

PHIG Policy Framework

Version 1.2 — seventy-five organisational policies written to the standards of EU, US, WHO/UN and bilateral donors and the Core Humanitarian Standard

Adopted by the Board of the Public Health Institute of Georgia on 1 September 2026.

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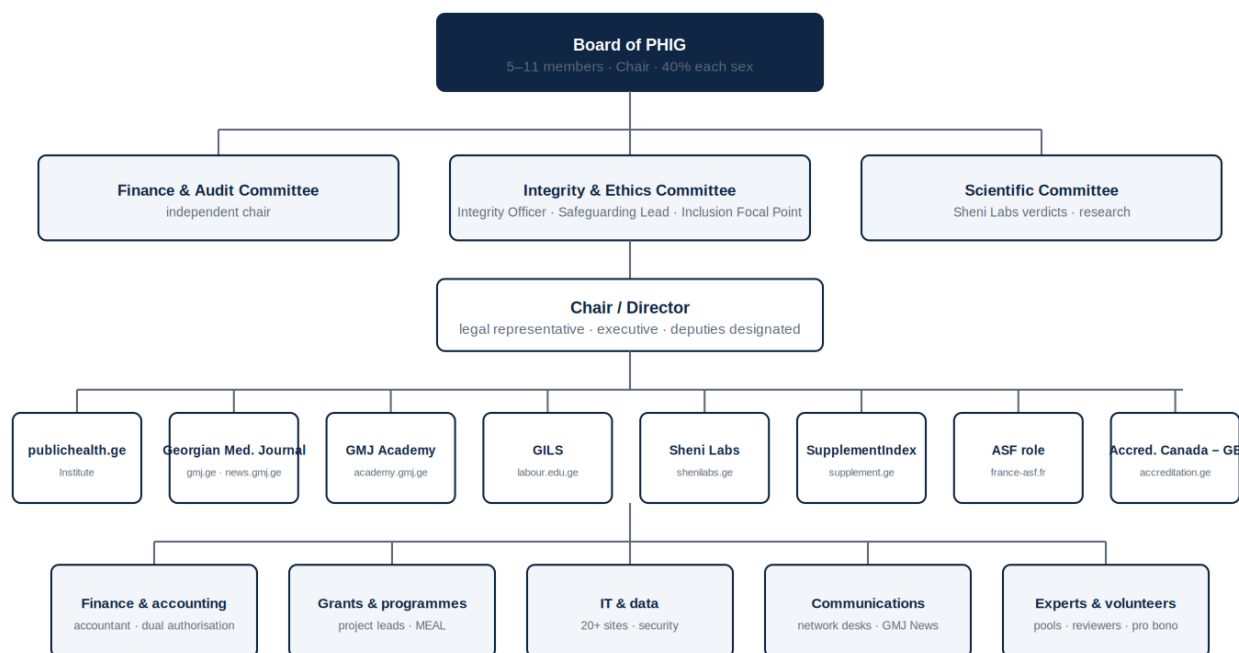
Introduction

This framework sets out the policies by which the Public Health Institute of Georgia (PHIG) and every platform of its network — the Georgian Medical Journal, GMJ News, GMJ Academy, the Georgian Institute of Labour Studies, Sheni Labs, SupplementIndex, and PHIG's roles in Accréditation Sans Frontières and the Accreditation Canada – Georgia office — govern themselves. The policies are written to the standards required of recipients of European Union funding (Financial Regulation, Model Grant Agreement, Horizon Europe, EU4Health), United States federal awards (2 CFR 200, USAID ADS, PHS/NIH rules) and WHO/United Nations contracts and collaboration (FENSA, UN standards of conduct); each states the instruments it satisfies and the corresponding policy of Accréditation Sans Frontières, PHIG's sister framework. They apply to all PHIG activities whether or not they are externally funded. Each policy has its own review cycle; the framework as a whole is reviewed every two years. The current text of every policy is published at publichealth.ge/policies/.

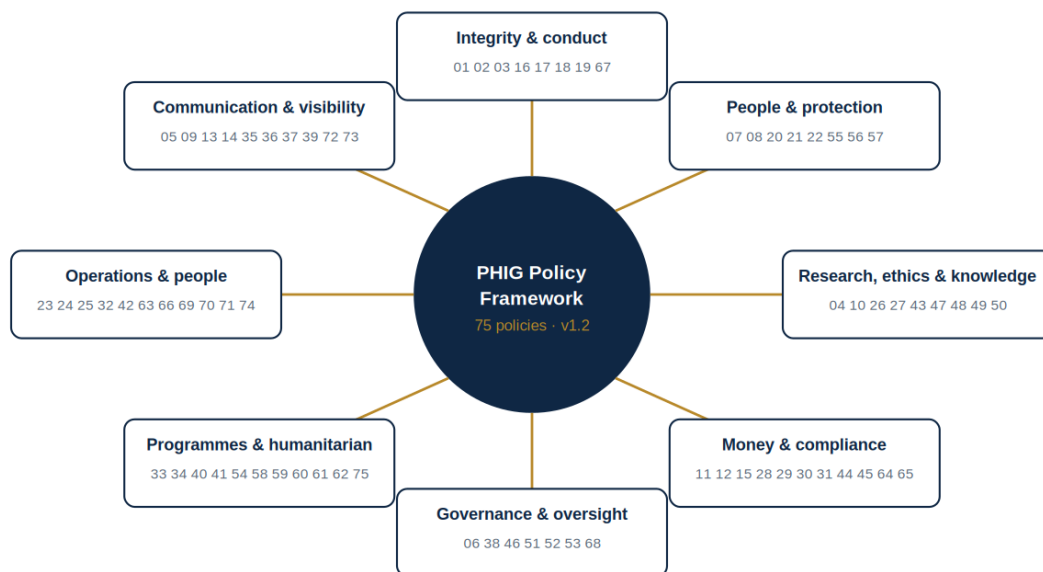
Scope of application

Board members, the Chair/Director, paid staff, consultants, members of scientific and editorial committees, reviewers, members of expert pools (named or unnamed), volunteers, partners, subcontractors and suppliers, and all funds received or managed by PHIG.

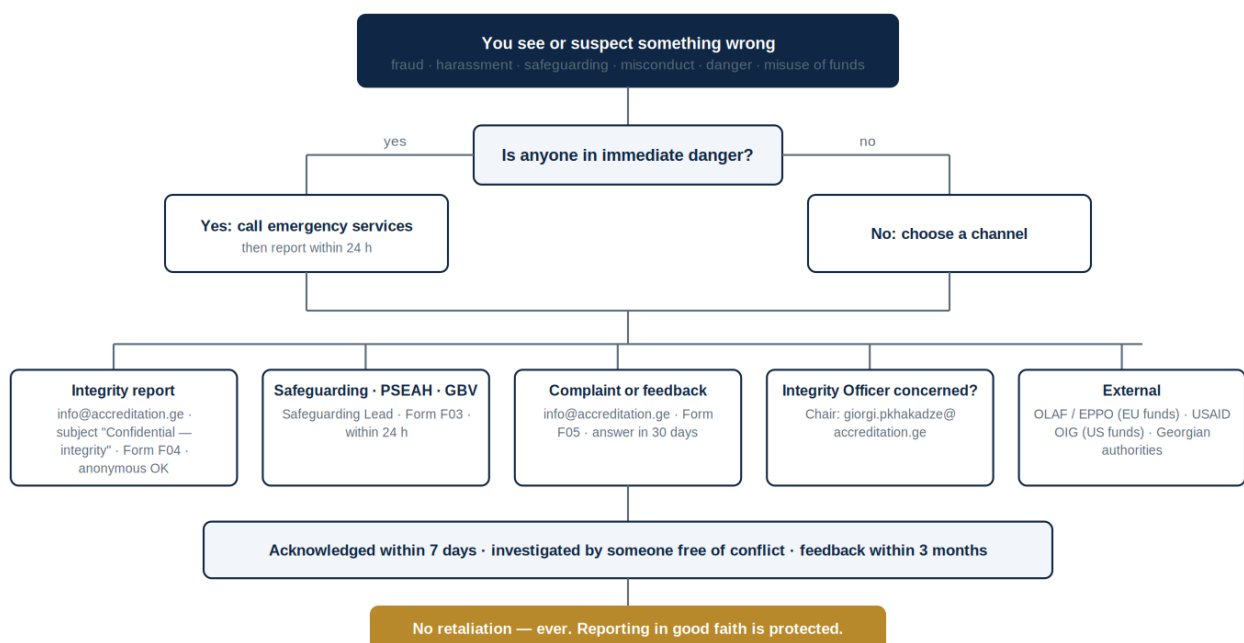
How PHIG is organised



The framework in eight themes



How to raise a concern



Forms and templates

Fifteen editable forms accompany this framework (F01 Declaration of Interests · F02 Assignment Conflict Confirmation · F03 Incident Report · F04 Confidential Integrity Report · F05 Complaint and Feedback · F06 Monthly Time Sheet · F07 Travel Request and Expense Claim · F08 Procurement Comparison · F09 Safeguarding and PSEAH Risk Assessment · F10 Due Diligence Checklist · F11 Supplier and Partner Declaration · F12 Policy Acknowledgement · F13 In-Kind Donation Record · F14 Grant Compliance Checklist · F15 Project Design Checklist), available at publichealth.ge/policies/#forms.

Conflict of Interest Policy

EU references: Financial Regulation (EU, Euratom) 2024/2509, Art. 61; EU Model Grant Agreement Art. 12 (Conflict of interests); Horizon Europe Annotated Grant Agreement; EU Rules on Participation

1. Purpose

This policy ensures that decisions of the Public Health Institute of Georgia (PHIG) — verdicts, assessments, accreditation readiness reports, editorial decisions, grant management, procurement and recruitment — are taken on their merits and are seen to be. It defines what a conflict of interest is, who must declare one, how it is recorded, and how it is managed.

2. Scope

Applies to every person acting for PHIG or any platform of its network (the Georgian Medical Journal, GMJ News, GMJ Academy, the Georgian Institute of Labour Studies, Sheni Labs, SupplementIndex, and PHIG's role in Accréditation Sans Frontières and the Accreditation Canada – Georgia office): Board members, the Chair/Director, paid staff, consultants, members of scientific and editorial committees, reviewers, members of expert pools (named or unnamed), volunteers and anyone engaged under a grant or contract.

3. Definitions

- **Conflict of interest:** a situation in which a person's private interest — financial, professional, family, political, personal or any other shared interest — could improperly influence, or appear to influence, the impartial and objective performance of their functions for PHIG.
- **Private interest** includes employment, consultancy, shareholding, grants, fees, hospitality, honours, memberships, and the interests of a spouse, partner, child, parent, sibling or close associate.
- **Apparent conflict:** a situation that a reasonable, informed observer would consider likely to compromise impartiality, even if no actual influence occurs.
- **Potential conflict:** a situation that would become a conflict if a foreseeable decision arose.

