# Whistleblowing and Protection Against Retaliation Policy

**Policy custodian: Office of Internal Oversight**

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## 1 Purpose and authority

**1.1** We are responsible for protecting the people, resources and evidence entrusted to Africa CDC. Staff, partners and communities must be able to raise concerns about wrongdoing without being exposed to retaliation. This Policy establishes how concerns are received, assessed, investigated and resolved, and how protection is requested and provided.

**1.2** Africa CDC prohibits retaliation, interference with reporting, obstruction of investigations and deliberate misuse of the reporting process. Every allegation shall be assessed fairly. Reporting a concern does not establish wrongdoing by the person named, and an allegation that is not substantiated does not, by itself, establish wrongdoing by the reporter.

**1.3** This Policy operates under the Revised Statute of Africa CDC, the applicable African Union Staff Regulations and Rules, the AU Whistle-blower Protection Policy, the AU Code of Ethics and Conduct, and the AU Anti-Fraud and Corruption Policy. Applicable AU instruments and duly authorised decisions prevail where a provision of this Policy would conflict with them. Existing rights, duties and avenues of recourse remain available.

**1.4** This Policy complements Africa CDC's anti-fraud and corruption policy, sexual misconduct directive, grievance redress directive and other applicable employment, procurement, grant, financial, research, information-security and safeguarding requirements. It supplies a common reporting and protection procedure while preserving the substantive rules and decision-making powers governing each matter.

**1.5** The duties established by this Policy shall be implemented within the powers of the competent AU and Africa CDC authorities. A Protection Coordinator or independent reviewer appointed under this Policy may assess cases and recommend measures; those functions do not acquire judicial, disciplinary or employment powers belonging to another authority.

**1.6** International comparator policies inform the design of this Policy. Their offices, tribunals, filing periods and institutional privileges do not become applicable to Africa CDC by reference. The sources and principal alignment choices are recorded in the final annexes.

## 2 Scope and definitions

**2.1** This Policy covers concerns connected with Africa CDC's mandate, personnel, governance, resources, programmes and partnerships, wherever the relevant activity takes place. It applies at headquarters, Regional Coordinating Centres, country operations, laboratories, project sites, events, deployments and remote workplaces.

**2.2** Anyone may report a concern. Covered persons include current and former officials and personnel; regular, temporary and short-term staff; secondees; consultants; interns; volunteers; applicants; suppliers and their workers; implementing partners; research collaborators; donors; programme participants; and affected communities. Allegations involving governing-body members or senior leadership are subject to the independent routes in section 5.

**2.3** The ability to report is distinct from the remedies available. Employment remedies depend on the applicable appointment and AU rules. Protection

for people employed by another organisation shall be pursued through Africa CDC's contractual, operational and institutional powers and appropriate cooperation. This Policy does not confer Africa CDC employment status or jurisdiction over another organisation's personnel.

**2.4** **Whistleblowing** means communicating information concerning suspected misconduct or wrongdoing connected with Africa CDC to a reporting recipient recognised under this Policy or the applicable AU framework. A whistleblower need not be the person directly affected.

**2.5** **Good faith and reasonable belief** mean that a person honestly raises a concern on grounds that are reasonable in light of the information available when reporting. Proof is not required. An honest error or an unsubstantiated allegation does not remove protection where the applicable reporting conditions were met.

**2.6** **Protected activity** includes making or attempting to make a qualifying report, requesting protection, and cooperating in an authorised audit, investigation or review. Protection also extends, within applicable AU rules, to witnesses, people assisting the reporter, and people exposed to harm because they are associated with, or are believed to be, a reporter or witness.

**2.7** **Retaliation** means an action, omission, threat or recommendation causing or capable of causing unjustified detriment because of protected activity. It may be direct or indirect and may occur before, during or after an investigation or the end of an appointment or contract.

**2.8** **Confidential reporting** permits designated recipients to know the reporter's identity while restricting its use and disclosure. **Anonymous reporting** does not require the reporter to disclose their identity. **Competent authority** means the person or body lawfully empowered to investigate, decide, implement a measure or review a decision under the applicable instrument.

## 3 Reportable concerns and related procedures

**3.1** Reportable concerns include suspected acts, omissions, attempts or concealment involving:

- Fraud, corruption, bribery, theft, collusion, coercion, diversion of funds or assets, procurement manipulation, money laundering or terrorist financing.
- Abuse of authority, undisclosed conflicts of interest, improper favouritism, recruitment manipulation or misuse of institutional resources.
- Discrimination, harassment, sexual exploitation or abuse, intimidation, violence, child safeguarding failures or other prohibited conduct.
- Fabrication, falsification or deliberate suppression of research, surveillance, outbreak, laboratory, financial or programme information; improper interference with scientific findings or public health alerts.
- Serious breaches of biosafety, biosecurity, clinical or research ethics, product quality, occupational safety, environmental safeguards, privacy or information security.
- Retaliation, obstruction, interference with witnesses, destruction of evidence or unauthorised disclosure of protected case information.

