Contents

1. INTRODUCTION .................................................................................................................. 2
2. PURPOSE AND OVERARCHING PRINCIPLES .................................................................. 2
3. SCOPE .................................................................................................................................. 3
4. DEFINITIONS AND ACROYNMS ....................................................................................... 3
5. ROLES AND RESPONSIBILITIES ....................................................................................... 4
6. REPORTING PROCESS ......................................................................................................... 5
7. FEEDBACK TO THE WHISTLEBLOWER – INSTITUTIONAL RESPONSE ......................... 10
8. ADMINISTRATIVE AND DISCIPLINARY ACTIONS .......................................................... 10
9. CONFLICT OF INTEREST ................................................................................................... 11
10. MONITORING AND REVIEW ............................................................................................. 11
11. RELATED POLICIES/REFERENCES FOR MORE INFORMATION .................................... 11
12. POLICY AUTHORITY ......................................................................................................... 11
13. VERSION CONTROL .......................................................................................................... 12
1. INTRODUCTION

The Alliance of Bioversity International and CIAT (hereafter “the Alliance”) is committed to the highest standards of ethics and integrity in all business activities. It is the intent of this policy to support the Alliance’s goal of legal compliance for which the support of all employees is essential to achieving that commitment and upholding our continued success and reputation.

Our Code of Ethics and Conduct, the Fraud Prevention Policy, the Research Ethics Policy, and any other related policies guide our everyday conduct and professional responsibility to speak up and report unethical behavior.

2. PURPOSE AND OVERARCHING PRINCIPLES

In line with the Alliance commitment to open communication, this Policy aims to provide an avenue for employees to report knowledge of or concerns about misconduct, violation of law or of Alliance policies, fraud, dishonesty, and corrupt practices. It further describes the protections available from reprisal or victimization for whistleblowing, what matters are reportable, how to report concerns or information without fear of detriment, and what support can be expected from the Alliance.

The Whistleblower Policy of the Alliance is underpinned by the following principles:

Accessibility: It sets out an established mechanism to be followed by all individuals and stakeholders that are connected to the organization.

Accurate: The Whistleblower Reporting Mechanism should be accurate and have a clear sequence of events.

Confidentiality of complainant’s identity: To the fullest extent possible, a complainant’s identity will be kept confidential. This restricts access to and dissemination of information, requiring that information be available only to a limited number of authorized people for the purpose of concluding investigations. For situations in which the Alliance may be required, when pursuing legal actions relating to non-compliance on a matter that cannot be resolved without revealing the whistleblower’s identity, the organization will advise the whistleblower on actions that will be taken prior to their commencement. In certain circumstances, when a breach of duty must be confirmed upon the conclusion of an investigation, that confidentiality may be lifted by the Alliance’s Director General or the Board Chair.

Non-retaliation: It is against the Alliance’s policy for any employee, officer, manager, or director to discharge, demote, suspend, threaten, harass, or discriminate against any individual for making a report in good faith under this Policy. Any such retaliation or harassment may subject an employee to disciplinary action up to and including discharge.

Reporting “in good faith”: Employees making reports in good faith are discharging their duty to protect and serve the organization. Reports are considered “in good faith” when the employee has reasonable grounds to
believe or suspect that a fraud or other dishonest or corrupt act has been committed, even if the belief or suspicion later proves to be unsubstantiated.

**Confidentiality of the “subject of complaint”:** The identity of the Alliance Board members, managers, or staff or other persons external to the Alliance who are the subject of reports provided under this Policy shall, at all times, be protected from when the report is first made, by those making the report, and by those receiving and investigating the report. Breaches in this regard will be treated as serious violations subject to disciplinary action.

**Timeliness:** Follow-up on allegations and agreed actions must be guaranteed in a timely fashion.

**Protection measures/relief:** HR may recommend appropriate measures to the Director General/Managing Directors to safeguard the interests of and protect the whistleblower from retaliation at any time from the moment the whistleblower comes forward. Protection measures are recommended with the consent of the whistleblower.

3. **SCOPE**

This Policy applies to all employees, staff members, and all those who have an employment relationship with the organization. All are encouraged to report concerns or complaints regarding misconduct by Alliance staff, regardless of their level (SMT members, managers, etc.). Anyone who has observed reportable misconduct and/or action has an obligation to report it.