4. Policy

1. Every person within scope declares their interests in writing on joining and at least annually, and updates the declaration within 30 days of any change.
2. Before any specific assignment — a product verdict, a peer review, an accreditation readiness assessment, a procurement evaluation, a recruitment panel, a grant decision — the person confirms in writing that no conflict exists for that assignment, or declares one.
3. A person with an actual, apparent or potential conflict does not take part in the preparation, discussion, decision or communication of the matter, and is recorded as having withdrawn.
4. No person reviews, assesses or decides on a product, service, manuscript, course or organisation of a company or institution that employs them, has employed them in the previous three years, pays them, or in which they or a family member hold an interest.
5. Gifts, hospitality or benefits from any party with an interest in a PHIG decision are refused, except promotional items of negligible value; anything above the value of EUR 30 is declared and registered.
6. Declarations are held in a register kept by the Director; Board and committee declarations are published, with the person's consent where the person is not publicly named under the expert pool policy.
7. In EU-funded actions, PHIG applies in addition the conflict-of-interest provisions of the grant agreement, declares any conflict to the granting authority without delay, and takes the measures the authority requires.

5. Responsibilities

- **Board:** adopts the policy, reviews the register annually, decides on conflicts involving the Director.
- **Director:** maintains the register, decides on individual cases, reports to the Board.
- **Committee chairs and editors:** apply the policy to their members and reviewers, record withdrawals in minutes.
- **Every individual:** declares, withdraws, asks when unsure.

6. Procedure

1. Declaration form completed (annex A) and signed; filed in the register.
2. Assignment-specific confirmation recorded with the assignment file.
3. Where a conflict is identified: the Director (or the Board, for the Director) decides whether withdrawal, replacement, additional review or disclosure resolves it; the decision is minuted.
4. Undeclared conflicts discovered later are investigated under the Anti-Fraud Policy; decisions affected may be re-opened and corrected.

7. Breaches

Failure to declare, or participation despite a conflict, is misconduct. Consequences range from a written warning to removal from the pool, committee or position, termination of a contract, and reporting to the granting authority where EU funds are concerned.

8. Review

Reviewed by the Board every two years and after any incident.

Annex A — Declaration of interests (summary of fields)

Name · role at PHIG · current employment and positions held · paid activities in the last three years · financial interests above EUR 1,000 in any company in the health, pharmaceutical, supplement, cosmetics, laboratory, accreditation or tobacco sectors · grants and fees received from industry · memberships and honours · interests of close family · hospitality received · statement that the declaration is complete · signature and date.

Anti-Fraud, Anti-Corruption and Anti-Bribery Policy

EU references: Financial Regulation 2024/2509, Arts. 136–138 (exclusion) and 139; EU Model Grant Agreement Art. 11 (Fraud, corruption, irregularities) and Art. 25 (Checks, audits, OLAF/EPPO); Directive (EU) 2017/1371 (PIF Directive); Regulation (EU, Euratom) 883/2013 (OLAF)

1. Purpose

PHIG tolerates no fraud, corruption, bribery or misuse of funds, whether its own, donors' or the European Union's. This policy defines those terms, commits the institute to prevention, detection and reporting, and sets out what every person must do.

2. Scope

All persons acting for PHIG and its network (as defined in the Conflict of Interest Policy), all partners, subcontractors and suppliers engaged by PHIG, and all funds received or managed by PHIG, including EU funds.

3. Definitions

- **Fraud:** any intentional act or omission relating to the use or presentation of false, incorrect or incomplete statements or documents, non-disclosure of information in violation of a specific obligation, or misapplication of funds or assets for purposes other than those for which they were granted — as defined in Directive (EU) 2017/1371.
- **Corruption:** the abuse of entrusted power for private gain; active corruption (offering or giving an undue advantage to influence an official) and passive corruption (requesting or accepting one).
- **Bribery:** offering, promising, giving, requesting or accepting any undue advantage to induce improper performance of a function.
- **Irregularity:** any infringement of a provision of applicable law, a grant agreement or this policy resulting from an act or omission that has, or would have, the effect of prejudicing a budget, by an unjustified item of expenditure.
- **Facilitation payment:** a small payment to secure or expedite a routine action; prohibited.

4. Policy

1. No person acting for PHIG offers, gives, requests or accepts any bribe, kickback, facilitation payment or undue advantage, directly or through intermediaries, in any country.
2. No person falsifies, inflates or misrepresents costs, timesheets, deliverables, results or documents, and none submits a claim for costs that are not real, incurred, necessary and recorded.
3. PHIG keeps complete and accurate books and records, in line with the Financial Management Policy, so that every transaction can be traced to its purpose and authorisation.
4. PHIG assesses fraud risk for each programme and each grant at the planning stage and applies proportionate controls: segregation of duties, dual authorisation of payments, independent verification of deliverables, procurement rules, and random checks.
5. Suspected fraud, corruption or irregularity is reported immediately through the Whistleblowing Procedure; the person reporting in good faith is protected from retaliation.
6. PHIG cooperates fully with investigations by donors, the European Anti-Fraud Office (OLAF), the European Public Prosecutor's Office (EPPO), the European Court of Auditors and national authorities, and grants them access to premises, records and persons as required by the grant agreement.

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7. Confirmed fraud or corruption is reported to the granting authority and, where the law requires, to the police or prosecutor; amounts unduly received are recovered; contracts are terminated; the person is excluded from any future role.
 8. PHIG does not engage any partner, subcontractor or supplier that is excluded from EU funding or appears on EU, UN or other applicable sanctions lists, and checks this before contracting (see Sanctions Compliance in the Procurement Policy).

5. Responsibilities

- **Board:** adopts the policy, receives an annual fraud-risk report, decides on cases involving the Director.
- **Director:** implements controls, receives reports, leads investigations, reports to donors.
- **Finance function (accountant):** maintains records, applies dual authorisation, flags anomalies.
- **Everyone:** refuses, records, reports.

6. Procedure for suspected cases

1. Report received (Whistleblowing Procedure) and logged within two working days.
2. Preliminary assessment by the Director (or a Board member if the Director is concerned) within ten working days; evidence secured.
3. Investigation by a person without conflict; the person concerned is heard; findings documented.
4. Decision: no case, corrective action, sanction, recovery, referral to authorities, report to donor — recorded and, where EU funds are concerned, notified to the granting authority.
5. Lessons recorded; controls adjusted.

7. Training and awareness

Every person with financial or decision-making responsibility receives this policy on joining and confirms in writing that they have read it; grant teams are briefed on the fraud provisions of each grant agreement.

8. Review

Reviewed every two years, after any confirmed case, and whenever EU rules change.

Whistleblowing and Reporting of Irregularities Procedure

EU references: Directive (EU) 2019/1937 on the protection of persons who report breaches of Union law; EU Model Grant Agreement Art. 11 and 25; Financial Regulation 2024/2509

1. Purpose

To give every person a safe, confidential channel to report wrongdoing at PHIG or in its network — fraud, corruption, conflict of interest, harassment, safeguarding concerns, research misconduct, breaches of data protection, danger to health or safety, misuse of funds, or any breach of law or PHIG policy — and to protect those who report in good faith from retaliation, in line with Directive (EU) 2019/1937.

2. Who may report

Board members, staff, consultants, volunteers, experts, reviewers, authors, students, partners, suppliers, beneficiaries and members of the public. Reports may be made by current and former persons, and by applicants and candidates.

3. What may be reported

Any reasonable suspicion of wrongdoing listed above. The reporter need not have proof; a reasonable belief, held in good faith, is enough. Knowingly false reports are themselves misconduct.

4. Channels

- **Internal channel:** a dedicated address, info@accreditation.ge, marked "Confidential — integrity" in the subject line, opened only by the designated Integrity Officer (a Board member who is not the Director); or in writing to the Integrity Officer at PHIG's registered office marked "Confidential — integrity".
- **Where the Integrity Officer is concerned:** directly to the Chair of the Board at giorgi.pkhakadze@accreditation.ge, or, if the Chair is concerned, to any other Board member in writing at the registered office.
- **External channels:** for breaches concerning EU funds, the European Anti-Fraud Office (OLAF) and the European Public Prosecutor's Office (EPPO); for other matters, the competent Georgian authorities. The reporter may use an external channel directly, without using the internal one first, and retains protection.
- **Anonymous reports** are accepted and followed up as far as the information allows.

5. Handling

1. Acknowledgement within seven days of receipt.
2. Assessment and, where warranted, investigation by a person free of conflict; the identity of the reporter is disclosed only with their consent or where the law requires.
3. Feedback to the reporter within three months of acknowledgement on the action taken or planned.
4. Records kept securely, separately from personnel files, for the time needed and no longer than five years after closure unless legal proceedings require more.

6. Protection against retaliation

No dismissal, demotion, loss of assignment, exclusion from a pool or committee, withdrawal of a review, negative reference, harassment, blacklisting or any other detriment may be imposed on a person for reporting in good faith, for supporting a reporter, or for being related to one. Any retaliation is itself a serious breach dealt with under the Anti-Fraud Policy and the Equal Opportunities Policy. A person who suffers retaliation may report it to the Board and to the competent authority.

7. Rights of the person reported

Presumption of good faith until findings are made; information about the allegation at the appropriate stage; the opportunity to respond; confidentiality; protection of personal data under the Data Protection Policy.

8. Responsibilities

- **Integrity Officer:** receives, logs, assesses, assigns investigations, reports to the Board quarterly in anonymised form.
- **Board:** appoints the Integrity Officer, decides cases involving the Director, reviews the procedure.
- **Director:** ensures the channel is publicised on every site of the network and known to every person within scope.

9. Review

Reviewed every two years and after any case that reveals a weakness.

Code of Ethics and Research Integrity

EU references: ALLEA European Code of Conduct for Research Integrity (2023 revised edition); Horizon Europe Model Grant Agreement Art. 14 (Ethics and values) and Annex 5; Declaration of Helsinki; ICMJE Recommendations; COPE Core Practices

1. Purpose

PHIG's work — research, country assessments, product verdicts, accreditation readiness reports, journal publishing, courses, data — rests on the trust that it is honest, reliable and accountable. This code binds the institute to the four principles of the ALLEA European Code of Conduct for Research Integrity, which Horizon Europe makes mandatory and which PHIG adopts for all its activities whether or not EU-funded.

2. Principles

- **Reliability** in ensuring the quality of research, reflected in design, methodology, analysis and use of resources.
- **Honesty** in developing, undertaking, reviewing, reporting and communicating research in a transparent, fair, full and unbiased way.
- **Respect** for colleagues, participants, society, ecosystems, cultural heritage and the environment.
- **Accountability** for research from idea to publication, for its management and organisation, for training, supervision and mentoring, and for its wider impacts.