**3.2** Reports may concern conduct by Africa CDC personnel or by others involved in its activities. Concerns about negligence, serious control failures or unsafe practice shall be assessed even when the reporter cannot identify an intention to cause harm.

**3.3** A routine service complaint, request for benefits, disagreement over a lawful management decision, or disagreement about the merits of policy shall ordinarily follow the relevant grievance, technical or administrative process. Where the same facts indicate misconduct, discrimination, abuse of authority or retaliation, the appropriate oversight and protection procedures shall also apply. A recipient shall arrange a safe referral rather than require the person to begin again without assistance.

**3.4** Sexual misconduct and safeguarding concerns require immediate specialist referral under the applicable directive. The rights, dignity, safety and wishes of affected persons shall guide support. No person shall be required to confront an alleged perpetrator or enter mediation as a condition of reporting. Sexual exploitation or abuse shall not be disposed of through informal mediation.

**3.5** Mandatory reporting obligations and the confidentiality limits of professional support services shall be explained at first contact. Support shall not depend on a survivor making a formal complaint or agreeing to participate in an investigation. Decisions involving a child shall prioritise the child's best interests and use qualified safeguarding expertise.

**3.6** An immediate threat to life, health, safety or laboratory security shall also be reported through the relevant emergency or operational response channel. Protective action shall proceed alongside any misconduct assessment; the whistleblowing process must not delay an urgent response.

## 4 Governance and responsibilities

**4.1** **The Governing Board** shall oversee the effectiveness and independence of the system within its statutory mandate. It shall receive anonymised information on significant risks, unresolved protection failures, case-handling performance and corrective action. Board oversight does not replace the authority responsible for investigating or deciding individual cases.

**4.2** **The Director General** shall ensure adequate resources, functioning reporting arrangements, implementation of authorised protective and corrective measures, and cooperation with AU oversight bodies. The Director General and all other officials shall recuse themselves from a case in which they have a conflict of interest.

**4.3** **The Africa CDC Office of Internal Oversight**, referred to below as Africa CDC OIO, shall administer intake, maintain restricted case records, coordinate triage and investigate or refer matters within its mandate. It shall agree case ownership with the AU Office of Internal Oversight or its authorised successor, referred to below as AU OIO, where the applicable rules require AU involvement. Administrative support shall not permit management interference with an investigation.

**4.4** **A Protection Coordinator and an alternate** shall be designated in writing through the competent approving authority's implementation arrangements. They shall receive protection requests, assess immediate risks, coordinate assistance, recommend measures and monitor their implementation. They shall be separate from the investigation and from the management action under challenge in that case. Where adequate internal independence is unavailable, an appropriately authorised external or AU arrangement shall be used.

**4.5** **An independent reviewer** shall be identified in those arrangements to examine requests under section 11. The reviewer shall have suitable expertise, access authorised for the review, and no involvement in the original assessment or contested action. The reviewer reports recommendations to the unconflicted competent authority; the role does not substitute for formal AU appeal bodies.

**4.6** **AU Ethics** shall retain the advisory, preventive and protection responsibilities assigned to it by applicable AU instruments, including any expressly authorised participation in investigations. **Human Resources, Legal, Security, safeguarding personnel and relevant operational functions** shall provide specialist assistance and implement measures within their respective powers. Institutional legal advice is distinct from independent advice or representation for a reporter or subject.

**4.7** **Managers and other recipients** shall listen without prejudging, preserve confidentiality, promptly transmit concerns to the authorised recipient, and flag urgent risks. They shall not conduct an unauthorised investigation, seek clearance from an implicated person, promise a particular outcome or discourage a report.

This forwarding duty does not override professional confidentiality recognised under the AU framework. Health, counselling and Ombudsperson services shall explain the status of a consultation, any applicable reporting or emergency duty, and the options for making a formal report.

**4.8** **All personnel** shall comply with applicable reporting duties, preserve relevant records, cooperate honestly with authorised processes and respect confidentiality. An alleged perpetrator, their representative or a conflicted official shall not select the investigator or reviewer, control their resources, approve case closure or decide the reporter's protection.

## 5 Reporting channels and conflicts of interest

**5.1** A person may report directly to Africa CDC OIO, through the official Africa CDC reporting channels in Annex A, or directly to AU OIO. Prior reporting to a supervisor or permission from management is not required. Reports received through Human Resources, Legal, a manager or a project grievance mechanism shall be securely referred to the authorised oversight recipient.

**5.2** Reports may be written, oral or anonymous. Oral reports shall be recorded accurately by the recipient and, where practicable and safe, checked with the reporter. Disability, literacy, language, location or lack of internet access shall not prevent reporting. Interpretation and assistance shall be arranged with confidentiality safeguards.

**5.3** A report involving the Director General, another senior official, an Africa CDC OIO official, or interference by management shall be referred directly to AU OIO or the specific AU route applicable to that official. An unconflicted Governing Board Chair may be informed to enable statutory oversight and protective coordination. If the Chair is implicated, that coordination shall pass to an unconflicted Vice-Chair or the competent AU authority. No governing-body notification replaces the investigative referral.

