facility, a community site, a vehicle, accommodation on deployment, travel, training events and work-related online channels.

On a deployment the Code applies throughout, including outside working hours, and sections 3.5 and 3.6 apply in full during those hours.

EPIC does not regulate private life away from work, except in four matters: conduct towards any child; conduct towards anyone EPIC has contact with as a participant, patient, community member or employee, including afterwards; any criminal offence involving dishonesty, violence or sexual harm; and any material published in a person's own name that a reader could take as EPIC's position.

Personnel must notify the Compliance focal point within 5 working days of being arrested, charged or convicted in any of those categories, or of a professional body opening a case. A charge is not a finding, and action is decided under section 5.

The Code supplements the law. Where the law, a host institution, an ethics committee or a client sets a higher standard for a piece of work, that standard applies. Local custom is not a defence.

Personnel unsure whether a course of action is acceptable must resolve it with the Compliance focal point before acting. Seeking guidance carries no adverse consequence, and proceeding on an assumption leaves the person accountable for the outcome.

2.1 Obligations of individuals and organisations

Each individual must read and apply this Code, complete EPIC's training, sign the acknowledgement at Annex A on engagement and after any material revision, report suspected breaches, and seek guidance before acting where uncertain.

Each individual must cooperate with any inquiry: answer honestly, hand over records, files, tablets and phones used for EPIC work when asked, not discuss the matter with anyone involved, and delete nothing. Refusal to cooperate, or destroying or altering a record once an inquiry is known to be coming, is a separate and serious breach.

An organisation working with EPIC must maintain policies meeting or exceeding these standards, ensure its personnel on EPIC activities know the Code and how to raise a concern, maintain a speak-up route protected against retaliation, notify EPIC within 24 hours of any allegation or incident affecting EPIC-related work, and impose the same obligations on anyone it engages.

Notification is of the allegation itself, before the organisation's own assessment is complete. The organisation must also give EPIC, its auditors and its funders access to records, personnel and premises relevant to EPIC-funded work for the period the contract sets. Failure to notify within 24 hours is itself a breach of contract.

2.2 Funder codes and grant conditions

A funder's own code of conduct or grant conditions apply alongside this Code, and the stricter obligation governs. They bind EPIC, personnel funded by the grant, collaborating institutions, consultants, suppliers and vendors, and signature of this Code binds the signatory to them on the work they fund.

- A suspicion or allegation of fraud, misuse of funds, corruption or research misconduct on funded work is reported to the funder as well as internally, without waiting for substantiation.
- No nepotism and no preferential treatment of family, friends or close relations, in recruitment, procurement, authorship or site selection.
- Third parties are checked before engagement for their ability to comply with the law and this Code, not only to do the work.
- Fair and reasonable pay, safe working conditions and compliance with the Ethiopian Labour Proclamation, reaching enumerators engaged for a single round as much as permanent staff.
- Research follows the Declaration of Helsinki, the Nuremberg Code and the Nagoya Protocol, and EPIC adopts the TRUST Global Code of Conduct for Research in Resource-Poor Settings.
- Open access where possible, and the FAIR Guiding Principles for data.

3. The standards

3.1 Money

Personnel must use EPIC's funds and property only for their provided purpose, record every transaction accurately within the period prescribed, and must not create, alter or approve a record that misstates what occurred.

Personnel must claim per diems and travel costs only for travel actually made, at the published rate and with the evidence the finance procedures require; must not claim for a night at their own home or the same day from two funders; and must take the applicable deduction where meals or lodging were provided. A per diem is not linked to interviews completed or participants recruited.

Personnel must retire a field advance within 10 working days of returning, and a second advance is not issued to a person holding an unretired advance.

Personnel must not pay a field worker through an intermediary who takes a share. Every enumerator, driver and translator is paid directly by EPIC against a signed engagement and a personal record of identity, and by bank or mobile transfer wherever the district allows.