3. Good practice

1. **Design and methods:** protocols registered before data collection where applicable; methods stated in full; limitations acknowledged.
2. **Data:** collected, stored and documented so that results can be verified; raw data retained for ten years; data management plans for every funded project (see Open Science Policy).
3. **Sources:** every figure traceable to its source — PHIG's network rule "no source, no number"; estimates labelled as estimates; conflicting sources reconciled or reported.
4. **Authorship:** follows the ICMJE criteria — substantial contribution, drafting or revising, approval, accountability; contributions stated; honorary and ghost authorship prohibited; AI tools disclosed and never listed as authors.
5. **Publication:** results published whatever they show; negative results not suppressed; corrections and retractions issued promptly; preprints and open access encouraged.
6. **Peer review and assessment:** confidential, impartial, timely, free of conflict, constructive; reviewers do not use what they review for their own advantage.
7. **Human participants:** informed consent, ethics committee approval where required, Declaration of Helsinki, data minimisation, protection of vulnerable groups, benefit-sharing with communities studied.
8. **Product verdicts and assessments:** follow the published Sheni Labs method; findings reported whatever they show; the client or submitter has no influence on content; right of reply guaranteed.
9. **Collaboration:** agreements on roles, data, authorship and intellectual property made at the start; partners in low- and middle-income settings treated as equal partners.
10. **Training:** every person engaged in research or assessment receives this code and training in integrity.

4. Misconduct

Fabrication (making up results), falsification (manipulating materials, processes, data or results), plagiarism (using others' work and ideas without credit) are the most serious violations. Other unacceptable practices include manipulating authorship, re-publishing substantial parts of one's own work without acknowledgement, citing selectively, withholding results, misrepresenting achievements, exaggerating importance, allowing funders to compromise independence, ignoring misconduct by others, and retaliating against those who report it.

5. Handling allegations

Allegations are received through the Whistleblowing Procedure, assessed and investigated with integrity, fairness, confidentiality and proportionality, with the person concerned heard. Outcomes range from correction of the record to retraction, removal from functions, termination, and notification of institutions, journals and funders. For EU-funded actions, confirmed misconduct is reported to the granting authority.

6. Responsibilities

The Board adopts the code; the Director and the editors of the Georgian Medical Journal, the directors of GILS and Sheni Labs and the Academy's lead apply it in their domains; an Integrity Officer handles allegations.

7. Review

Reviewed every three years or when the ALLEA code is revised.

Data Protection and Privacy Policy

EU references: Regulation (EU) 2016/679 (GDPR); Law of Georgia on Personal Data Protection (2023); EU Model Grant Agreement Art. 15 (Data protection); Convention 108+

1. Purpose and scope

PHIG processes personal data of staff, experts, authors, reviewers, learners, submitters, donors, partners, website users and participants in research and training. This policy sets out how PHIG complies with the Law of Georgia on Personal Data Protection and, where it processes data of persons in the European Union or acts for EU-funded projects, with the General Data Protection Regulation (GDPR). It applies to all sites and platforms of the network and to all persons acting for PHIG.

2. Principles

Lawfulness, fairness and transparency · purpose limitation · data minimisation · accuracy · storage limitation · integrity and confidentiality · accountability.

3. Roles

- **Controller:** PHIG, 3 Betlemi Rise, Tbilisi.
- **Data protection contact point:** info@accreditation.ge; a Data Protection Officer is designated where the law or a grant requires one.
- **Processors:** hosting providers, e-mail and API services, payment and accounting providers, learning-management and survey tools — each bound by a data processing agreement.

4. What PHIG processes and why

Category	Data	Legal basis	Retention
Website users	IP address, device, pages visited (server logs); cookie consent	Legitimate interest (security, operation); consent for non-essential cookies	Logs 90 days
Submitters (Sheni Labs, journal, forms)	Name, e-mail, organisation, submitted content and documents	Performance of the request; legitimate interest in the integrity of the process	Duration of the matter + 5 years
Experts, reviewers, committee members	Contact details, CV, declaration of interests, consent to be named	Contract / legitimate interest; consent for publication	Engagement + 5 years
Learners (GMJ Academy)	Account, progress, certificates	Contract (terms of use)	Account lifetime + 3 years; certificate records 10 years
Donors and clients	Identity, payment and invoicing data	Contract; legal obligation (accounting)	As required by tax and accounting law (6 years)
Research and training participants	As defined in each protocol	Consent; public interest / research, with safeguards	As stated in the protocol; raw data 10 years for integrity
Staff and applicants	Employment and recruitment data	Contract; legal obligation	Employment + statutory periods; unsuccessful applications 6 months

5. Rights

Every data subject may ask for access, rectification, erasure, restriction, portability, and may object to processing based on legitimate interest and withdraw consent at any time, by writing to the contact point. Requests are answered within one month. Complaints may be made to the Personal Data Protection Service

of Georgia or, for persons in the EU, to their national supervisory authority.

6. Security

Access on a need-to-know basis with individual accounts; encryption in transit; two-factor authentication for administrators; regular backups stored off the production server; prompt security updates; records of processing activities maintained; data protection impact assessments for high-risk processing (health data of participants, large-scale monitoring); breach register and notification to the supervisory authority within 72 hours and to data subjects where the risk is high.

7. Transfers

Data are hosted in Georgia and the European Union. Transfers to processors outside the EU/EEA or Georgia rely on adequacy decisions or standard contractual clauses.

8. Children and vulnerable persons

Services are not directed at children under 16; where a project involves minors or vulnerable adults, the Safeguarding Policy applies and consent is obtained from the person with parental responsibility or a legal representative.

9. EU-funded projects

Each project has a data management plan and, where personal data are processed, a data protection section in its ethics self-assessment; processing follows the grant agreement and the GDPR regardless of where the data subjects are.

10. Review

Reviewed annually and after any breach.

Gender Equality Plan

EU references: Horizon Europe eligibility condition (Regulation (EU) 2021/695, Art. 22(3)); European Commission guidance "Horizon Europe Gender Equality Plans"; EU Gender Equality Strategy 2020–2025

1. Purpose

A Gender Equality Plan (GEP) is an eligibility condition for public bodies, research organisations and higher-education establishments applying to Horizon Europe, and good practice for every organisation. This plan is PHIG's formal, public commitment, with dedicated resources, data collection and monitoring, training, and measures in the five thematic areas the Commission recommends.

2. Mandatory process requirements

1. **Public document:** this plan is published on publichealth.ge, signed by the Chair of the Board, and communicated to all persons acting for PHIG.
2. **Dedicated resources:** the Director is accountable for the plan; a Gender Equality Focal Point (a Board or committee member) coordinates it; a line in the annual budget covers training and data collection.
3. **Data collection and monitoring:** sex-disaggregated data on Board, committees, expert pools, staff, authors, reviewers, learners and beneficiaries are collected annually and published in the annual report; progress against the targets below is reported.
4. **Training and awareness:** gender equality and unconscious-bias training for the Board, committee chairs, editors and recruiters, delivered within the first year and refreshed every two years.

3. Thematic areas and measures

Area	Current situation (October 2026)	Measures	Target
Work–life balance and organisational culture	Small core team; largely remote and flexible work; many volunteers	Written flexible-work rules; meetings within core hours; parental leave in line with Georgian law and, where EU-funded, the Work–Life Balance Directive; zero tolerance of sexist behaviour	Rules adopted 2026; annual culture question in the volunteer survey
Gender balance in leadership and decision-making	Board, Scientific Committee and editorial boards being constituted	At least 40% of each sex on the Board, the Scientific Committee of Sheni Labs, the Advisory Board of GILS and the editorial board of the Georgian Medical Journal; chairs and vice-chairs of different sexes where possible	40% by the first full appointment round; reported annually
Gender equality in recruitment and career progression	Recruitment ad hoc	Open calls with neutral wording; mixed selection panels; criteria set in advance; equal pay for equal work verified annually; expert pools and reviewer lists actively balanced	Every panel mixed from 2027; pay audit yearly

Area	Current situation (October 2026)	Measures	Target
Integration of the gender dimension into research and teaching content	Sex-disaggregated data reported where available (e.g., GILS labour and OSH data)	Every GILS report, Sheni Labs verdict and Academy course considers sex and gender where relevant (dosing, exposure, occupational risk, access); the journal asks authors to report sex and gender per the SAGER guidelines	Checklist in every template from 2027
Measures against gender-based violence, including sexual harassment	Covered in principle	Equal Opportunities and Anti-Harassment Policy with a confidential reporting route (Whistleblowing Procedure), trained contact persons, protection from retaliation, sanctions	Policy adopted 2026; zero unresolved cases

4. Monitoring and review

The Focal Point reports to the Board each year with the data above; the Board reviews the plan annually and revises targets; the plan is fully revised every three years.

5. Signature

Adopted by the Board of the Public Health Institute of Georgia; signed by the Chair.

Equal Opportunities, Non-Discrimination and Anti-Harassment Policy

EU references: Charter of Fundamental Rights of the EU, Arts. 21 and 23; Directives 2000/43/EC, 2000/78/EC, 2006/54/EC; Horizon Europe MGA Art. 14 (EU values); Law of Georgia on the Elimination of All Forms of Discrimination (2014)

1. Commitment

PHIG treats every person with dignity and respect and does not discriminate on grounds of sex, gender identity, sexual orientation, race, colour, ethnic or social origin, nationality, language, religion or belief, political or other opinion, disability, age, health status, genetic features, property, birth, family status or any other characteristic. It applies the EU Charter of Fundamental Rights and the Law of Georgia on the Elimination of All Forms of Discrimination to all its activities, in every country where it works.

2. Scope

Board, staff, consultants, volunteers, experts, reviewers, authors, learners, beneficiaries, partners and anyone who deals with PHIG; all activities, events, publications, online platforms and communications.

3. Definitions

- **Direct discrimination:** treating a person less favourably than another in a comparable situation on a protected ground.
- **Indirect discrimination:** an apparently neutral provision, criterion or practice that puts persons with a protected characteristic at a particular disadvantage, unless objectively justified.
- **Harassment:** unwanted conduct related to a protected ground with the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.
- **Sexual harassment:** unwanted verbal, non-verbal or physical conduct of a sexual nature with that purpose or effect.
- **Victimisation:** adverse treatment of a person because they have complained of or supported a complaint of discrimination or harassment.
- **Reasonable accommodation:** appropriate measures, not imposing a disproportionate burden, to enable a person with a disability to participate fully.

4. Policy

1. Recruitment, engagement, assignment, promotion, pay, training, publication and access to services are decided on merit against criteria set in advance.
2. Reasonable accommodation is provided for persons with disabilities; PHIG's sites follow accessibility standards (WCAG 2.1 AA as the target).
3. Harassment and sexual harassment are prohibited in any form — in person, online, in writing — and at any PHIG activity, including social events and travel.
4. Complaints may be raised informally with any Board member or formally through the Whistleblowing Procedure; trained contact persons of both sexes are available.
5. Complaints are investigated promptly, impartially and confidentially; the complainant and the person complained of are heard; interim measures protect the complainant; outcomes are communicated.
6. Victimisation is a serious breach in itself.

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7. Sanctions range from warning to removal from functions, termination of contract and exclusion from PHIG activities; criminal conduct is reported to the authorities.
 8. Language, imagery and content across the network avoid stereotypes and are reviewed for inclusiveness; Georgian and English versions are provided for public resources wherever possible.

5. Responsibilities

The Board adopts and reviews the policy; the Director implements it and designates contact persons; every person is responsible for their own conduct and for not tolerating harassment of others.