**5.4** Allegations involving a Board member shall be referred to AU OIO and the competent AU authority for determination of jurisdiction and handling. The person concerned shall take no part in Board discussions or decisions about the case. Records shared for governance purposes shall exclude identifying information that is unnecessary for the Board's role.

**5.5** For matters within the AU Anti-Fraud and Corruption Policy, allegations against the Director or staff of AU internal oversight shall follow its section 9 paragraph 24 route through the Chairperson of the AU Commission to the Chair of the PRC Sub-Committee on Audit Matters, for independent external handling. Allegations against officials falling within the AU category of elected officials shall follow paragraph 25. These specific provisions, and any valid successor provisions, take precedence over routine referral arrangements.

**5.6** If the normal recipient, Protection Coordinator, reviewer or decision-maker is conflicted, the reporter may bypass that person. The unconflicted competent AU authority shall arrange an authorised substitute. The allegation and identity shall not first be sent to the person implicated. Relevant interests and recusals shall be documented.

**5.7** The contact directory shall identify live channels and their operating arrangements. A general telephone number shall not be described as a confidential hotline unless it is operated as one. Digital channels shall provide secure two-way communication where available; technical anonymity or continuous availability shall not be promised without verified capability.

## 6 Receiving and assessing reports

**6.1** A report should describe what happened, when and where it occurred, who may be involved, any available supporting information, and any immediate risk. Contact details, preferred language and a safe method of communication are helpful but optional. The form in Annex B may be used; incomplete information or use of another format shall not automatically prevent assessment.

**6.2** A reporter shall not be required to investigate, confront anyone, obtain restricted information, or collect evidence through unlawful access. Relevant information already lawfully held should be preserved without alteration. The authorised investigator shall arrange further evidence collection. Confidentiality duties shall be applied consistently with the right and duty to make protected reports.

**6.3** The authorised recipient shall register the matter with a unique reference, record any conflict, and assess risks to people, public health, assets, data and evidence. Immediate threats require action on receipt. Routine acknowledgement shall be provided within five working days where a safe contact route exists. An anonymous report shall be acknowledged through an available two-way reporting facility. Internal referral shall not restart the acknowledgement or initial-assessment period.

**6.4** Initial assessment shall determine jurisdiction, the nature and specificity of the concern, available information, protection needs and the appropriate route. The normal target is 30 calendar days from receipt. An information request shall explain what is needed and shall not be used to leave a case indefinitely inactive.

**6.5** The assessment may lead to an investigation, referral to an authorised mechanism, urgent control action, a request for further information, or reasoned closure. An anonymous report shall

be judged on its content. Lack of corroboration at intake does not establish a malicious report. A closed matter may be reopened when material new information becomes available.

**6.6** The reporter shall receive a suitable explanation of the next step or closure, subject to confidentiality and due process. The recipient shall identify any separate procedure and its known time limits. Making a report does not suspend employment, procurement, contractual or judicial appeal deadlines.

**6.7** During an active case, a safe progress update shall normally be provided at least every 30 calendar days. Extensions shall be recorded with reasons, a revised target and any protection implications. Updates shall not disclose confidential evidence, reveal another person's identity unnecessarily or compromise the process.

## 7 Confidentiality, anonymity and information security

**7.1** Case information shall be handled as restricted information. Access shall be limited to authorised persons who need it for a defined function. Routine inclusion of Human Resources, Legal, management or a cross-functional committee in every case file is prohibited. Each recipient shall be accountable for any onward disclosure.

**7.2** The reporter's identity and information that could indirectly identify them shall be stored separately from general management reporting wherever practicable. Secure case systems shall use appropriate encryption, access controls, authentication, access logs and protected backups. Personal email accounts, open shared folders and general circulation lists shall not be used for case files.

**7.3** Identity shall not be disclosed outside authorised handling without the person's informed consent, except where disclosure is required under applicable AU rules or legal proceedings, or is otherwise lawfully necessary to address a serious and immediate safety risk. Any exception shall be reviewed by the unconflicted authorised official, with legal advice as needed, and documented. The minimum necessary information shall be disclosed.

**7.4** Before an unavoidable identity disclosure, the person shall normally be informed of the recipient, reason and safeguards. Notice may be delayed only where prohibited or where it would create a material risk to safety or the integrity of proceedings. The reasons shall be recorded and protection reassessed. Fair hearing requirements shall be met through redaction, summaries and other lawful safeguards wherever possible.

**7.5** Anonymous reporting shall be accepted. A reporter may later identify themselves without losing eligibility for protection arising from the original qualifying report. Recipients shall explain that the surrounding facts can sometimes reveal identity and that anonymity may limit follow-up or tailored protection. No investigation shall be opened solely to identify a person who has made a qualifying anonymous report.

**7.6** Case information shall be collected for legitimate reporting, protection, investigation and accountability purposes, limited to what is relevant, and kept accurate and secure. Health information, children's information, sexual misconduct accounts, research data and legally privileged material require additional safeguards. Authorised disclosures to partners or authorities shall follow section 12.