This Policy may overlap with the Fraud Prevention Policy and shall be read in light of other Alliance policies, guidelines, processes, manuals, and operational procedures about acceptable standards in the Alliance’s operations.

4. **DEFINITIONS AND ACRONYMS**

**Whistleblower:** the person or employee who deliberately reports any suspected or anticipated misconduct, violation of laws or policies within the Alliance, fraud, dishonesty, and corrupt practices.

**Whistleblowing:** the deliberate voluntary disclosure of any suspected or anticipated misconduct or violation of laws or policies within the Alliance, fraud, dishonesty, and corrupt practices.

**BOT:** Board of Trustees

**HR:** Human Resources

**LO:** Legal Office
5. ROLES AND RESPONSIBILITIES

**Board of Trustees (BOT):** The Board has overall responsibility to ensure that management has sound policies, mechanisms, and procedures for whistleblower disclosures. Specifically, the BOT, through its Audit, Finance, and Risk Committee, will oversee management’s practices.

**Audit, Finance, and Risk Committee (AFRC):** Specifically, the AFRC will oversee management’s practices and procedures related to whistleblower disclosures and reporting. The AFRC is also responsible for the review and approval of the whistleblower report of incidents and investigations conducted. It should review the investigation log of cases regularly and report any significant matters to the BOT. If management is involved in a disclosure or incident report, the AFRC Chair should be notified by HR in the case of Code of Ethics and Conduct violations and take on the role of leading the investigation.

**Director General (DG):** The DG has the overall responsibility for implementing an effective prevention and management system and promoting the highest standards of conduct. The DG decides, based on the information received, whether an investigation is required upon consultation with HR, ODU, and LO. The DG decides whether other stakeholders need to be informed (donors, System Organization, etc.) and informs "how" the investigation will be commissioned: through an internal or an external investigation group. Based on the investigation results, the Director General may initiate disciplinary proceedings.

**Trans-Regional Audit Group (TRAG):** In cases of fraud, the TRAG performs a preliminary assessment to find out whether there is sufficient credible evidence to investigate. It also prepares the investigation plan and oversees or conducts, when appropriate, the investigative process, ensuring that the investigation is conducted following the plan. The TRAG provides quality assurance of the investigation process and its results and represents the investigation on behalf of stakeholders and other parties when appropriate. In cases of Code of Ethics and Conduct violations, it may take a leading role in investigations involving senior management and act in an advisory capacity related to other incidents.

**Human Resources Department (HR):** Human Resources leads the investigatory process as it relates to Code of Ethics and Conduct violations, and makes recommendations on disciplinary actions with the support of the Legal Office. Specific advice would include guidance on dismissal, termination of contracts, or any other sensitive situation involving staff of the Alliance. Human Resources works in partnership with the ODU and
Communications on the communication and dissemination of this policy and leads capacity development initiatives to ensure awareness.

**Managing Director:** Based on investigation results and following consultation with HR, the Managing Director in the regions may initiate disciplinary proceedings within the framework of the delegation of authority.

**All staff:** In addition to complying with this policy, every employee has a role to play in supporting the highest standards of conduct through the reporting of any suspected or actual misconduct through available channels. This policy does not override, but rather complements, any responsibility of Alliance employees to report concerns externally to local health and safety or law enforcement authorities in cases of immediate danger to life and safety, or when criminal action is taking place.

### 6. REPORTING PROCESS

#### 6.1 When and what to report

Whistleblowing alleged misconduct is reportable when it occurs, or is likely to occur, and may be either an act or failure to act. Examples include the following:

- illegality;
- current or potential waste of Alliance resources;
- abuse of power or authority;
- incorrect financial reporting and fraud;
- fraudulent billing for services not performed or not delivered;
- misuse of Alliance assets;
- activities that are not in line with Alliance policies, including the Code of Ethics and Conduct;
- scientific fraud (data falsification, plagiarism, or ethical violation, i.e., use of data, authorship rights, etc.);
- gross mismanagement;
- improper conduct and conflict of interest;
- deliberate covering up of violations;
- non-adherence to government laws or Alliance rules, regulations, policies, or procedures, e.g., accounting, procurement, human resources, etc.;
- an unethical or unlawful act that is already known to, but is not being diligently reviewed and acted upon by, Alliance managers;
- a substantial and specific danger to health and safety or risk to the organization’s reputation and integrity; or
- unfair discrimination during employment or in the provision of services.
6.1.1  **Personal work-related grievances**

A personal work-related grievance is a report of behavior that has implications for the discloser personally. Examples include an interpersonal conflict between you and another employee, or a decision relating to your employment or engagement, such as a transfer, promotion, or disciplinary action.