Personnel must not split a purchase to avoid a procurement threshold, and must not sign for goods or services they have not seen delivered.

Fraud, theft, embezzlement, forged documents and false claims are dismissal offences and are reported to the police where an offence has been committed. The detail is in EPIC-POL-05.

3.2 Conflicts of interest

Personnel must declare any personal, family, financial or outside interest that could affect, or reasonably appear to affect, a decision they take for EPIC, and take no part in that decision until it is managed. Failure to declare is a disciplinary matter.

The categories and the declaration cycle are in sections 5 to 9 of EPIC-POL-02 Anti-Bribery, Corruption and Conflict of Interest Policy. Related-party transactions are governed by section 3.3 of EPIC-POL-05 Financial Integrity, Fraud and Procurement Policy.

3.3 Bribery, gifts and hospitality

Personnel must not offer, give, request or accept a bribe, whether or not it succeeds, whether or not the decision would have gone EPIC's way, and whether or not the advantage is money. A job for a relative, a training trip and an authorship are each an advantage.

A facilitation payment is a bribe, whatever the official's prior obligation to perform the act. EPIC makes no facilitation payment of any size.

Where a member of personnel, or someone accompanying them, is under immediate threat to personal safety, that person may make the payment, must withdraw, and must report it in writing within 24 hours. It is recorded in the books as made under duress. No disciplinary action follows, and concealment or late reporting is a disciplinary matter.

A gift or item of hospitality up to ETB 2,000 requires no declaration. From ETB 2,000 to ETB 7,000, a member of personnel must declare it within 5 working days and it is entered in the gifts register. Above ETB 7,000, the General Manager's written approval is required before accepting.

A gift or item of hospitality above ETB 20,000 is not acceptable. Cash and cash equivalents such as vouchers, airtime and mobile money are not acceptable at any value, including below ETB 2,000, and must be refused or handed in.

Gifts from a single source are aggregated. Where the total received from or given to one person or organisation reaches ETB 15,000 in any 12 months, the total must be declared even where each item was below the declaration threshold, and the General Manager reviews the relationship. The full rules are in EPIC-POL-02.

3.4 Information, data and confidentiality

The health data EPIC holds about participants is sensitive personal data under the Personal Data Protection Proclamation No. 1321/2024.

Personnel must access personal data only as their work requires; must not copy identifiable data to a personal device, email account or messaging application; must not discuss an identifiable participant outside the team that needs to know; and must not photograph a participant, record or screen without the consent and authorisation the protocol requires.

Field tablets are encrypted, registered to a named holder, and synchronised and purged within the window set in EPIC-POL-06, and no identifiable data remains beyond it. A lost or stolen device is reported by telephone immediately on discovery, at any hour.

Personnel must report a suspected breach or loss within 24 hours. The statutory period under the Personal Data Protection Proclamation No. 1321/2024 is 72 hours from the moment EPIC becomes aware.

Attempting to re-identify a participant, a household or a community from de-identified data, other than under an approved protocol, is research misconduct and a breach of this Code.

Confidential information, including unpublished findings, tender pricing, partner terms and personnel matters, remains confidential during and after an engagement. Requirements are in EPIC-POL-06 Data Protection and Information Security Policy.

3.5 Participants, patients and communities

No person working for EPIC may exploit, abuse or take advantage of a participant, a patient, a family member or a community member. The prohibition admits no exception and a breach is a dismissal offence.

Personnel must not: engage in sexual activity with a person under 18, whatever the local age of consent, marital status or belief about age; have a sexual relationship with a research participant, a beneficiary or anyone in a relationship of dependency on EPIC or the project; exchange money, employment, goods, services or preferential treatment for sex; or use their position to obtain personal advantage from a participant or a participant's family.

Personnel must treat participants and patients with respect. Consent is sought in every case and may be withdrawn at any point without consequence for the person's care. Personnel observing clinical care must not intervene and must withdraw where their presence distresses the woman. Where observed care puts a patient in immediate danger, they must raise it with the facility clinician in charge at once and record the action.