6. Monitoring

Complaints, outcomes and diversity data (anonymised) are reported to the Board annually together with the Gender Equality Plan data.

7. Review

Every two years and after any case that reveals a weakness.

Safeguarding Policy — Children and Adults at Risk

EU references: EU Model Grant Agreement Art. 14 (ethics and values) and ethics appraisal (protection of participants); UN Convention on the Rights of the Child; Council of Europe Lanzarote Convention; EU Strategy on the Rights of the Child; Keeping Children Safe international standards

1. Purpose

PHIG's work reaches children, migrants and refugees, patients, older people, people with disabilities and others who may be at risk of harm. This policy commits PHIG to do no harm, to prevent abuse and exploitation by anyone acting for it, and to respond properly when a concern arises. It is required for any EU-funded action involving children or vulnerable adults and applies to all PHIG activities.

2. Definitions

- **Child:** any person under 18.
- **Adult at risk:** a person aged 18 or over who, because of age, illness, disability, displacement, detention, dependence or circumstance, is unable to protect themselves from harm or exploitation.
- **Harm:** physical, sexual, emotional or psychological abuse; neglect; exploitation (including sexual exploitation and abuse, labour exploitation, trafficking); online harm; financial abuse; and harm arising from PHIG's own activities (research, training, data).

3. Standards

1. **Policy and leadership:** a designated Safeguarding Lead (a Board member) and deputy; this policy applied to every activity, partner and contractor.
2. **Safe recruitment and engagement:** for any role with contact with children or adults at risk — identity checks, references, criminal-record checks where lawful and available, a signed code of conduct, and induction before contact.
3. **Code of conduct:** never be alone with a child in an unobservable setting; no physical, sexual or emotional abuse; no exploitation; no exchange of money, employment, goods or services for sexual favours; no contact through private social-media accounts; respect for privacy and dignity in photographs, data and stories; disclosure of any concern.
4. **Safe programmes:** a safeguarding risk assessment for every activity involving children or adults at risk — research, surveys, training, outreach, media — with measures agreed before it starts; informed consent and assent; the Data Protection Policy applied to their data; images used only with consent and never in a way that identifies a child at risk.
5. **Reporting and response:** any concern — about a person acting for PHIG, a partner, or anyone else — reported immediately to the Safeguarding Lead or through the Whistleblowing Procedure; the safety of the person at risk comes first; referral to the police, child-protection or social services, or health services where a person is in danger or a crime is suspected; the person at risk and, where appropriate, carers kept informed; records kept securely.
6. **Survivor-centred response:** the wishes, safety, dignity and confidentiality of the survivor guide the response; access to medical, psychological and legal support facilitated.
7. **Partners and contractors:** must have a safeguarding policy at least equivalent to this one or adopt it; concerns involving partners are handled jointly and reported to donors as the grant requires.
8. **Training:** everyone with contact with children or adults at risk trained on induction and every two years; the Lead trained to a recognised standard.

4. Responsibilities

Board: adopts the policy, appoints the Lead, receives an annual safeguarding report. Safeguarding Lead: risk assessments, training, case management, liaison with authorities and donors. Everyone: follows the code, reports concerns.

5. Review

Annually, after any case, and before any new programme involving children or adults at risk.

Environmental Sustainability Policy

EU references: European Green Deal; "do no significant harm" principle (Regulation (EU) 2020/852, Art. 17) applied in EU programmes; Horizon Europe MGA Art. 14 and 17; EU4Health Regulation (EU) 2021/522

1. Commitment

PHIG recognises that climate change and environmental degradation are among the largest threats to public health. The institute commits to minimising the environmental impact of its own operations, to applying the "do no significant harm" principle to every project it designs, and to integrating environment and climate into its research, education and public information.

2. Operations

1. **Travel:** meetings held online by default; air travel only where presence is essential, economy class, with trains preferred under 800 km; travel emissions estimated and reported annually.
2. **Digital infrastructure:** hosting providers chosen with regard to energy efficiency and renewable power where available; images and data optimised to reduce transfer and storage; automated services scheduled to avoid waste.
3. **Offices and events:** paperless by default; no single-use plastics at PHIG events; local, plant-forward catering; venues reachable by public transport.
4. **Procurement:** environmental criteria included where relevant (energy use, repairability, packaging, supplier's environmental policy), in line with the Procurement Policy.
5. **Waste:** electronic equipment reused or recycled through certified channels; data securely erased before disposal.

3. Projects

Every project design includes a short environmental screening: expected impacts, measures to avoid or reduce them, and confirmation that the project does no significant harm to the six EU environmental objectives (climate mitigation, climate adaptation, water and marine resources, circular economy, pollution prevention, biodiversity). For EU-funded actions the screening follows the granting authority's template.

4. Content

Health effects of climate change, heat at work, air and water quality, chemical safety and household chemicals, and planetary-health perspectives are integrated into GILS reports, Sheni Labs verdicts (household products, cosmetics containing microplastics), Academy courses and the network's public information.

5. Responsibilities and reporting

The Director is responsible; the annual report includes travel emissions, the proportion of meetings held online, and project screenings completed.

6. Review

Every two years.

Open Access and Open Science Policy

EU references: Horizon Europe MGA Art. 17 and Annex 5 (open science: open access to publications, research data management, FAIR data); Council Conclusions on open science (2022); Plan S principles

1. Purpose

PHIG's reason for existing is to make evidence available to the people who need it. This policy commits the institute and every platform of its network to open access, FAIR data and open methods, in line with the open-science obligations of Horizon Europe and the practice of the Georgian Medical Journal.

2. Publications

1. All peer-reviewed publications arising from PHIG's work are published open access, immediately on publication, under a Creative Commons Attribution licence (CC BY 4.0), with the author retaining copyright; the Georgian Medical Journal applies this to every article, charges no article-processing fee until at least January 2027, and registers a DOI with Crossref for each article.
2. Reports, datasets, verdicts, alerts and courses of the network are published under CC BY 4.0 unless a third party's rights or a participant's privacy require otherwise.
3. Where a PHIG author publishes elsewhere, the accepted manuscript is deposited in an open repository (Zenodo or an institutional repository) at the latest on publication, with the full publication metadata.
4. Metadata of all publications are openly available and machine-readable.

3. Research data

1. Every funded project has a data management plan (DMP), drafted at the start and updated at the end, following the Horizon Europe template: what data, how collected, formats, documentation, storage, access, licensing, retention.
2. Data are made FAIR — findable (persistent identifier, rich metadata), accessible (open repository, standard protocol), interoperable (open formats, vocabularies), reusable (clear licence, provenance). Datasets are deposited in Zenodo or a domain repository with a DOI.
3. "As open as possible, as closed as necessary": data are closed or restricted only for personal data, confidentiality obligations, security, intellectual property rights of third parties, or where openness would conflict with the project's objectives — and the reason is stated in the DMP.
4. Raw data are retained for ten years for verification.

4. Open methods and software

Methods, protocols, code and tools developed by the network (the Sheni Labs method, the GILS fact-checking method, the network feed, the Dictionary) are published; software is released under an open licence where possible.

5. Citizen and societal engagement

The network publishes in plain language and in Georgian wherever possible; the Georgian Dictionary of Public Health, the open datasets and the free courses are maintained as public goods; results are communicated to the communities studied.

6. Responsibilities

The Director and the Editor-in-Chief of the Georgian Medical Journal; each project lead for its DMP.

7. Review

Every two years and when EU open-science requirements change.

Procurement Policy

EU references: EU Model Grant Agreement Art. 9.1 (Purchases: best value for money or lowest price, no conflict of interests) and Art. 9.3 (Subcontracting); Financial Regulation 2024/2509, Title VII; EU restrictive measures (sanctions) regulations

1. Purpose

To ensure that PHIG buys goods, services and works on the basis of best value for money or, where appropriate, lowest price; that there is no conflict of interest; that EU and donor rules are met; and that the process can be audited.

2. Principles

Economy, efficiency, effectiveness · equal treatment and non-discrimination · transparency · proportionality · sound financial management · no conflict of interest · compliance with sanctions and exclusion rules · environmental and social responsibility.

3. Thresholds and procedures (EUR, excluding VAT)

Value	Procedure	Record
Up to 2,500	Direct purchase from a suitable supplier at a reasonable price	Invoice and justification note
2,501 – 15,000	At least three written quotations; selection on best value for money	Request, quotations, comparison table, decision
15,001 – 60,000	Written call for offers sent to at least five suppliers or published; evaluation by two persons against pre-set criteria	Call, offers, evaluation report, contract
Above 60,000	Open published tender with a published evaluation grid; evaluation committee of three	Full tender file

Where a donor's rules set lower thresholds or specific procedures, those apply. Contracts are not split to stay under a threshold.

4. Rules

1. Specifications are written before suppliers are approached and do not favour a brand or supplier.
2. Evaluation criteria and their weights are set in advance; price is always one of them.
3. Evaluators sign a declaration of no conflict of interest for each procedure.
4. Suppliers are checked against EU and UN sanctions lists and the EU early-detection and exclusion system before contracting; excluded or sanctioned parties are not engaged.
5. Contracts are in writing and state deliverables, price, deadlines, intellectual property, data protection, audit rights of PHIG and donors (including OLAF, EPPO and the European Court of Auditors for EU funds), and termination.
6. Subcontracting in EU-funded actions is limited to tasks foreseen in the grant, awarded on best value, and does not cover core project tasks.
7. Environmental and social criteria are included where relevant.
8. No gifts or hospitality from suppliers beyond negligible value.
9. All records are retained for five years after the final payment of the grant concerned, or longer if the donor requires.

5. Responsibilities

The Director authorises purchases; the finance function checks compliance before payment; the Board approves contracts above EUR 60,000 and any contract with a related party.

6. Review

Every two years and when donor rules change.

Financial Management and Internal Control Policy

EU references: EU Model Grant Agreement Arts. 6 (eligible costs), 20 (record-keeping), 21–22 (reporting and payments), 25 (checks and audits); Financial Regulation 2024/2509; Horizon Europe personnel-cost rules (daily rates, time records)

1. Purpose

To ensure that PHIG's funds — its own, donors' and the European Union's — are managed lawfully, economically, transparently and in a way that allows every euro to be traced, justified and audited.

2. Accounting system

1. Double-entry accounting in line with Georgian law and, for EU grants, in a form that allows direct reconciliation of each cost item with the grant's financial statement.
2. Separate cost centres (analytical accounts) for each grant and programme; no co-mingling of funds.
3. A professional accountant keeps the books; annual financial statements are prepared, approved by the Board and, above the thresholds set by law or donors, audited by an independent auditor.
4. Bank accounts in PHIG's name; electronic payments with dual authorisation above EUR 1,000; no cash transactions above EUR 200.