These will be reviewed in accordance with the specific policies and procedures established by the Alliance for these types of matters.

6.2  **Overview of the process**

The Alliance establishes a communication process to obtain information about potential violations of the Code of Ethics and Conduct and deploys a coordinated approach to investigations and corrective actions to address them appropriately and in a timely manner.

Upon receipt of a complaint, the Global Director of Human Resources shall acknowledge its receipt to the sender when appropriate. When a complaint appears to relate to a matter outside the definition of the Code of Ethics and Conduct and events listed above, it will be determined whether it would be more appropriately resolved under some other policy. In addition, and according to the process established for deciding whether to investigate, Human Resources will conduct a pre-assessment to determine whether the incident report provides sufficient and credible information to investigate the alleged Code of Ethics and Conduct infraction.

The Global Director of Human Resources shall, without delay, submit a report to the DG advising whether an investigation is warranted or not and on investigation steps and remediation to be considered following confirmation of a violation of the Code of Ethics and Conduct. The DG and the Global Director of Human Resources, upon assessment of the specific case, may refer the case for investigation and review by the relevant Managing Director and Regional HR Lead or assign an internal or an external investigation group.

Members of the Senior Management Team will be notified of an ongoing investigation when one of their own staff is involved.

If a Senior Management member is involved, the issue will not be reported to the DG. The report shall be submitted to the Chair of the Audit, Finance, and Risk Committee. The AFRC Chair will have access to a log of all matters.

Further details are provided in the table below.
## Whistleblower Policy

<table>
<thead>
<tr>
<th>Stage</th>
<th>Process</th>
<th>BOT</th>
<th>AFRC</th>
<th>DG</th>
<th>TRAG</th>
<th>ODU</th>
<th>LO</th>
<th>HR</th>
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<tbody>
<tr>
<td>Whistleblower Submission</td>
<td>- The reporter submits a concern or complaint through the reporting mechanism. This can be achieved by using an online portal, phone, or verbally. - The Whistleblower Reporting Mechanism issues an incident alert to actors that need to be informed.</td>
<td>I</td>
<td>R</td>
<td>C</td>
<td>R</td>
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<tr>
<td>Preliminary Assessment of Alleged Code of Conduct Infraction</td>
<td>- HR performs a preliminary assessment to determine whether the incident report provides sufficient and credible information to investigate the alleged Code of Ethics and Conduct Infraction. *If Senior Management and/or the DG/SMT is involved, the case will be assessed by the AFRC.</td>
<td>*I</td>
<td>I</td>
<td>I</td>
<td>C</td>
<td>R</td>
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<tr>
<td>Decision to Investigate (or Not)</td>
<td>HR submits a report to the DG advising whether an investigation is warranted or not. - The DG decides, based on the information received, whether an investigation is required upon consultation with HR, ODU, and LO. - The DG decides whether other stakeholders need to be informed (donors, System Organization, etc.) and informs “how” the investigation will be commissioned, through an internal investigator or an external investigation group.</td>
<td>I</td>
<td>A/R</td>
<td>I</td>
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<tr>
<td>Investigation Plan</td>
<td>- When it is decided to commission an incident investigation, HR drafts an investigation plan. The investigation plan consists of the following elements: objective, scope, and work plan to be carried out by the investigator. It also specifies who should conduct the investigation (internal/external), timing, reporting lines, and cost of the engagement. - The DG approves the investigation plan and signs the Terms of Reference upon consultation with ODU and LO.</td>
<td>I</td>
<td>R</td>
<td>C</td>
<td>C</td>
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<tr>
<td>Investigation</td>
<td>- The HRD executes the procedures as agreed under the Terms of Reference. - If needed, the Investigator consults with legal or other specialists in the organization.</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>I</td>
<td>C</td>
<td>R</td>
</tr>
<tr>
<td>Reporting</td>
<td>- The Investigator provides a final report to the DG and LO (findings). It is the responsibility of the DG to conclude whether the allegation is founded and to decide future actions. - The DG consults with other stakeholders as needed. - The DG will lead the follow-up actions, such as a court case or a disciplinary action. - The DG ensures that the Audit Function or other specialists are involved and informed on the results of the investigation as appropriate without compromising confidentiality. - HR informs the reporter on the results of the investigation.</td>
<td>I</td>
<td>I</td>
<td>A/R</td>
<td>I</td>
<td>I</td>
<td>C</td>
<td>R</td>
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</table>