Personnel must report concerns about the safety of a child or adult the same day and in any event within 24 hours of becoming aware, and by telephone immediately where any person is at risk. The report covers an allegation, a suspicion or a disclosure, is made without first assessing whether it is well founded, and needs no permission from the person where a child is involved.

EPIC informs the funder within 48 hours of the first internal report and no later than 5 working days. Where a survivor needs medical care, EPIC ensures she is told of the 72-hour window for post-exposure prophylaxis. Support is not conditional on her cooperation with an investigation.

EPIC-POL-08 sets out what happens next, including where the person complained about is facility staff rather than EPIC personnel.

3.6 Colleagues

EPIC recruits, pays, promotes and disciplines on merit. Discrimination on the grounds of sex, ethnicity, religion, language, region of origin, disability, age, HIV status, pregnancy, marital status or political opinion is prohibited, in employment decisions and in daily treatment.

Harassment, bullying and sexual harassment are prohibited, including unwanted sexual attention, repeated humiliation, shouting, threats about a person's job and comments about ethnicity or religion, in the office, on deployment and in group messaging, and by senior personnel on the same terms as everyone else.

A relationship between a supervisor and a person they supervise must be declared and the supervisory line changed. The duty to declare falls on the more senior person.

Every deployment plan names the person a junior team member can go to outside their own supervisory line, and a number to call that is not answered by anyone on the deployment.

Personnel must not attend work impaired by alcohol or drugs, and must not consume alcohol during fieldwork hours or while responsible for a vehicle.

Personnel with a complaint about their own treatment at work may raise a grievance with their manager or the HR manager, or use the channels at section 4.2 where the grievance route is not appropriate. A grievance is acknowledged within 5 working days. Terms of employment, leave, hours, pay and discipline are in EPIC-POL-10.

3.7 Working with government counterparts and host institutions

Relationships with public bodies are kept at arm's length and on the record. Agreements are in writing and signed by the General Manager. Payments to a public institution go to its account, not to an individual. Per diems and transport for government staff at EPIC activities are paid at the published government rate against attendance records, never as a personal inducement. Personnel must not offer a counterpart a role, a trip or an authorship for access or approval.

3.8 Safety in the field

Personnel must follow the site security plan, must not travel outside agreed hours or routes, must wear a seatbelt, must not accept a journey with a driver they believe unfit, and must report an injury, near miss or security incident to their supervisor the same day.

Personnel who judge a site unsafe must stop work and withdraw. A good-faith withdrawal carries no adverse consequence, and pressure to continue is itself a breach of this Code.

Personnel must use local transport, accommodation and suppliers fairly and pay the agreed price on time, dispose of consumables and equipment safely, leave no printed participant material at a site, respect community leadership and local schedules when arranging fieldwork, and must not compensate participation in a way that distorts a household's decision.

3.9 Research and evidence

Personnel must not fabricate data, falsify a record, copy another person's work, or shape an analysis to reach a predetermined conclusion, and must not enrol a participant before ethics approval is in force or outside the approved protocol.

In fieldwork, personnel must record an interview at the time and place it happened and must not complete a form from memory or from another interviewer's form. Personnel must accept back-checks and re-interviews and must not alter the clock or location settings of any EPIC device. Errors are corrected openly and recorded, and concealment is misconduct.

Personnel must claim authorship only where their contribution justifies it and must not omit a colleague whose contribution justifies it. Findings are published whether or not they suit the commissioning party. EPIC-POL-13 carries the detail, including how an allegation of misconduct is handled.

3.10 Digital tools and artificial intelligence

The clinical decision-support platform and any other decision-support tool supports a clinician's judgement and does not replace it. Personnel must not present a tool's output as a diagnosis or an instruction, and must record the clinical decision taken.