3. Internal control

- **Segregation of duties:** the person who initiates a cost does not approve the payment; the accountant does not approve.
- **Authorisation:** budget and grant budgets approved by the Board; every expenditure authorised by the Director within the approved budget; expenditure above EUR 10,000 outside the budget approved by the Board.
- **Verification:** deliverables verified before payment; invoices checked against contracts and procurement records.
- **Reconciliation:** monthly bank reconciliation; quarterly budget-versus-actual review by the Director, reported to the Board.
- **Assets:** register of equipment above EUR 500; depreciation per accounting rules; physical check annually.
- **Fraud controls:** as in the Anti-Fraud Policy.

4. Cost eligibility for grants

Only costs that are actually incurred, in the period, necessary for the action, identifiable and verifiable, recorded in the accounts, compliant with the grant and this policy, and reasonable, are charged. Indirect costs are charged at the rate the grant allows. VAT is charged only where non-recoverable. In-kind contributions by volunteers are recorded at value but charged only where the grant allows.

5. Personnel costs and time recording

1. Persons charged to a grant hold a written contract stating their role and rate; pay follows PHIG's usual practice.
2. Time is recorded monthly on time sheets (or a declaration per grant where the person works exclusively on it) signed by the person and approved by the Director, showing days per action.
3. Daily rates for EU grants are calculated per the grant's method (annual personnel cost ÷ 215 days or as the grant specifies).
4. Volunteers' time is recorded separately and never charged as a cost unless the grant permits.

6. Reporting and records

Financial reports to donors in the required format and on time; supporting documents (contracts, invoices, proof of payment, time sheets, procurement files, deliverables) retained for five years after the final payment (three years for low-value grants) and made available for checks, reviews and audits, including on-the-spot visits.

7. Currency and bank

Grants in euro are held in a euro account; exchange rates applied as the grant specifies; bank identification validated with the granting authority.

8. Annual summary

A summary of income (fees, grants, donations) and spending (programmes, running costs, staff) is published in the annual report, in line with the Financial Sustainability statement.

9. Responsibilities

Board: budget, accounts, auditor. Director: authorisation, reporting. Accountant: books, reconciliations, payroll, tax. Project leads: time sheets and deliverables.

10. Review

Annually.

Visibility and Communication Policy for Funded Actions

EU references: EU Model Grant Agreement Art. 17 (Communication, dissemination and visibility); Regulation (EU) 2021/1060 Art. 47–50; EU emblem rules; the standard EU disclaimer

1. Purpose

To ensure that every action funded or co-funded by the European Union, or by another donor, acknowledges the funding correctly, communicates results to the right audiences, and never misrepresents the donor's views.

2. Acknowledgement of EU funding

1. Every communication, publication, website page, course, report, event and output related to an EU-funded action displays the EU emblem and the funding statement in the form the grant requires: "Funded by the European Union" or "Co-funded by the European Union", with the programme name where specified.
2. The emblem is used as supplied by the Commission, unaltered, at a size at least equal to other logos, and never to imply EU endorsement of PHIG as an organisation.
3. Every output carries the standard disclaimer: "Views and opinions expressed are those of the author(s) only and do not necessarily reflect those of the European Union or [the granting authority]. Neither the European Union nor the granting authority can be held responsible for them."
4. The same rules apply to other donors according to their visibility guidelines.

3. Communication plan

Each funded action has a communication and dissemination plan: objectives, target groups (policy-makers, professionals, the public, media), key messages, channels (the network's sites, GMJ News, social media, events), timeline, indicators (reach, downloads, citations, uptake), and open-access publication of results.

4. Dissemination and exploitation

Results are disseminated as soon as possible through open access (Open Science Policy); where results have policy or practical use, PHIG prepares policy briefs, trainings or tools so that they are taken up; intellectual property is handled per the grant agreement.

5. Accuracy and ethics

Communications are evidence-based and sourced; no exaggeration of results; participants' privacy and dignity protected; images of children and people at risk used only under the Safeguarding Policy; political neutrality maintained.

6. Responsibilities

The project lead applies the rules; GMJ News supports dissemination; the Director approves public statements about EU-funded results.

7. Review

When donor rules change and at the start of each new grant.

Volunteer and Expert Engagement Policy

EU references: EU Model Grant Agreement Art. 6.2.A (personnel costs: volunteers under the applicable unit-cost or in-kind rules); Horizon Europe volunteer-cost provisions where applicable; Council of Europe Recommendation on volunteering

1. Purpose

Much of the PHIG network is built by people who give their time without payment: the editorial team of the Georgian Medical Journal, reviewers, the experts of Sheni Labs, course authors, advisers. This policy defines how volunteers and experts are engaged, protected and recognised, how their contribution is recorded, and how it relates to paid work and to grants.

2. Principles

- Volunteering is freely chosen, unpaid, and in the public interest; it complements and never replaces paid work that the law or a contract requires.
- Volunteers and experts are treated with the same respect, protection and rules as staff: conflict of interest, integrity, equal opportunities, safeguarding, data protection.
- Names are published only with consent (see the Sheni Labs policy on names); unnamed contributors are recorded internally and credited by role.
- Pro bono contribution is recognised publicly and in the annual report.

3. Engagement

1. Every volunteer or expert receives a written engagement note stating role, scope, duration, confidentiality, the applicable policies, insurance where relevant, and the right to withdraw.
2. A declaration of interests is signed before any assessment, review or editorial task.
3. Induction covers the relevant policies and the method of the platform concerned.
4. A named contact person supports each volunteer; feedback is given; problems are raised through the contact person or the Whistleblowing Procedure.
5. Reasonable out-of-pocket expenses are reimbursed against receipts where budgets allow; this does not make the engagement paid.

4. Records and valuation

Volunteer time is recorded (hours, role, platform) so that the institute can report its contribution, value it at a reasonable reference rate in the annual summary, and — only where a grant explicitly allows in-kind contributions by volunteers — include it in the project's co-financing under the grant's rules. Volunteer time is never claimed as a cost otherwise.

5. Transition to paid work

Where a task requires sustained professional effort — a commissioned assessment with a deadline, course production, database maintenance, a laboratory analysis — PHIG engages and pays a person under contract; the Financial Sustainability statement explains how such work is funded. A volunteer may be engaged for paid work on the same terms as anyone else; a paid role does not entitle a person to speak for PHIG beyond its scope.

6. Protection

Volunteers and experts are protected from retaliation, harassment and misuse of their names; their work is not used to support claims they have not made; their right of attribution is respected.

7. Review

Every two years.

Sanctions, Beneficial Ownership and Exclusion Compliance Policy

EU references: EU restrictive measures (Council Regulations under Art. 215 TFEU, including Regulation (EU) 833/2014 and 269/2014); Financial Regulation 2024/2509, Arts. 136–143 (exclusion, early detection); EU Model Grant Agreement Art. 11 and Annex 5; Directive (EU) 2015/849 (beneficial ownership)

1. Purpose

To ensure that PHIG, its Board, its beneficial owners (there are none, PHIG being a non-profit with no shareholders), its partners, subcontractors, suppliers and recipients of its funds are not subject to EU, UN or other applicable sanctions, are not excluded from EU funding, and that PHIG can declare this truthfully in every application and grant agreement.

2. Declarations PHIG makes

1. PHIG is a non-profit legal entity with no shareholders and no beneficial owners in the sense of Directive (EU) 2015/849; its governing body is its Board, whose members are listed in the Public Registry of Georgia and on publichealth.ge.
2. Neither PHIG nor any Board member or person with powers of representation, decision or control is: bankrupt; in breach of tax or social-security obligations; guilty of grave professional misconduct; convicted of fraud, corruption, participation in a criminal organisation, money laundering, terrorist financing or child labour; subject to EU sanctions; or listed in the EU early-detection and exclusion system — the grounds of Article 136 of the Financial Regulation.
3. PHIG makes this declaration of honour in every EU application and informs the granting authority of any change.

3. Checks PHIG performs

1. Before engaging any partner, subcontractor, supplier, sub-grantee or recipient of funds above EUR 1,000, PHIG checks the entity and its known owners and managers against the EU consolidated sanctions list, the UN consolidated list and, where relevant, OFAC and UK lists; the result is recorded in the procurement or partnership file.
2. Partners in EU-funded consortia provide their own declaration of honour; PHIG keeps copies.
3. Checks are repeated annually for ongoing relationships and at each payment above EUR 10,000.
4. No funds are transferred to sanctioned persons or entities, to entities in sanctioned territories where the measures prohibit it, or to entities that cannot identify their beneficial owners.

4. Related-party transactions

Any contract or payment between PHIG and an entity in which a Board member, the Director, a staff member or their close family has an interest (including Accréditation Sans Frontières, Sheni-branded companies and the Georgian Medical Journal's publishing operations) is disclosed under the Conflict of Interest Policy, approved by the Board without the interested person, concluded at arm's length, and listed in the annual summary.

5. Responsibilities

Director: declarations and checks. Finance function: payment screening. Board: approval of related-party transactions and annual review of this policy.

6. Review

Annually and when sanctions regimes change.

Code of Conduct

EU references: ASF Policy 1; UN Standards of Conduct; EU MGA Art. 14 (EU values); USAID ADS 303 standard provisions (conduct); WHO FENSA due-diligence criteria

1. Purpose and scope

This code states the standards of personal and professional conduct expected of everyone who acts for PHIG. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Act with honesty, integrity and impartiality; put the public interest and the interests of participants, learners and beneficiaries first.
2. Comply with the law of every country in which PHIG works, with donor rules, and with every policy of this framework.
3. Treat everyone with dignity and respect; no discrimination, harassment, abuse, exploitation or bullying, in person or online.
4. Protect PHIG's independence: no advertising, no sponsorship or benefit from parties the network assesses, accredits or reviews; nothing from the tobacco, nicotine or vaping industry; no outcome-linked money.
5. Declare interests; refuse gifts and hospitality beyond negligible value; never use position or information for private gain.
6. Use PHIG's funds, assets, data and name only for PHIG's purposes; keep accurate records; never falsify a document, time sheet or result.
7. Protect confidential information and personal data; publish only what is sourced and true.
8. No drugs or alcohol while performing duties; no weapons at PHIG activities.
9. Speak for PHIG only when authorised; political neutrality in PHIG's name.
10. Report wrongdoing through the Whistleblowing Procedure; cooperate with investigations; never retaliate.

3. Procedures

1. Everyone receives the code on engagement and signs an acknowledgement.
2. Breaches are handled under the Human Resources, Anti-Fraud, Equal Opportunities, Safeguarding and PSEAH policies as applicable; sanctions range from warning to termination and referral to authorities.

Responsibilities

Board adopts; Director applies; every person signs and lives by it.

Review

Every two years and when donor rules change.