I: Informed     A: Accountable     R: Responsible     C: Consulted (when appropriate)
6.3 Reporting Channel

**Lighthouse Services** is the Alliance’s external, independent, anonymous, and secure whistleblower service, which is available 24 hours a day, seven days a week. Staff may report any allegation through the following five channels:

1. *On the website:* Go to [www.lighthouse-services.com/cgiar](http://www.lighthouse-services.com/cgiar), click on the “Report an Incident” icon, and follow the instructions.

2. *By telephone:*
   After connecting to your country number, dial the hotline number 800-603-2869.

3. *Via email:* Send an email to reports@lighthouse-services.com, including the name of the Alliance of Bioversity-CIAT in the subject and content of the email.

4. *Via mail:* Send the report to Lighthouse Services, Inc., 1710 Walton Rd., Suite 204, Blue Bell, PA 19422. USA. Be sure to include the Alliance’s name in the report.

5. *Via fax:* (215)-689-3885. Be sure to include the Alliance’s name in the report.

6.4 Alternative Reporting Channels

Alternatively, staff may make a direct report through the following additional channels:

6. **The immediate supervisor:** Convey your concerns in writing to your immediate supervisor.

7. **Lever Directors/Department Heads:** If your concern relates to your supervisor or if your supervisor has not acted on earlier similar complaints, you can make a written report to your Lever Director/Unit Head.

8. **Members of the Senior Management Team:** Managing Directors, Associate Directors General, Global Directors, Senior Managers, Organizational Development or the Senior Manager, Legal Office, and Director General.

9. **The Chair of the Board of Trustees:** written submission to the Chair of the Board of Trustees if you
   - have grounds to believe that you will be subjected to retaliation by the persons you should report to under the established reporting mechanism or alternative reporting mechanisms;
10. **The TRAG Director**: If the concern relates to either the Chair of the Board of Trustees or any Board member or earlier concerns or complaints reported were not dealt with, employees may instead convey their concerns to the TRAG Director. The TRAG Director will decide whether an investigation should be carried out and what form this should take. The TRAG Director may also recommend to the whistleblower that the case instead be reported using established reporting or alternative mechanisms if, in his/her opinion, it does not meet the criteria to be handled at the TRAG Director level. Except in those cases in which the report refers to the Chair of the Board of Trustees, the TRAG Director shall report to CGIAR’s Board Chair any whistleblower report submitted to him/her, and seek his concurrence with the TRAG Director’s recommendations for investigation.

6.5 **Anonymous Reports/Complaints**

Although it is preferred and recommended that employees identify themselves when reporting under the above confidential options in order to assist with the investigation of the matter being raised, an employee may also choose to remain anonymous. In the case of an anonymous complaint, the following will apply:

- Such complaints will be subject to careful review, and will be investigated only if the report contains enough information to indicate that there is a basis for the complaint;
- No person subject to such complaints will have to defend himself/herself unless a subsequent investigation independently identifies that he/she has a case to answer;
- If a decision is made to investigate an anonymous complaint, if possible, this will be done as part of the routine audit of the area. The main purpose of such investigations is to see whether there is some control weakness that would plausibly allow the behavior being reported and, if so, then look further. If at any time the complaint appears unfounded, the investigation will stop and be reported to the Board Chair.
7. **FEEDBACK TO THE WHISTLEBLOWER – INSTITUTIONAL RESPONSE**

   i. Whistleblowers are entitled to receive information about the status of their case. HR will acknowledge receipt of an incident report and communicate with the whistleblower to define the immediate next steps within five days of receipt and, within 15 days of the receipt of a report, an indication of the period of time considered necessary to undertake the preliminary review.