Personnel must not enter identifiable participant data, unpublished results or confidential information into a public artificial intelligence service. Personnel using such a tool must check the output, remain answerable for it, and disclose the use where a journal, an ethics committee or a client requires it.

3.11 Sanctions, money laundering and outside interests

EPIC screens the parties it contracts with against the sanctions and debarment lists named in section 12.1 of EPIC-POL-02, before any substantive commitment and again at each grant cycle. EPIC does not enter or continue a relationship with a listed party.

Personnel must not accept a payment in circumstances suggesting the money is not what it is stated to be, and must stop and report any arrangement that appears designed to disguise the source or destination of money. Personnel must not use non-public information about a tender, a partner's terms or an unpublished result for any person's advantage.

Personnel may hold outside employment, a consultancy or a directorship provided it does not compete with EPIC, does not use EPIC's time, data or name, and is declared under EPIC-POL-02. Personnel must not speak for EPIC publicly or use EPIC's name in a political context without the General Manager's authority.

4. Reporting a concern and protection from retaliation

This section sets EPIC's reporting channels, the protection given to a person who reports, and the steps EPIC takes after a report. It governs for the whole policy set, and every other document in the set refers to it.

4.1 What is reportable

Personnel who know of, or reasonably suspect, a breach of this Code, any EPIC policy, a grant condition or the law must report it, and any other person may report it through the same channels. No threshold applies, proof or certainty is not required, and whether a matter is serious enough to pursue is for the Compliance focal point to judge.

Reportable concerns include fraud, theft, bribery, embezzlement, misuse of grant funds, an undeclared conflict of interest, nepotism, facilitation payments, a sanctions or export-control breach, harm or abuse of a participant or child, sexual exploitation, abuse or harassment, discrimination, unsafe or unfair working conditions, falsified data, research misconduct, a data breach, an unsafe practice, and any attempt to conceal one, whether at EPIC, a collaborating institution, a consultant or a supplier.

A reasonable suspicion, honestly held, is sufficient; no proof is required and the suspicion need not be tested first. A concern is reported as observed and handled under section 4.5.

Failure to report is itself a breach dealt with under section 5, as are delaying a report, instructing another person to withhold one, agreeing not to record a matter in writing, and receiving a report as a manager and taking no action.

Two matters normally go elsewhere. A complaint by an EPIC worker about their own treatment at work, including pay, hours, a manager's decision and a disciplinary outcome, is a grievance under the EPIC-POL-10 Human Resources and Labour Standards Policy. A concern about the safety or welfare of a child or an adult at risk goes to the safeguarding route in the EPIC-POL-08 Safeguarding, Child Protection and PSEAH Policy. Neither routing limits this section: a person who is not an EPIC worker, including a worker engaged by a supplier or sub-grantee, uses the channels at section 4.2, and where the route is unclear any channel may be used.

There is no deadline for a concern about a child or an adult at risk, or about conduct that may be a crime. Otherwise bullying, harassment or safeguarding conduct is normally taken up where the conduct occurred within the past 5 years, and research misconduct within the past 10 years. An older concern is still recorded and acknowledged, and the Compliance focal point may act on it where the evidence survives, a pattern is alleged, anyone remains at risk, or the person concerned still works for EPIC or still has contact with participants.

4.2 The channels

Channel	How to use it
The line manager or project lead	The most direct route to resolution for most concerns.
Compliance focal point	compliance@epichealthsystems.org, or +251 973 067 535. Used for a concern the

	reporting person does not wish to raise with a line manager.
General Manager	info@epichealthsystems.org, marked for the attention of the General Manager. Used where the concern involves the reporting person's manager or a senior colleague.
Board Chair	chair@epichealthsystems.org, monitored by the Board Chair and not accessible to management. Where the concern involves the General Manager or a manager reporting to the General Manager.
Confidential channel	report@epichealthsystems.org and the speak-up mobile number published in EPIC-POL-00A. The mailbox is monitored by the Board member designated for the purpose and is not accessible to management. A written report may also be sent, marked "Confidential, for the Board Chair", to Bole Sub-city, Woreda 02, House No. New, Addis Ababa, Ethiopia (offices behind Skylight Hotel). Open to anyone, including people outside EPIC.