Delegation of Authority and Signatures

EU references: ASF Policy 3; EU MGA Art. 20 (record-keeping) and Financial Regulation sound financial management; USAID 2 CFR 200.302–303 (financial management, internal controls)

1. Purpose and scope

To define who may commit PHIG, sign documents, approve expenditure and represent the institute, so that every commitment is authorised, recorded and auditable. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. The Board holds ultimate authority; it approves the strategy, annual budget, financial statements, this framework, grants and contracts above EUR 60,000, related-party transactions, borrowing, and the appointment of the auditor, Integrity Officer, Safeguarding Lead and Gender Focal Point.
2. The Chair is the legal representative and signs statutory documents, grant agreements and contracts within the approved budget; the Board may authorise a second signatory.
3. The Director approves expenditure within the budget up to EUR 10,000 per transaction and programme decisions within approved plans; above that, Board approval.
4. Project leads commit costs within their project budget up to EUR 2,500 per transaction with the Director's counter-signature on payment.
5. Payments above EUR 1,000 require two authorisations (initiator and approver); the accountant never approves.
6. No person approves their own expenses, pay or contract; those are approved by the next level.
7. Delegations are in writing, recorded in a register, time-limited, and revoked when the role ends.
8. Electronic signatures are permitted where the law and the donor accept them; signature specimens are held by the bank and the accountant.

3. Procedures

1. Register of delegations maintained by the Director and reviewed by the Board annually.
2. Bank mandates updated within ten working days of any change of signatory.

Responsibilities

Board; Chair; Director; accountant for mandates.

Review

Every two years and when donor rules change.

Gift Acceptance, Donor Due Diligence and Commercial Independence

EU references: ASF Policy 4; WHO FENSA (exclusion of tobacco and arms industries; due diligence on non-State actors); EU MGA Art. 14; UN Global Compact principles

1. Purpose and scope

To define which gifts, donations, grants and commercial relationships PHIG accepts, how it checks donors and partners, and how it protects its independence. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. PHIG accepts no funding, sponsorship, donation, hospitality or in-kind support from: the tobacco, nicotine and vaping industry and entities they fund; the arms industry; any company whose products or services the network assesses, accredits, reviews or ranks, or their trade associations; any party under sanctions or exclusion; any source whose origin cannot be established.
2. Alcohol, gambling, fossil-fuel and ultra-processed-food companies are declined as sponsors of health programmes; any exception requires a Board decision with reasons published.
3. Donations are unrestricted or restricted to a programme, never to an outcome; a donor has no say in a verdict, accreditation result, article, course grade or research finding.
4. Donors above EUR 5,000 per year are listed in the annual summary with the amount band; anonymity is granted only to private individuals and only if the gift is not from an excluded source.
5. Due diligence proportionate to the amount: identity, source of funds, ownership, sanctions and reputational screening; enhanced for amounts above EUR 25,000, politically exposed persons and high-risk jurisdictions.
6. Commercial services are priced to cover costs and contribute to programmes; fees pay for work, never results; revenue from any single client is capped at 25% of annual income to protect independence.
7. PHIG does not endorse products or companies; the Shen Labs mark on a product page states that an assessment was made and by whom, nothing more.

3. Procedures

1. Due-diligence checklist completed before acceptance; Director decides up to EUR 25,000, Board above.
2. Declined offers logged with reasons.

Responsibilities

Board; Director; finance function.

Review

Every two years and when donor rules change.

Anti-Money Laundering and Counter-Terrorist Financing

EU references: ASF Policy 6; Directive (EU) 2015/849 and (EU) 2018/843; FATF Recommendation 8 (non-profit organisations); USAID anti-terrorism certification and E.O. 13224; Georgian AML law

1. Purpose and scope

To ensure that PHIG is never used to launder money or finance terrorism, and that it can certify this to donors. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Know your donor, partner, sub-grantee and supplier: identity, ownership and source of funds established and recorded before funds are accepted or transferred.
2. No cash receipts above EUR 200; no cash payments above EUR 200; all other transactions through PHIG's bank accounts.
3. All counterparties screened against EU, UN, US (OFAC SDN) and UK sanctions and terrorist lists before engagement and at least annually (see Sanctions Policy).
4. Funds transferred only to the verified bank account of the contracted entity; no third-party payments; no transfers to jurisdictions where prohibited.
5. Unusual transactions — unexplained donors, round-trip payments, requests to route funds through intermediaries, refusal to provide identity — are refused and reported to the Director and, where required by law, to the Financial Monitoring Service of Georgia.
6. PHIG signs donors' anti-terrorism certifications only after verifying that the policy has been applied to the action concerned.
7. Sub-grantees and partners adopt equivalent rules by contract.

3. Procedures

1. AML checklist in every partnership and sub-award file; annual AML review reported to the Board.

Responsibilities

Director; accountant; Board.

Review

Every two years and when donor rules change.

Protection from Sexual Exploitation, Abuse and Harassment (PSEAH)

EU references: ASF Policy 8; UN Secretary-General's Bulletin ST/SGB/2003/13; IASC Six Core Principles; USAID ADS 303 PSEA standard provision; EU DG ECHO and INTPA PSEAH requirements; WHO policy on preventing and addressing sexual misconduct

1. Purpose and scope

Zero tolerance of sexual exploitation, abuse and harassment by anyone acting for PHIG, towards beneficiaries, participants, learners, colleagues or anyone else. This policy complements the Safeguarding and Equal Opportunities policies and the Code of Conduct. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Sexual exploitation and abuse constitute gross misconduct and grounds for immediate termination and referral to the authorities.
2. Sexual activity with children (under 18) is prohibited regardless of local age of majority or consent; mistaken belief in age is no defence.
3. Exchange of money, employment, goods, services, grades, certificates, verdicts or assistance for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour, is prohibited.
4. Sexual relationships between persons acting for PHIG and beneficiaries, participants or learners, which are based on inherently unequal power, undermine PHIG's credibility and are prohibited.
5. Sexual harassment of colleagues, experts, authors or anyone else is prohibited.
6. Every person has a duty to report concerns or suspicions through the Whistleblowing Procedure or to the Safeguarding Lead; reports are handled with a survivor-centred approach; retaliation is prohibited.
7. Safe recruitment, induction and training on PSEAH for everyone, with refresher training every two years.
8. Partners and subcontractors adopt equivalent standards by contract; incidents involving them are managed jointly and reported to donors as required.

3. Procedures

1. Reports acknowledged within 24 hours; survivor safety and support first; investigation by trained, impartial persons; decision within 30 working days where possible; donor notification per the grant (e.g., USAID within 24 hours of a credible allegation where required).

Responsibilities

Board; Safeguarding Lead (also PSEAH focal point); Director.

Review

Every two years and when donor rules change.

Combating Trafficking in Persons and Forced Labour

EU references: ASF Policy 10; US FAR 52.222-50 and 22 CFR 200/USAID anti-trafficking provisions; EU Directive 2011/36/EU; ILO Forced Labour Convention and Protocol; UK Modern Slavery Act principles

1. Purpose and scope

PHIG prohibits trafficking in persons, forced or compulsory labour, child labour and related practices in its own activities and in its supply chain, and complies with the anti-trafficking provisions of US and EU donors. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. No person acting for PHIG engages in trafficking in persons, procures commercial sex acts, uses forced labour, or uses child labour.
2. No person destroys, conceals, confiscates or denies access to an employee's identity or immigration documents; no misleading or fraudulent recruitment; no recruitment fees charged to workers; no unreasonable housing; written contracts in a language the worker understands; return transportation provided where required.
3. Suppliers, subcontractors and partners are contractually bound to the same prohibitions and must certify compliance; PHIG terminates any relationship where violations are found.
4. Suspected violations are reported immediately to the Director and, for US-funded actions, to the contracting officer and the Global Human Trafficking Hotline as required; for EU-funded actions, to the granting authority.
5. PHIG's labour-studies work (GILS) and Sheni Labs' supply-chain checks apply this policy in their assessments.

3. Procedures

1. Annual certification by the Director; supplier declarations in procurement files; training for staff involved in recruitment and procurement.

Responsibilities

Director; procurement and HR functions; Board.

Review

Every two years and when donor rules change.

Drug- and Alcohol-Free Workplace

EU references: ASF Policy 12; US Drug-Free Workplace Act (2 CFR 182); Georgian labour law

1. Purpose and scope

To maintain a safe, healthy and productive working environment free from the effects of alcohol and illegal drugs, and to meet the certification required by US federal awards. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. The unlawful manufacture, distribution, possession or use of a controlled substance, and being under the influence of alcohol or drugs while performing duties, at PHIG premises, events or in PHIG-funded activities, is prohibited.
2. Moderate alcohol at social events after working hours may be permitted by the Director; never at activities involving beneficiaries, learners or children.
3. Persons taking prescribed medication that may impair performance inform their supervisor confidentially.
4. Any person convicted of a drug-related offence occurring in the workplace notifies the Director within five days; for US-funded actions PHIG notifies the agency within ten days as required.
5. Support is offered for persons with substance-use problems; seeking help is not itself grounds for sanction.

3. Procedures

1. Acknowledgement signed on engagement; awareness session for staff.

Responsibilities

Director; HR function.

Review

Every two years and when donor rules change.

Incident Reporting, Investigation and Management

EU references: ASF Policy 14; EU MGA Art. 11 and 25; USAID mandatory disclosures (2 CFR 200.113) and ADS 596; WHO contractor reporting obligations

1. Purpose and scope

To ensure that incidents — safety, security, safeguarding, PSEAH, fraud, data breaches, loss of assets, reputational events — are recorded, investigated, resolved and learned from, and that donors are informed as their rules require. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Every incident is reported to the Director within 24 hours of becoming known (safeguarding and PSEAH to the Safeguarding Lead; integrity matters through the Whistleblowing Procedure).
2. Incidents are logged in a register with date, nature, persons involved (coded), immediate action, investigation, outcome and lessons.
3. Investigations are proportionate, impartial, confidential and completed within 30 working days where possible; persons concerned are heard.
4. Serious incidents are reported to the Board without delay and to donors as required (see Disclosure to Donors).
5. Data breaches follow the Data Protection Policy (72-hour notification); crimes are reported to the police.
6. Lessons are reviewed quarterly and controls adjusted.

3. Procedures

1. Incident form; register; quarterly review; annual summary to the Board.

Responsibilities

Director; Safeguarding Lead; Integrity Officer; Board.

Review

Every two years and when donor rules change.

Disclosure of Incidents to Donors

EU references: ASF Policy 15; 2 CFR 200.113 (mandatory disclosure of violations of federal criminal law involving fraud, bribery or gratuity); EU MGA Art. 11, 25 (information on fraud, irregularities, OLAF); WHO contract clauses

1. Purpose and scope

To ensure that donors are informed promptly and accurately of incidents affecting their funds, in line with their rules, and that PHIG never conceals an irregularity. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. PHIG discloses in writing to the granting authority, within the time its rules require and in any case within ten working days, any credible evidence of fraud, corruption, bribery, conflict of interest, serious irregularity, misuse of funds, sanctions breach, trafficking, PSEAH or safeguarding incident, data breach involving the action, or significant loss, connected with that donor's funds.
2. Disclosure is made by the Director after informing the Chair; it states the facts known, the action taken, and the planned investigation; updates follow.
3. Disclosure does not wait for the end of an investigation when the donor's rules require earlier notice (e.g., USAID: immediately for trafficking and PSEAH; mandatory disclosure of criminal violations).
4. Records of disclosures are kept in the incident register.

Responsibilities

Director; Chair; Board informed.

Review

Every two years and when donor rules change.