**7.7** No automated system shall make the final credibility, protection or misconduct determination. Any authorised analytical tool shall be subject to human review and appropriate information-security controls. Identifiable case material shall not be entered into unapproved external platforms or public artificial intelligence services.

**7.8** Unauthorised access, disclosure or attempts to identify a protected anonymous reporter shall be promptly assessed as possible misconduct. A breach response shall address the affected person's safety, contain further disclosure and preserve evidence.

## 8 Protection against retaliation

**8.1** Retaliation is prohibited against a person engaging in protected activity under the applicable AU framework and this Policy. Protection does not depend on an allegation ultimately being substantiated. A person may seek preventive protection before harm occurs and while the status of the underlying report is being assessed.

**8.2** Retaliation may include dismissal or non-renewal for a retaliatory reason; demotion; unjustified reassignment; exclusion from work, training or promotion; manipulated appraisal; withheld pay or benefits; intimidation; threats; harassment; improper surveillance; reputational attacks; contract or funding interference; blacklisting; and pressure

on associated persons. Threatened or attempted retaliation shall be assessed even when the intended harm is prevented.

**8.3** Good-faith cooperation with authorised auditors, investigators and reviewers is protected, including when reporting or cooperation forms part of a person's ordinary duties. Assistance in making a qualifying report, preserving evidence or requesting protection shall not be obstructed. Managers shall not require a withdrawal, settlement or confidentiality undertaking that prevents protected cooperation or reporting.

**8.4** Protection does not provide immunity for a person's own misconduct or prevent a properly supported management, contractual or disciplinary action unrelated to protected activity. A concurrent employment dispute or disciplinary process shall be assessed on its facts and under the applicable AU criteria. The filing of a report is neither proof of retaliation nor, by itself, a valid reason to refuse protection.

**8.5** The authorised oversight function shall conduct the preliminary retaliation assessment under section 6.4. The person need only provide information supporting protected activity, actual or threatened detriment, and a reasonable indication of a connection. Timing, knowledge, departures from usual procedure, inconsistent explanations or differential treatment may be relevant. The person need not prove another person's private intention before receiving a protection risk assessment.

**8.6** Once that preliminary basis is established, the administration or responsible decision-maker shall provide contemporaneous evidence that the same action would have occurred without the protected activity. For determinations under this Policy, that justification shall be clear and convincing, subject to any controlling AU standard. This allocation concerns the retaliation assessment; a disciplinary finding against an individual remains subject to the applicable AU disciplinary procedure and standard of proof.

**8.7** Knowingly false allegations, fabricated evidence and other misuse expressly constituting misconduct under applicable AU rules shall be addressed through a separate, fair procedure. Recklessly inaccurate or misleading allegations shall be assessed against the applicable AU definition. Honest error, a withdrawn complaint or insufficient evidence shall not alone justify proceedings against the reporter. Threats of such proceedings shall not be used to deter reporting.

## 9 Requests for protection and interim measures

**9.1** A person fearing or experiencing retaliation may contact the Protection Coordinator, Africa CDC OIO or AU OIO directly. A request may accompany a misconduct report or be made separately, orally or in writing. The recipient shall arrange safe referral to an unconflicted protection function. Lack of a formal complaint or supporting documents shall not delay urgent risk assessment.

**9.2** Requests should be made promptly. This Policy creates no additional time bar for receiving a protection request. Mandatory time limits under applicable AU rules and separate appeal procedures remain in force and shall be explained. Delay shall be considered in context, including continuing retaliation, fear, illness, dependence on the alleged perpetrator or lack of access to a safe channel.

**9.3** The Coordinator shall assess urgent risks immediately when notified and normally complete an initial protection assessment within two working days of Africa CDC's receipt of the request. The person shall be consulted about safe contact, needs, preferences and possible consequences. Where necessary, interim measures shall be recommended before the underlying allegation or retaliation complaint is determined.

**9.4** Available measures, within the competent authority's powers, may include protection from unwanted contact; temporary reporting-line changes; preservation of pay, status and access; review or temporary suspension of a disputed action; agreed reassignment or flexible work; appropriately authorised leave; security measures; and referral for counselling, medical care or independent advice. Any financial or employment remedy requires the authority provided by the applicable rules or contract.

**9.5** A protective transfer or reassignment of the affected person shall ordinarily require their informed consent and shall not reduce their status, remuneration or prospects. Where an emergency safety measure is unavoidable, it shall be proportionate, documented, promptly reviewed and accompanied by measures to avoid disadvantage. Interim measures do not imply that an allegation is proven.

**9.6** The competent authority shall give a reasoned response within five working days of receiving a protection recommendation, normally sooner; urgent risks shall be addressed immediately. Any refusal or modification shall be explained, and an

alternative considered. The decision shall identify the implementing official, start and review dates, duration and safe monitoring arrangements. The person shall be informed of the decision and the section 11 review route.