Every channel leads to a person able to act. A concern about the Compliance focal point goes to the General Manager. Where the concern is about the person the reporter would normally report to, the reporter uses the next route in the table, the confidential channel, or a letter marked Confidential to the Board Chair at the postal address in EPIC-POL-00A. A reporting person who does not wish the General Manager to see a concern uses the confidential channel, which reaches the Board without passing through management.

A reporting person may also report outside EPIC, without its permission or notice and without replacing or delaying reporting to EPIC: the Federal Police Commission for a suspected crime, the Ethiopian Communications Authority for a personal data matter, an ethics committee for a research matter, the client for the project, or, on grant-funded work, the funder direct through its usual grant contact, responsible team, compliance function or any confidential external whistleblower channel. Those routes breach no confidence or contract, and an external route forfeits no protection under this Code.

A concern about a person EPIC does not employ, such as a member of facility staff, a partner's staff member or a supplier's driver, goes through the same channels. Where the person is outside EPIC's discipline, EPIC protects the person at risk, refers the matter to the employer or responsible authority, withdraws its own staff, and suspends the activity.

4.3 Confidentiality and anonymous reports

A reporting person may report confidentially or anonymously. No member of personnel may press for a name, and no report is refused or handled less seriously because it is anonymous. Confidentially means EPIC knows the identity and does not disclose it except as this section allows; anonymously means EPIC does not know it.

An anonymous reporting person is asked, where willing, for a route of contact that does not identify them. EPIC does not attempt to trace an anonymous reporter, and runs no metadata analysis, handwriting comparison or check of which number called.

EPIC discloses the reporting person's identity only where necessary to investigate properly, where safety requires it, or where the law requires it. Wherever possible the reporting person is told beforehand, with the reason and the recipient, and where disclosure is a choice EPIC seeks their agreement and records the answer. Case papers are held by the Compliance focal point with named access, and the reporter's identity is not given to the person complained about as a matter of course.

4.4 Protection from retaliation

EPIC does not permit a person who reports a concern in good faith, or who assists an inquiry, to be penalised for doing so. That protection applies even where the concern is mistaken, and whatever the seniority of the person complained about.

Retaliation has three elements: a report was made or an inquiry assisted; the reporter, or a person connected to them, suffered a detriment; and the report was a reason for that detriment, not necessarily the only reason. Where the detriment follows the report closely in time and the decision-maker knew of the report, EPIC treats the third element as established unless that person shows the decision would have been taken in any event, on evidence existing before the report.

Detriment includes dismissal, non-renewal of a contract or engagement, demotion, a pay or per diem cut, removal from a project or field team, withdrawal of field work, exclusion from training, travel or a publication, a worse posting, a sudden negative appraisal, threats, intimidation, ostracism, or pressure through a relative or a community.

Protection extends to a relative or household member of the reporter, a colleague or associate, a witness, a person who refuses to take part in the conduct complained of, and anyone wrongly believed to have reported. Retaliation against any of them is itself a serious disciplinary offence, whether or not the original concern was upheld.

Where a person who has reported a concern is not re-engaged as short-term field personnel, the Compliance focal point checks the selection record before the decision stands.

A person who believes they are being retaliated against reports it through any channel at section 4.2. The allegation is acknowledged within 2 working days and examined separately from the original concern by a person with no involvement in it. Protective steps include moving the reporting line, suspending a decision about the person's engagement, and moving the person complained about while the reporter remains in post.

Protection is not limited to EPIC personnel. A participant, community member or partner's staff member who reports keeps access to EPIC's activities and any service EPIC supports, and no engagement with their household, kebele or organisation is withdrawn because of the report. Where an outside reporter could be identified from the detail of the concern, the Compliance focal point records that risk and the steps against it in writing before the concern goes further, and agrees the next step with the reporter wherever possible.