Safety, Security and Duty of Care

EU references: ASF Policy 17; EU MGA Art. 14 and 17; USAID ADS 303 (security); ILO Occupational Safety and Health Convention 155

1. Purpose and scope

PHIG owes a duty of care to everyone who works or travels for it. This policy sets the minimum standards for safety and security at work, in travel and in the field, including migrant-health and humanitarian settings. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Risk assessment before any field activity, travel to a country or region with elevated risk, or event; measures proportionate to the risk; no activity proceeds where the risk is unacceptable.
2. Travel approved by the Director; itinerary, contacts and emergency plan recorded; check-in procedures for high-risk locations; insurance (medical, evacuation) in place for international travel.
3. Security briefings for persons deployed to humanitarian or refugee settings, including on PSEAH and safeguarding.
4. Right to refuse unsafe work without penalty.
5. Incidents reported under the Incident Reporting Policy; near misses included.
6. Mental-health support and debriefing after distressing assignments.

3. Procedures

1. Travel risk-assessment form; emergency contact list; annual review of insurance.

Responsibilities

Director; project leads; every traveller.

Review

Every two years and when donor rules change.

Editorial Independence and Publication Ethics

EU references: ASF Policy 19; COPE Core Practices; ICMJE Recommendations; WAME principles; EU MGA Art. 17

1. Purpose and scope

To guarantee the independence of the Georgian Medical Journal, GMJ News, the GILS publications, the Sheni Labs verdicts and alerts, and all other editorial outputs of the network from funders, advertisers, partners, PHIG's own management and any other influence. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Editorial decisions are taken solely by the responsible editor on the basis of quality, relevance, evidence and ethics; no funder, donor, client, partner or Board member may require, prevent or alter a publication.
2. The Editor-in-Chief of the Georgian Medical Journal and the editors of the other platforms have full authority over content; they may be removed only for cause by the Board, never for editorial decisions.
3. Funding of PHIG or of any platform is disclosed; sponsored content does not exist; advertising is not accepted.
4. Peer review is impartial, confidential and free of conflict; reviewers and authors declare interests; the journal follows COPE guidance on misconduct, corrections, retractions and appeals.
5. Authors retain copyright under CC BY 4.0; the journal does not charge fees that would bias acceptance.
6. Right of reply and a corrections policy apply to every platform; errors are corrected openly.
7. AI tools are used transparently and never as authors; automated systems (the GILS Desk, the Labs Desk) operate under published rules with editorial accountability.

Responsibilities

Editor-in-Chief and platform editors; Board as guarantor.

Review

Every two years and when donor rules change.

Public Health Communication and Information Integrity

EU references: ASF Policy 20; WHO infodemic-management principles; EU Code of Practice on Disinformation (principles); UNESCO guidelines

1. Purpose and scope

The network publishes health information for the public. This policy ensures that it is accurate, sourced, timely, balanced, accessible and never misleading, and that it counters rather than spreads misinformation. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Every factual claim carries a source; "no source, no number"; estimates are labelled; uncertainty is stated; conflicting evidence is reported.
2. Health advice follows WHO, national and professional guidance; the network never gives individual medical advice and says so.
3. No sensationalism, no fear-based framing, no unproven cures, no amplification of misinformation even to refute it without context.
4. Content is written in plain language, accessible (WCAG 2.1 AA target), and in Georgian wherever possible.
5. Images comply with the Safeguarding, Data Protection and copyright rules (licensed, captioned, no faces of private individuals).
6. Corrections are made promptly and visibly; a corrections log is kept per platform.
7. Social-media accounts in PHIG's name are managed under these rules; personal accounts of staff state that views are their own.

Responsibilities

Platform editors; Director.

Review

Every two years and when donor rules change.

Grants Management and Sub-Award Monitoring

EU references: ASF Policy 23; 2 CFR 200.331–333 (sub-recipient monitoring); EU MGA Art. 9.4 (financial support to third parties) and Art. 7 (consortium); Financial Regulation

1. Purpose and scope

To manage grants received and funds passed on to partners and sub-grantees so that every obligation to the donor is met and flowed down. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Each grant has a lead, a budget in PHIG's cost centres, a compliance checklist of the agreement's obligations (reporting, visibility, ethics, procurement, audit rights, retention), a calendar of deadlines, and a risk assessment.
2. Reports — narrative and financial — are prepared from the accounting and project records, reviewed by the Director and submitted on time; requests for amendments are made in advance.
3. Sub-awards and financial support to third parties are made only where the grant allows, by written agreement that flows down all relevant obligations (eligibility, audit, visibility, PSEAH, anti-trafficking, sanctions, data protection), after due diligence on the recipient's capacity and integrity.
4. Sub-recipients are monitored proportionately: reports, document checks, site visits for higher-risk or larger awards; findings followed up; funds recovered where misused.
5. Closure: final reports, reconciliation, asset disposition per the grant, retention of records (five years EU; three years US after final report, longer if audits are open).

3. Procedures

1. Grant file template; sub-award agreement template; monitoring plan.

Responsibilities

Director; project leads; accountant.

Review

Every two years and when donor rules change.

Cost Allowability, Cost Allocation and Timekeeping

EU references: ASF Policy 24; 2 CFR 200 Subpart E (cost principles) and 200.430 (compensation, time records); EU MGA Art. 6 (eligible costs) and personnel-cost rules; Horizon Europe daily-rate method

1. Purpose and scope

To ensure that every cost charged to a donor is allowable, allocable, reasonable, consistently treated and documented, under both EU and US rules. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. A cost is charged to a grant only if it is allowable under that grant, allocable to it (incurred specifically for it or benefiting it in a measurable proportion), reasonable (what a prudent person would pay), consistently treated, adequately documented and not charged elsewhere.
2. Shared costs are allocated by a documented, consistent method (e.g., by headcount, time, floor area) approved by the Director; the method is applied uniformly across donors.
3. Indirect costs are charged at the rate the grant allows: the EU flat rate, a US negotiated indirect cost rate agreement (NICRA) if obtained, or the US de minimis rate; the same cost is never both direct and indirect.
4. Time is recorded for every person charged to any grant: monthly time sheets showing hours or days per project and non-project time, signed by the person and approved by the supervisor, reflecting actual work, prepared contemporaneously; or the exclusive-assignment declaration where a grant allows it.
5. Unallowable costs (fines, entertainment, alcohol, lobbying, fundraising, bad debts, contingencies, excessive travel) are never charged to grants and are coded separately in the accounts.
6. Costs in foreign currency are converted at the rate the grant specifies.

3. Procedures

1. Allocation method memo; time-sheet template; monthly review by the accountant.

Responsibilities

Accountant; Director; project leads.

Review

Every two years and when donor rules change.

Travel and Expense Policy

EU references: ASF Policy 25; 2 CFR 200.475 (travel costs) and Fly America Act for US-funded travel; EU MGA Art. 6.2.C (travel); EU/US per-diem references

1. Purpose and scope

To ensure that travel and expenses are necessary, economical, documented and compliant with donor rules. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Travel is approved in advance by the Director (the Chair for the Director) with purpose, dates and estimated cost; online alternatives considered first.
2. Economy class for flights (premium economy permitted for flights over 8 hours with Board approval), standard class rail, the lowest reasonable fare booked in good time; US-funded air travel complies with the Fly America Act and Open Skies exceptions.
3. Accommodation at reasonable mid-range standard; per diems not exceeding the donor's or the EU/UN published rates; receipts required for all expenses except per diem where lump sums are allowed.
4. No reimbursement of alcohol, entertainment, fines, personal items or family travel.
5. Expense claims submitted within 30 days with receipts and the approved travel request; advances settled within 15 days of return.
6. Travel emissions recorded under the Environmental Sustainability Policy.

3. Procedures

1. Travel request form; expense claim form; per-diem table maintained by the accountant.

Responsibilities

Director; accountant; travellers.

Review

Every two years and when donor rules change.

Asset, Equipment and Property Management

EU references: ASF Policy 26; 2 CFR 200.313–314 (equipment and supplies); EU MGA Art. 6.2.C (equipment depreciation) and Art. 16 (ownership of results)

1. Purpose and scope

To record, protect, use and dispose of PHIG's assets properly, including those bought with donor funds. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Asset register for every item above EUR 500 (and all IT equipment): description, serial number, cost, funding source, location, custodian, condition, depreciation, disposal.
2. Assets are tagged, insured where appropriate, physically verified annually, and used only for PHIG purposes.
3. Equipment bought with donor funds is used for the action, depreciated or charged as the grant allows, and disposed of or transferred at closure per the donor's rules and with its approval where required.
4. Loss, theft or damage is reported under the Incident Reporting Policy and to the donor where the asset was donor-funded.
5. Data on disposed IT equipment is securely erased.

3. Procedures

1. Annual physical verification report to the Board; disposal form.

Responsibilities

Director; accountant; custodians.

Review

Every two years and when donor rules change.

Human Resources, Recruitment and Staff Conduct

EU references: ASF Policy 27; Labour Code of Georgia; 2 CFR 200.430–431; EU MGA Art. 6.2.A; ILO fundamental conventions

1. Purpose and scope

To engage, manage and develop people fairly, lawfully and transparently. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Positions are advertised openly with clear criteria; selection by a mixed panel against the criteria; records kept; no nepotism — relatives of Board members or staff are engaged only through open competition and never under the supervision of their relative.
2. Written contracts compliant with Georgian law (or the law of the place of work) stating role, pay, hours, leave, confidentiality, policies, data protection and termination.
3. Pay follows a written salary scale approved by the Board; equal pay for equal work; pay charged to grants matches contracts and time records.
4. Induction covers this framework; annual performance review; training plan; grievance and disciplinary procedures that are fair, documented and allow appeal to the Board.
5. Working time, leave, parental leave and sick leave at least as the law requires; flexible and remote work by written agreement.
6. Personnel files are confidential and retained per the Records Policy.

3. Procedures

1. Recruitment file checklist; contract templates; disciplinary procedure with written notice, hearing, decision and appeal.

Responsibilities

Board (scale, Director's contract); Director; HR function.

Review

Every two years and when donor rules change.

Environmental and Social Safeguards for Projects

EU references: ASF Policy 28; EU "do no significant harm" (Regulation 2020/852 Art. 17); World Bank Environmental and Social Framework; USAID 22 CFR 216 (environmental procedures); IFC Performance Standards (principles)

1. Purpose and scope

To identify, avoid and mitigate environmental and social risks of PHIG's projects to people and the environment, especially in humanitarian, migrant-health and community settings. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Every project is screened at design for environmental and social risks (health and safety of communities, labour conditions, vulnerable groups, gender-based violence, cultural heritage, pollution, resource use); the screening is recorded and the category assigned (negligible, low, moderate, substantial).
2. Moderate and substantial risks require a mitigation plan with responsibilities, budget and indicators, approved by the Director and, for substantial risks, by the Board.
3. Stakeholder engagement proportionate to the risk: affected people informed and consulted, with a grievance route (see Complaints Policy).
4. Donor-specific procedures (USAID 22 CFR 216 initial environmental examination; EU DNSH assessment; World Bank ESF) are applied when the donor requires.
5. Monitoring of mitigation measures is part of project reporting.