**9.7** Protection shall be monitored throughout the case and after closure while a material risk remains. The Coordinator shall agree safe follow-up, including review before a potentially adverse personnel or contractual decision. Closure of the misconduct investigation does not automatically end protection. Support shall be coordinated without disclosing the case unnecessarily to a partner, employer or family member.

## 10 Investigation and follow-up

**10.1** Investigations shall be authorised, impartial, sufficiently resourced and conducted by qualified personnel. Africa CDC OIO shall act within its mandate and coordinate with AU OIO under the applicable investigation arrangements. Specialist or external expertise shall be engaged where required by the subject matter, independence or capacity. A manager shall not direct findings or prevent a duly authorised investigation.

**10.2** The investigator shall establish the allegations and scope, check conflicts, identify protection needs, prepare an evidence and interview plan, and maintain an auditable record. Evidence supporting and contradicting the allegations shall be examined. Digital records shall be preserved with appropriate integrity and chain-of-custody safeguards. Legal privilege, medical confidentiality and other protected information shall be handled under the applicable rules.

**10.3** The person whose conduct is examined shall be treated fairly and informed of their procedural rights. Before an adverse finding is finalised, that person shall receive sufficient particulars and a meaningful opportunity to respond, provide evidence and identify relevant witnesses, subject to applicable AU procedures. Representation or assistance shall be permitted as those procedures provide.

**10.4** Notice may be timed to avoid destruction of evidence, interference or harm, but shall not remove the opportunity to answer adverse material before adverse findings are finalised or a sanction is decided. Interim restrictions shall be necessary and proportionate. Anonymous allegations may initiate enquiries; an untested allegation alone shall not establish misconduct.

**10.5** Retaliation shall be examined separately from the underlying misconduct, although evidence may be coordinated securely. A retaliation assessment shall not be postponed merely because the original investigation is incomplete. The protection function shall remain able to recommend measures while either process continues.

**10.6** An investigation shall be assigned promptly following the decision to investigate and should normally be completed within 120 calendar days of that decision, or of assignment if earlier. This is a case-management target, not an automatic closure rule. Any extension shall be authorised by an unconflicted oversight authority, justified in writing, accompanied by a revised timetable and communicated appropriately. Delay shall trigger review of resources and continuing risks.

**10.7** The final report shall distinguish allegations, evidence, responses, findings, applicable standards and recommendations. It shall be sent only to the unconflicted authority competent to act and to other recipients authorised under the relevant AU procedure. The report shall identify systemic weaknesses that require correction without disclosing unnecessary personal information.

**10.8** The oversight function shall track the disposition of recommendations and escalate unjustified inaction through the applicable AU and governance channels. Withdrawal of a report or departure of a person does not require termination of an otherwise justified investigation.

## 11 Decisions, remedies and independent review

**11.1** The competent authority shall determine administrative, disciplinary, contractual or other action under the applicable rules. Investigators and the Protection Coordinator shall not impose sanctions. Findings and measures shall be proportionate, supported by reasons and subject to the rights of the persons affected.

**11.2** Where retaliation is established, the authority shall seek to stop it and, so far as its lawful powers allow, restore the person's position. Measures may include rescission of a retaliatory decision, correction of records, restoration of duties or entitlements, an agreed transfer, contract-related corrective action, and other relief authorised by the relevant rules or competent adjudicative body. Compensation or reinstatement shall not be promised where the decision-maker lacks that power.

**11.3** Disciplinary action against an alleged retaliator, an obstructing person or a person abusing the reporting process requires separate due process. Corrective action may also address supervision, controls, unsafe practices, access restrictions or partner obligations. Recovery of funds, sanctions and referrals shall follow their own applicable procedures.

**11.4** A reporter shall receive a closure communication stating, to the extent lawfully possible, whether the matter was investigated, referred or closed and whether appropriate action has been taken. A person affected by a protection decision shall receive its reasons and review route. Neither communication creates an automatic entitlement to the investigation file or another person's disciplinary information.

**11.5** A person may request independent administrative review of a refusal, withdrawal or material reduction of protection; a preliminary or final determination that retaliation has not been established; a failure to implement protection; or a credible concern about procedurally improper closure. The request should normally be made within 30 calendar days of notification or awareness of the relevant failure. A reasonable late request may be accepted; mandatory AU time limits remain controlling.

**11.6** The reviewer shall act only within their written authority; decisions reserved to an AU body follow that body's review mechanism. The reviewer shall examine the record and relevant new information and normally issue a reasoned recommendation within 30 calendar days of receiving the request. The competent authority shall communicate its reasoned disposition normally within five working days of receiving the recommendation. Neither shall act on a matter in which they are conflicted. Extensions follow section 6.7.

**11.7** These arrangements do not replace an AU grievance, disciplinary appeal, Administrative Tribunal proceeding or contractual remedy. Eligibility and deadlines follow the governing rules. A request under this Policy does not suspend them. Informal Ombudsperson assistance does not constitute formal notice, a binding decision or an investigation.

## 12 External disclosures and institutional referrals

**12.1** Reporting to an authorised AU oversight or ethics channel is an institutional reporting route. A person may also use a donor's or financing institution's authorised integrity mechanism where the applicable agreement or rules provide that access. Africa CDC approval shall not be imposed as an additional condition on a right of direct reporting established by those instruments.