Protection holds where a concern is mistaken, misremembered or unsupported by the evidence; a concern not upheld is not a false report. It is lost only where the reporting person knew the allegation was untrue, or was reckless as to its truth, and made it to injure or to gain an advantage, which is itself a disciplinary matter. EPIC bears the burden of showing malice, decided on the balance of probabilities by a person who did not investigate the original concern, and failure of the concern does not discharge it.

Reporting confers no amnesty for the reporting person's own part in the matter, and a person involved in the conduct remains under the duty to report. The disclosure, its timing and cooperation are recorded and weighed when the outcome is set, and early full disclosure mitigates. Complicity is not a reason to refuse the report, to withhold protection, or to leave the matter unexamined.

4.5 How a report is handled

The sequence below applies whoever receives the report. The Compliance focal point runs it, the General Manager where the concern involves the Compliance focal point, and the Board Chair with an unconnected Board member where it involves the General Manager or a Board member. Where it involves the Board Chair, or where no unconflicted Board member is available, the Board appoints an external investigator within 10 working days and no serving officer of EPIC directs that investigation.

1. Acknowledge. Within 5 working days of receipt; within 2 working days where retaliation is alleged or a person is at risk; immediately where the report reaches a channel monitored daily and contact details are given. The reporting person is given the case number and who is handling the matter, and a substantive reply follows within 1 month of acknowledgement, even if only to say the investigation continues.
2. Contain and open. Within 2 working days of receipt, the person handling the report takes any step needed to prevent harm continuing or evidence being lost, and opens a numbered case record.
3. Assess. Within 5 working days of acknowledgement, the person handling the report decides whether the concern falls under this policy, how serious it is, who outside EPIC must be told, and whether an investigation is needed.
4. Notify. Within 5 working days of that assessment, EPIC tells the funder or client where the matter affects their work, the police where a crime may have been committed, and the regulator or ethics committee where their rules require it. The notification states the allegation; EPIC does not wait for substantiation or for its own assessment to finish. Confirmed research misconduct is reported again on confirmation, and a criminal referral does not await the internal process.
5. Investigate. Concluded within 30 working days of the assessment, extendable once with written reasons on the case file and communicated to the reporter. Where an investigation is still open after 6 months the Board Chair is told why and fixes a closure date.
6. Decide. The General Manager decides, or the Board Chair where the General Manager is the subject. The person complained about is told what is alleged in enough detail to answer it and may respond first.
7. Act and close. EPIC applies the outcome, corrects the control that failed, tells the reporting person the matter is closed and in general terms what occurred, and records the case.

An investigation is carried out by someone independent of the matter. Where nobody suitable is available inside EPIC, the General Manager appoints an external investigator, or the Board Chair where the General Manager or a Board member is the subject. The investigator keeps a written plan, records the evidence seen, and reports findings against each allegation.

The person complained about is treated fairly. Moving that person away from participants or from duties while a matter is examined is precautionary and carries no finding and no sanction.

EPIC keeps the reporting person informed at each stage, agrees any change to their duties beforehand, and offers time away from a site. The General Manager arranges and pays for counselling or medical support where needed. That support is not conditional on cooperating, on being named, or on the concern being upheld, and continues if the reporter withdraws.

An upheld concern leads to one or more of advice or training, a written warning, a change of duties, removal from a project, dismissal, recovery of money, termination of a contract, and referral to the police, a regulator, a professional body or an ethics committee, on the scale at section 5. A concern not upheld is closed with reasons recorded. EPIC identifies and corrects what allowed it to arise.

The funder's own consequences on a funded grant run independently of EPIC's, up to termination of the grant, repayment, independent audit of EPIC and referral to law enforcement, and EPIC cooperates with all of it.