   ii. The Alliance acknowledges the right of the whistleblower to receive confirmation that the matter has been properly addressed. Therefore, he/she will be given as much feedback as is appropriate under the circumstances and, subject to legal constraints, will be informed of the outcome of the process.

   iii. When breaches of duty are confirmed to have occurred, based on an investigation of a report made under this policy, appropriate action will be taken to correct the failure and avoid similar events in the future.

   iv. For cases directly reported to the Chair of the Board of Trustees, on the basis of the outcome of the investigation conducted, the Board Chair will request the Director General to decide what action is appropriate, for example, disciplinary action against the wrongdoers involved, and ensure that the necessary steps to implement his/her decision are taken. If the case involves wrongdoing by the Director General, the Board Chair will decide what action to take.

8. **ADMINISTRATIVE AND DISCIPLINARY ACTIONS**

   i. In a case of alleged misconduct involving a staff member, if it is considered that the staff member’s continued performance of functions is likely to prejudice the interests of the organization, the staff member may be placed on administrative leave pending a conclusion on the allegation of misconduct or other actions as required by local laws. Such administrative leave may be with or, exceptionally, without pay.

   ii. Based on investigation results, the Director General/Managing Director may initiate disciplinary proceedings in accordance with local laws when this is a requirement.

   iii. Disciplinary measures are defined in the context of the Disciplinary Code.

   iv. The use of confidential communication channels to make reports in bad faith, that is, without any basis in fact, for the deliberate purpose of victimizing someone or making malicious allegations as misconduct or disrupting the operations of the Alliance will not be tolerated. Breaches in this regard will be treated as serious violations subject to the Alliance’s disciplinary provisions.
9. CONFLICT OF INTEREST

- If the whistleblower has any personal interest in the matter, he/she must make this clear at the time the alleged misconduct is reported. The act of whistleblowing will not shield whistleblowers from reasonable consequences flowing from any involvement in misconduct. A staff member’s liability for his/her own conduct is not affected by his/her disclosure of that conduct. However, in some circumstances, an admission may be a mitigating factor when considering disciplinary or other action.

10. MONITORING AND REVIEW

- The CGIAR Ethics Office and the Board of Trustees shall monitor on behalf of the Systems Management Board the operation of this Policy, including reviewing periodic summary reports to be prepared on the number of reports made under the Policy to the Board, the types of concerns and complaints made, the status of the investigations of the reports, the results of investigations completed, and the corrective, punitive, and preventive actions taken, if any.

11. RELATED POLICIES/REFERENCES FOR MORE INFORMATION

   a. Code of Ethics and Conduct
   b. Research Ethics Policy
   c. Delegation of Authority Policy
   d. Disciplinary Code
   e. Grievance Policy
   f. Enterprise Risk Management Policy
   g. Intellectual Assets and Intellectual Property Rights Policy
   h. Fraud Prevention Policy
   i. Procurement Policy
   j. Data Protection Policy

12. POLICY AUTHORITY

This Whistleblower Policy shall be approved by the Senior Management Team and will be managed and reviewed by Human Resources. The effective date of this revised Policy is 15 March 2021. This Policy supersedes previous policies regarding this subject matter, and previous policies are considered rescinded.
13. VERSION CONTROL

<table>
<thead>
<tr>
<th>VERSION</th>
<th>DATE OF APPROVAL OF THE NEWEST VERSION</th>
<th>DESCRIPTION OF CHANGE</th>
<th>PREPARED BY:</th>
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<tr>
<td>00</td>
<td>17 February 2021</td>
<td>First version of the Whistleblower Policy</td>
<td>Rose Taremwa Maria Fernanda Bedoya</td>
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Reviewed by: Approved by:

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<th>Reviewed by:</th>
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| Ingrid Lambert  
Director, Human Resources | Approved on 17 February 2021 |

Senior Management Team (SMT)