**12.2** External disclosure beyond authorised institutional channels shall be assessed under the applicable AU whistleblower and confidentiality framework. This Policy does not amend that framework. Within the latitude it permits, an external report shall be considered for protection where the person acts in good faith on reasonable grounds and all the following conditions are satisfied:

- The disclosure is reasonably necessary to address a serious threat to public health or safety, a serious violation of applicable law, or material wrongdoing affecting Africa CDC's operations.
- An appropriate internal route cannot reasonably be used because of a credible risk of retaliation or evidence concealment, material conflict or lack of effective protection; or a prior report has not received an appropriate response within a reasonable period.
- The recipient is reasonably capable of addressing the concern, and the disclosure is limited to information reasonably necessary for that purpose.
- The person does not seek or accept payment or improper advantage for the disclosure.

**12.3** Section 12.2 does not displace a reporting duty or direct reporting right independently established by an applicable AU instrument or applicable law, subject to AU privileges and immunities. Immediate danger does not require exhaustion of every internal procedure before seeking necessary assistance from an appropriate authority. Public or media disclosure does not attract automatic protection; eligibility follows the applicable AU rules, with regard to urgency, safe alternatives, necessity and proportionality.

**12.4** Disclosure of confidential AU information remains subject to the authorisations, legal obligations and protected-disclosure exceptions under the AU framework. These provisions do not permit unlawful acquisition of records, release of unnecessary personal, patient, research or security information, or waiver of AU privileges and immunities. Confidential reporting advice may

be sought without permission from an implicated person. Institutional embarrassment alone shall not determine whether a report is investigated.

**12.5** Institutional referrals to national authorities require applicable AU approvals and legal consultation. Any Africa CDC approval shall operate within valid AU delegations; it does not waive institutional immunity. An implicated approving official shall not control the referral. The matter shall be escalated to the competent AU authority for a lawful substitute and any necessary immunity decision.

**12.6** An unconflicted agreement owner shall identify required donor notifications, triggers, deadlines and authorised recipients. Notification required on allegation or reasonable suspicion shall not await screening, substantiation or closure. De-identified information shall be used where sufficient; identifying disclosure must comply with sections 7.3–7.4. Partner coordination shall address case ownership, evidence access and protection. Sexual misconduct referrals shall also address survivor safety and wishes, risks to others and applicable legal duties.

## 13 Partners, suppliers and affected communities

**13.1** New and renewed agreements with suppliers, consultants and implementing partners shall contain appropriate reporting, non-retaliation, cooperation, record-preservation, audit-access and safeguarding obligations, notification duties and authorised remedies. Agreements permitting subgranting or subcontracting shall require relevant obligations to pass to downstream recipients. Existing agreements shall be implemented according to their enforceable terms.

**13.2** Partners shall inform their workers and relevant communities how to report concerns directly to Africa CDC and any authorised financing institution. They shall not require use of their own management chain before an authorised direct report. Community channels shall be accessible, culturally appropriate, safe for children and survivors, and available without a fee or loss of services.

**13.3** Where an external person faces retaliation, Africa CDC shall assess measures within its control, seek appropriate action by the employer or partner, monitor compliance and consider authorised contractual remedies. Changes to funding or services shall account for their effects on communities and the reporter. Protection cannot be made conditional on the external person becoming an Africa CDC employee.

## 14 Training, records, monitoring and implementation

**14.1** Personnel shall receive induction and periodic refresher training. Managers, recipients, investigators and protection personnel shall receive role-specific training on safe handling, conflicts, retaliation, evidence, confidentiality and survivor-centred practice. The Policy and current contacts shall be available publicly and in accessible formats, with appropriate language support.

**14.2** OIO shall maintain a controlled retention schedule consistent with AU records requirements, investigation and appeal needs, applicable agreements and data protection obligations. Destruction shall be suspended for a legal, investigation or audit hold. Records shall remain restricted and shall be securely disposed of when lawful retention ends. Unsubstantiated allegations shall not be treated as proven misconduct in routine personnel records.

**14.3** An anonymised annual report shall cover reporting categories, ageing and timeliness, protection requests and measures, retaliation findings, referrals, corrective-action completion and lessons. Small numbers shall be suppressed where they could identify individuals. A public summary shall be issued where authorised. Low reporting volume shall not be treated as evidence that misconduct is absent.

**14.4** The adopting decision shall specify the effective date, competent decision authorities, Protection Coordinator and alternate, independent reviewer, resources and live contact directory. Transitional arrangements shall preserve access to existing AU and Africa CDC channels. Operational notices shall not reduce rights or alter statutory competence.

**14.5** This Policy shall be reviewed at least every two years and earlier following material AU rule changes, serious implementation failures or relevant developments in partner requirements. Review of the system shall be undertaken independently of those whose case handling is being evaluated. Amendments require the competent approval process and shall be communicated to all covered personnel.