A reporting person dissatisfied with the outcome gives the Compliance focal point the reasons within 30 working days of being told it, as may the person complained about. The General Manager reviews, or the Board Chair where the General Manager decided or took part, within 30 working days and with written reasons. The review concludes EPIC's internal process and does not affect the right to go to the police, a regulator, an ethics committee, a funder or a court.

4.6 Records, awareness and oversight

Case records are kept for 7 years after closure under the EPIC-POL-06 Data Protection and Information Security Policy schedule, and record what was reported, when, who handled it, what was decided, why, and what changed. Where litigation, a police investigation, an audit or a funder inquiry is under way or reasonably anticipated, the Compliance focal point places a written hold, tells everyone holding a copy, and nothing is deleted until the General Manager lifts it in writing. Case numbers and types, and the outcome of any retaliation allegation, go to the Board each year.

Everyone is told about these channels at induction and before each field deployment. They are displayed in Amharic and English at the Addis Ababa office and at every field site, printed on the participant information sheet, and given to each facility hosting a deployment of EPIC's clinical software. The speak-up number is printed on the back of every field worker identity card.

The Board member designated for the confidential channel monitors the speak-up mailbox and the mobile number at least weekly, and passes matters on without disclosing the reporter's identity unless the reporter agrees. The General Manager decides outcomes, appoints investigators and authorises protective steps. The Board decides any case involving the General Manager or a Board member and receives an annual summary of cases without identifying individuals. The Compliance focal point runs the sequence at section 4.5, keeps the case record and tracks the timeframes. Managers and project leads pass on any concern the day they receive it, and take no decision about the reporter's engagement while a case is open.

5. Breaches

A reported breach is assessed by the Compliance focal point, by the General Manager where the Compliance focal point is conflicted, or by the Board Chair where the General Manager is the subject. The person concerned is told what is alleged in enough detail to answer it, unless that would put someone at risk or destroy evidence, and may respond before a decision.

Where the allegation involves a risk to a person, the person concerned is moved away from contact with participants while the matter is examined. That step is a precaution, not a finding or a sanction.

Outcomes are graduated according to the harm caused or risked, whether a rule was misunderstood or ignored, the person's seniority, and the action taken once the matter came to light.

- Advice, coaching or repeat training, recorded on file, where the breach was a first mistake and nothing was harmed.

- Written warning, with a change of duties or closer supervision, where a control was ignored rather than misunderstood.
- Removal from a project, withdrawal of field access, suspension of a sub-award, or withholding of a payment, where money, data or a participant was put at risk.
- Dismissal without notice, or immediate termination of a contract or sub-award, for bribery, fraud, theft, falsifying or fabricating data, sexual activity with a person under 18, sexual exploitation or abuse, or retaliation against someone who reported a concern, whatever the amount involved and whether or not an attempt succeeded.
- Recovery of money lost, and referral to the Federal Police Commission, the Ministry of Justice, a professional body, an ethics committee or a regulator. Referral where a criminal offence may have been committed does not wait for the internal process to finish.
- Notification to the funder where the breach touches work it funds, and a truthful factual answer to a request for a statement of conduct made by a future employer. EPIC requests such a statement in its own name from every employer in a person's previous five years under EPIC-POL-10 Human Resources and Labour Standards Policy, and answers the same request about its own former workers on the same terms, subject to Ethiopian law.

Mitigation is recorded. Self-reporting before discovery, full cooperation and repayment of money are taken into account. Seniority is an aggravating factor. A manager who knew of the conduct and took no action is dealt with alongside the person who acted.

A report made maliciously, knowing it to be false, or to damage a person, is a serious breach dealt with on the scale above. The test is what the reporter believed at the time, EPIC bears the burden of establishing malice, and an unsubstantiated report is not a false report.