# Annex A. Reporting contacts and service standards

## Reporting and advice

The published Africa CDC reporting address is **complaints@africacdc.org**. The online reporting page is **https://africacdc.org/report-a-concern/**. Direct AU oversight contacts are available at **https://au.int/en/directorates/office-internal-audit-oia**.

The operational directory shall identify protection, ethics and review contacts, operating hours and verified security and anonymous follow-up capabilities. Use emergency or operational services for immediate danger.

## Case handling standards

| Action | Responsible function | Service standard |
|---|---|---|
| Urgent safety response | Relevant recipient or authority | Immediately on receipt |
| Acknowledge report | Authorised intake recipient | Within 5 working days of receipt, where safe contact exists (§6.3) |
| Initial protection assessment | Protection Coordinator | Normally within 2 working days of Africa CDC receipt (§9.3) |
| Initial misconduct or retaliation assessment | Authorised oversight function | Normally within 30 calendar days of receipt (§§6.4, 8.5) |
| Respond to protection recommendation | Competent authority | Within 5 working days of receipt; urgent risks immediately (§9.6) |
| Complete investigation | Authorised investigator | Normally within 120 calendar days of decision to investigate, or earlier assignment (§10.6) |
| Provide progress update | Responsible case owner | Normally at least every 30 calendar days (§6.7) |
| Request independent review | Affected person | Normally within 30 calendar days of notice or awareness of failure (§11.5) |
| Make review recommendation | Authorised independent reviewer | Normally within 30 calendar days of request receipt (§11.6) |
| Decide review recommendation | Competent authority | Normally within 5 working days of receipt (§11.6) |

These standards are subject to controlling AU requirements. Working days mean official working days at the responsible office. Extensions require recorded reasons, revised dates and protection review. Missed targets shall be escalated to the unconflicted authority responsible for that stage; they do not automatically close a case or remove protection. Separate statutory and contractual filing periods remain unaffected.

## Choosing a safe route

Bypass a conflicted recipient. Use the AU routes in section 5 for allegations involving management, oversight personnel or elected officials. Protection may be requested separately from a misconduct report.

## Annex B. Optional reporting and protection form

This form is optional. A report may be submitted in another format or orally. Provide information you have; proof, a legal classification and your identity are not prerequisites for assessment. Do not include unrelated personal or medical information.

### Your preferred reporting arrangements

Name or chosen reference, if you wish to provide one

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Safe contact method, language, contact times and any method that must not be used

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Would you like confidential handling, anonymous follow-up where available, or help from an interpreter or support person

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### The concern

What happened or may happen, when and where, and how it relates to Africa CDC

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People or entities involved, relevant witnesses and any concern about the independence of the usual recipient

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Information or records available, where they may be found, and any earlier report or reference

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### Safety and protection

Immediate risks to people, public health, evidence or resources

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Retaliation experienced or feared, relevant dates, and the reporting or cooperation activity you believe is connected

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Protection or support requested and any measure you would consider unsafe

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You may add information later. The recipient should explain confidentiality limits, safe follow-up and any referral before sharing identifying details beyond authorised handling.

## Annex C. Alignment with related frameworks

This annex explains the basis of the revised design. The operative provisions are in sections 1 to 14. International comparator provisions guide institutional practice; their legal jurisdictions and internal mechanisms remain specific to the organisations concerned.

### African Union and Africa CDC

The AU framework governs institutional competence, staff obligations and formal recourse. Executive Council Decision 853 approved the AU Anti-Fraud and Corruption Policy in January 2015. Its reporting, confidentiality, protected-disclosure and independent-investigation provisions inform sections 5, 7, 8 and 10 of this Policy. The AU Code of Ethics and Conduct supports good-faith reporting and identifies the Ethics function. Current AU whistleblower and staff-rule requirements remain controlling. [1–4]

Africa CDC's published Anti-Fraud and Corruption Policy assigns investigation responsibilities to internal oversight and addresses retaliation, false reporting and referral to authorities. Its sexual misconduct directive requires specialist handling and assistance to survivors. Its grievance directive separates grievances from misconduct investigations. These responsibilities are coordinated in sections 3 to 6 and 10 to 13; the AML-CFT directive also informs the categories of reportable financial concerns. [5–9]

### International comparators

**United Nations and WHO.** The UN Secretariat's revised 2017 bulletin and WHO's retaliation policy effective July 2023 support defined protection procedures, provisional measures and clear evidentiary responsibilities. Their models and time limits differ. Section 8.6 proposes a clear-and-convincing justification standard, subject to controlling AU rules; it is distinct from disciplinary proof. The service standards and designated functional roles are also proposed Africa CDC arrangements. WHO's sexual misconduct policy informs section 3. [10–12]

**African Development Bank.** The 2023 Whistleblowing Policy provides a relevant African institutional comparator for conflict-sensitive routes, interim protection, retaliation evidence, remedies and the distinction between staff and external parties. Sections 5, 8, 9 and 11 adapt those principles within AU authority. [13]