Every case is recorded: what was alleged, when EPIC became aware, who decided it, what was decided and why, what followed, and whether a funder was informed. The Compliance focal point keeps the record, reports the number and type of cases to the Board annually without identifying individuals, and applies the retention period in EPIC-POL-06. A record is held longer where litigation, an audit or a regulatory process is live.

A report is acknowledged within 5 working days. A decision on whether to investigate is taken within 10 working days. A formal investigation runs to the timetable at section 4.5, which governs for the whole policy set; where that timetable is not met the Compliance focal point records the reason in writing and reports it to the Board.

6. Responsibilities

Role	Responsibility	Frequency and record
Board of Directors	Adopts the Code, holds the General Manager to it, and decides any case involving the General Manager or a Board member.	Annually, with the compliance report.
General Manager	Owns the Code, is accountable for its application, authorises exceptions where the Code allows one, and decides disciplinary outcomes.	Continuous; decisions recorded in writing.

Role	Responsibility	Frequency and record
Compliance focal point	Maintains the Code and the registers, receives reports, arranges assessment and investigation, and keeps the acknowledgement records.	Continuous; register reviewed annually.
Internal auditor	Tests independently whether the Code's controls are applied, and reports to the Board, not to management.	Annual work plan agreed with the Board.
Managers and project leads	Brief their teams before deployment, model the standard, and act on a concern the day they receive it.	Every deployment; recorded in the deployment plan.
All personnel	Apply the Code, sign the acknowledgement, and report breaches.	On engagement and after each material revision.

7. Training and review

Everyone completes an induction on this Code before starting work, and short-term field personnel are briefed before deployment. Refresher training runs on the cycle set in EPIC-PRO-02 Ethics and Compliance Training Procedure. The Compliance focal point holds the signed acknowledgements.

The Board reviews this Code by March 2027 and every two years after that, and earlier if the law changes, if EPIC's operations change, or if an incident shows the Code is not working. The review covers the cases that arose, the concerns raised and the parts of the Code people asked about most.

Annex A. Acknowledgement and undertaking

Signed by every member of EPIC personnel on engagement and after any material revision of this Code, and by an authorised representative of every partner, sub-grantee, sub-contractor and supplier engaged on EPIC activities.

I confirm that:

- I have received, read and understood the EPIC Code of Conduct.
- I will comply with it in all work carried out for or with EPIC, and with any stricter standard required by law, by the host institution, or by the client for that work.
- I have declared, and will continue to declare, any conflict of interest.
- I understand my obligation to report suspected breaches, and I know how to do so.
- I understand that a breach may lead to disciplinary action, termination of my engagement, recovery of funds and referral to the authorities.
- I understand that failing to report a suspected breach, or delaying a report, is itself a breach of this Code.
- I will cooperate with any inquiry, will hand over records and devices used for EPIC work when asked, and will not destroy or alter anything once I know an inquiry is coming.
- I have declared any finding of misconduct made against me in the last five years by an employer, a professional body, an ethics committee or a research institution.

Where I sign for an organisation, I confirm that our policies meet this Code, that our people working on EPIC activities are made aware of it and of how to report a concern, and that we will impose equivalent obligations on anyone we engage on that work.

Full name	
Position or title	
Organisation (if applicable)	
Signature	
Date	

Annex B. Concern report form

Use of this form is optional; an email, a telephone call or a letter is sufficient. The concern report form is maintained by the Compliance focal point, and a completed form goes to any channel at section 4.2.

Approval

This Code of Conduct is adopted by the Board of Directors of EPIC Health Systems and takes effect on 1 April 2025. It is reviewed by March 2027 and every two years thereafter, and earlier on any of the triggers in EPIC-POL-00. Every other document in the set is read consistently with it.

Approved on behalf of EPIC Health Systems

Name and title	Prof Amanual Mersha, MD PhD, Chair of the Board of Directors
Signature	
Date	12 March 2025

Countersigned for issue on behalf of EPIC Health Systems

Name and title	Wondewesen Asfaw, General Manager
Signature	
Date	12 March 2025