**World Bank Group.** Its public Code of Ethics and current Ethics and Internal Justice guidance inform protection for reporting and cooperation, consent-based protective reassignment, and the separation of investigation from employment decisions. Formal World Bank remedies and staff-rule deadlines are not incorporated. [14]

**Global Fund and Gavi.** The Global Fund's whistleblowing policy and Gavi's adopted Speak Up Policy version 5.0 provide comparators for independent handling, confidential and anonymous reports, and protection of external persons through institutional and contractual action. Their safeguarding frameworks reinforce survivor-centred assistance and partner cooperation. These principles inform sections 3, 5, 7, 9 and 13. [15–17]

**Treaty principles.** Article 33 of the United Nations Convention against Corruption addresses protection of reporting persons through States Parties' domestic systems. It supplies supporting policy context and does not itself create an Africa CDC employment remedy or waive AU immunity. [18]

## Reference instruments


1. Africa CDC Revised Statute, 2022. Institutional mandate, governance and applicable AU framework. Official source

2. AU Anti-Fraud and Corruption Policy, Annex 5 to EX.CL/864(XXVI)i; adopted by EX.CL/Dec.853(XXVI), January 2015, paragraphs 2–3. Relevant policy provisions are sections 6–9, especially paragraphs 10–25. Official source 1 Official source 2

3. AU Code of Ethics and Conduct, AUC/AD/2016/07, signed 17 January 2017. Section 7 on conduct and section 9 on the Ethics Office; read with applicable confidentiality and disclosure obligations. Official source

4. AU Whistle-blower Protection Policy; AU Staff Regulations and Rules, including amendments duly adopted; and applicable AU administrative review and Administrative Tribunal instruments. The current controlled texts shall be recorded in the policy register and govern eligibility, competence and formal time limits. The Ethics and Tribunal pages identify the relevant institutional functions. Official source 1 Official source 2

5. Africa CDC Anti-Fraud and Corruption Policy, published 3 April 2026. Sections 4–5, 7–8 and 10 address definitions, responsibilities, reporting, investigation, response and review. Official source

6. Africa CDC Internal Directive on Sexual Exploitation and Abuse and Sexual Harassment, signed 22 September 2023 and published 25 January 2024. Paragraphs 8–17 address duties, reporting, specialist handling, support and referrals. Official source

7. Africa CDC Directive on Grievance Redress Mechanisms, published 17 February 2024. Paragraphs 7, 16, 23 and 26 distinguish misconduct, institutional referral and grievance arrangements, including acknowledgement. Official source

8. Africa CDC Internal Directive on Anti-Money Laundering and Countering the Financing of Terrorism, published 25 January 2024. Reporting under this Policy complements its applicable due-diligence and response requirements. Official source

9. Africa CDC Report a Concern page. Published reporting email, online form, anonymous reporting and direct AU oversight referral. Contacts checked 28 November 2026. Official source

10. UN Secretariat, Protection against retaliation for reporting misconduct and for cooperating with duly authorized audits or investigations, ST/SGB/2017/2/Rev.1, 28 November 2017. Sections 2 and 4–10 cover protection, disclosures, assessment, investigation and review. Official source

11. WHO Policy on Preventing and Addressing Retaliation, eManual III.11.5, effective 1 July 2023, replacing the 2015 policy. Sections 1–4 address scope, reporting, confidentiality, protective measures, evidence and review. Official source

12. WHO Policy on Preventing and Addressing Sexual Misconduct, effective 8 March 2023. Sections 6–11 address survivor-centred practice, reporting, investigation, retaliation and false complaints. Official source

13. African Development Bank Group Whistleblowing Policy, 2023. Sections 4–6 address reporting, investigation, protection and appeal; section 5 distinguishes interim relief, staff remedies and external-party protection. Official source

14. World Bank Group Code of Ethics, published text, pages 11–15; and Ethics and Internal Justice Services guidance on investigations and Peer Review Services. The comparison concerns these public instruments, not an assertion that World Bank staff rules govern Africa CDC. Official source 1 Official source 2

15. Global Fund Whistle-blowing Policy and Procedures, April 2019, sections 3–12; Code of Conduct for Employees, July 2025, pages 4 and 6–7. Official source 1 Official source 2

16. Gavi Speak Up Policy, version 5.0, approved 25 July 2025 and effective 1 August 2025. Sections 1–8 address scope, reporting, handling, protection and retaliation complaints. Official source

17. Gavi Protection against Sexual Exploitation, Abuse and Harassment Policy, listed December 2024, particularly sections 5 and 8–9; and the Global Fund's published PSEAH framework. Official source 1 Official source 2

18. United Nations Convention against Corruption, adopted by General Assembly resolution 58/4, 31 October 2003, particularly articles 32–33. Official source

AfricaCDC
Centres for Disease Control and Prevention

An entity of the African Union

## About Africa CDC

The Africa Centres for Disease Control and Prevention (Africa CDC) is the autonomous continental public health agency of the African Union. Africa CDC supports Member States to strengthen health systems, disease surveillance, emergency preparedness and response, and health security across the continent.

## Safeguarding Africa's Health

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