3. Procedures

1. Screening form; mitigation plan template; grievance log.

Responsibilities

Project leads; Director; Board.

Review

Every two years and when donor rules change.

Feedback, Complaints and Grievance Mechanism

EU references: ASF Policies 29 and 39; Core Humanitarian Standard commitment 5; EU MGA Art. 17; USAID accountability provisions; ISO 10002 principles

1. Purpose and scope

To give beneficiaries, participants, learners, partners, submitters, authors, suppliers and the public a clear, safe and effective way to give feedback or complain about PHIG's work, and to be answered. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Complaints and feedback may be submitted by e-mail to info@accreditation.ge, by letter to the registered office, through the contact forms of each platform, or in person; anonymous complaints are accepted.
2. Every complaint is acknowledged within five working days, logged, assigned to a person free of conflict, and answered with a decision and reasons within 30 working days; complex cases are given a timeline.
3. Sensitive complaints (safeguarding, PSEAH, fraud, harassment) are routed to the Whistleblowing or Safeguarding procedures.
4. Appeals: a complainant dissatisfied with the answer may appeal to the Chair within 30 days; the Chair (or a Board member where the Chair is conflicted) decides within 30 working days.
5. Platform-specific routes are published: right of reply and corrections for publications; appeal against a Sheni Labs verdict to the Scientific Committee; academic appeals at GMJ Academy; editorial appeals at the journal under COPE.
6. No one suffers any detriment for complaining; complaints data (anonymised) are reported to the Board annually and used to improve.

3. Procedures

1. Complaints register; standard acknowledgement; annual analysis.

Responsibilities

Director; platform leads; Chair for appeals.

Review

Every two years and when donor rules change.

Lobbying, Political Activity and Advocacy

EU references: ASF Policy 30; 2 CFR 200.450 (lobbying costs unallowable) and 31 USC 1352 (Byrd Amendment certification); EU Transparency Register rules; Georgian law on non-profits

1. Purpose and scope

PHIG advocates for public health on the evidence. This policy separates legitimate evidence-based advocacy from partisan political activity and from lobbying that donors prohibit charging to their funds. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. PHIG is non-partisan: it does not support or oppose any party, candidate or electoral campaign, in Georgia or elsewhere, and does not donate to them.
2. Evidence-based advocacy on public health policy (tobacco control, occupational safety, health-system quality, migrant health) is part of PHIG's mission and is conducted openly in PHIG's name on published evidence.
3. No costs of lobbying or attempting to influence legislation or elections are charged to US federal awards or other donor funds that prohibit them; such activity, if any, is funded and coded separately.
4. PHIG registers in the EU Transparency Register before engaging with EU institutions on policy and complies with its code of conduct; it declares its advocacy interests where required.
5. Staff may engage in politics privately, never in PHIG's name, never using PHIG's resources; Board members declare political offices in their declaration of interests.
6. PHIG signs the Byrd Amendment certification (no federal funds used for lobbying) where US awards require it.

Responsibilities

Board; Director.

Review

Every two years and when donor rules change.

Records Management and Retention

EU references: ASF Policy 31; 2 CFR 200.334–338 (record retention and access); EU MGA Art. 20 (five years, three years for low-value grants); GDPR storage limitation; Georgian accounting law

1. Purpose and scope

To create, keep, protect and dispose of records so that PHIG can demonstrate what it did, meet legal and donor retention periods, and respect data minimisation. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Records are kept of every decision, transaction, contract, grant, assessment, publication and incident, in a structured filing system (cloud, access-controlled, backed up).
2. Retention: accounting and tax records 6 years; grant records 5 years after the final payment (EU) or 3 years after the final report (US), or longer if an audit or litigation is open; personnel records employment plus 10 years; Board minutes and statutes permanently; research raw data 10 years; verdict and assessment files 10 years; website and publication archives permanently; logs 90 days; recruitment of unsuccessful candidates 6 months.
3. Donors, auditors, OLAF, EPPO, the European Court of Auditors, US agencies and inspectors general have access to records as the grant provides.
4. Records containing personal data follow the Data Protection Policy; disposal is secure and logged.
5. Original signed documents are scanned; electronic records are authoritative where the law allows.

3. Procedures

1. Retention schedule maintained by the Director; annual disposal review.

Responsibilities

Director; accountant; all record owners.

Review

Every two years and when donor rules change.

Information Technology and Cybersecurity

EU references: ASF Policy 32; GDPR Art. 32 (security of processing); NIS2 principles; ISO/IEC 27001 controls (reference); 2 CFR 200.303 (safeguarding information)

1. Purpose and scope

PHIG runs more than twenty websites, databases and automated services. This policy protects their confidentiality, integrity and availability. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Individual accounts for every person; least privilege; two-factor authentication for all administrator and e-mail accounts; passwords from a manager; shared passwords prohibited; access removed within one working day of departure.
2. Credentials, API keys and tokens are stored in a password manager, never in documents, chats or code; rotated when exposed.
3. All sites and servers kept updated; unused plugins and accounts removed; web application firewall and malware scanning; TLS everywhere; daily automated backups stored off the production server and restore tested quarterly.
4. Change control for production: changes tested, reversible, documented; critical third-party systems (e.g., SupplementIndex, OJS, MasterStudy) modified only by additive, reversible means.
5. Automated content systems (desks) run only from published sources under editorial rules; logs retained.
6. Devices used for PHIG work are encrypted and locked; public Wi-Fi only with VPN; phishing awareness training annually.
7. Security incidents reported immediately under the Incident Reporting Policy; data breaches under the Data Protection Policy.

3. Procedures

1. Access register; backup log; quarterly restore test; annual security review.

Responsibilities

Director; site administrators.

Review

Every two years and when donor rules change.

Risk Management and Business Continuity

EU references: ASF Policy 34; EU MGA Art. 13 (implementation) and risk assessment practice; 2 CFR 200.303; ISO 31000 (reference)

1. Purpose and scope

To identify, assess and manage the risks to PHIG's mission, people, funds, data and reputation, and to keep essential services running through disruption. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. A risk register is maintained covering strategic, financial, operational, compliance, security, reputational, IT and project risks, each rated by likelihood and impact with an owner and mitigation.
2. The Board reviews the register at least twice a year; new grants and programmes add their risks at the planning stage.
3. Business continuity plan: critical functions (websites and feeds, journal publishing, courses, finance, communications), recovery objectives, backups and alternative hosting, key-person dependencies and deputies, contact lists; tested annually.
4. Insurance reviewed annually (liability, travel, assets).
5. Key-person risk: the Chair's functions have a designated deputy and documented procedures (see the handover documentation of the network).

3. Procedures

1. Risk register template; continuity plan; annual test and Board report.

Responsibilities

Board; Director.

Review

Every two years and when donor rules change.

Branding, Marking and Donor Visibility

EU references: ASF Policy 33; USAID ADS 320 Branding and Marking (marking plan, "from the American people"); EU visibility rules (see Policy 13); UN/WHO visibility guidelines

1. Purpose and scope

To meet the branding and marking requirements of each donor, in addition to the EU rules set out in the Visibility and Communication Policy. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. For US awards, PHIG prepares a Branding Strategy and Marking Plan per ADS 320: the USAID Identity (or the agency's identity) marked on programme materials and communications, co-branding with PHIG as allowed, exceptions and waivers requested where marking would endanger participants or compromise independence of research or assessments.
2. For WHO and UN contracts, WHO/UN visibility rules apply; PHIG does not use the WHO emblem or imply WHO endorsement; outputs state the contractual relationship only as the contract permits.
3. For every donor: the funding statement and disclaimer in the required form; no implication that the donor endorses PHIG or the network's verdicts and editorial content.
4. Editorial independence is protected: donor marking never appears on the Georgian Medical Journal's editorial content, Sheni Labs verdicts or GMJ News articles beyond a factual funding acknowledgement.

3. Procedures

1. Marking plan template; approval by the Director; donor approval where required.

Responsibilities

Project leads; Director.

Review

Every two years and when donor rules change.

Monitoring, Evaluation, Accountability and Learning (MEAL)

EU references: ASF Policy 38; EU MGA Art. 21 (reporting) and results frameworks; USAID ADS 201 (monitoring, evaluation and learning); OECD DAC evaluation criteria

1. Purpose and scope

To measure what PHIG's programmes achieve, be accountable for results to donors and the public, and learn. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Every programme and grant has a results framework: objectives, outputs, outcomes, indicators with baselines and targets, data sources and frequency, disaggregated by sex and other relevant characteristics.
2. Monitoring data are collected as planned, quality-checked and stored; reports to donors draw on them.
3. Evaluations: internal review at the end of every programme; independent evaluation for programmes above EUR 250,000 or where the donor requires, against relevance, coherence, effectiveness, efficiency, impact and sustainability.
4. Findings and lessons are published (Open Science Policy) and acted on; a management response is recorded.
5. Beneficiary and user feedback (Complaints Policy, surveys) feeds evaluation.

3. Procedures

1. MEAL plan template; indicator reference sheets; evaluation terms of reference.

Responsibilities

Project leads; Director; Board receives evaluation summaries.

Review

Every two years and when donor rules change.

Partnership and Localisation

EU references: ASF Policy 40; Grand Bargain localisation commitments; EU MGA consortium rules (Art. 7); USAID localisation policy; Core Humanitarian Standard

1. Purpose and scope

PHIG works with and through partners — universities, hospitals, laboratories, NGOs, ministries, WHO and UN agencies, ASF — and in international consortia. This policy sets how partnerships are formed and run as relationships between equals. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Partners are selected on mission fit, integrity, capacity and complementarity, after due diligence (Gift Acceptance and Sanctions policies).
2. Every partnership has a written agreement: purpose, roles, governance, budget and cost-sharing, intellectual property, data, publication and authorship, visibility, policies that apply (this framework or equivalent), dispute resolution, exit.
3. In consortia, PHIG as coordinator distributes funds promptly, flows down obligations and supports partners; as a partner, it meets its obligations on time.
4. Local and national partners in low- and middle-income settings are treated as equals: fair share of budget and overheads, co-design, capacity exchange in both directions, credit for their work.
5. Partner performance and the relationship are reviewed annually; problems are raised early and openly.

3. Procedures

1. Partnership agreement template; partner due-diligence checklist; annual partnership review.

Responsibilities

Director; project leads; Board for strategic partnerships.

Review

Every two years and when donor rules change.

Occupational Health, Safety and Staff Wellbeing

EU references: ASF Policy 42; ILO Conventions 155 and 187; Law of Georgia on Occupational Safety (2019); EU Framework Directive 89/391/EEC principles

1. Purpose and scope

PHIG hosts the Georgian Institute of Labour Studies and must practise what it researches: safe, healthy work for everyone who acts for it. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Risk assessment of workplaces, remote work, travel and events; measures applied; first aid and emergency arrangements at events.
2. Ergonomic and psychosocial risks (screen work, workload, isolation in remote work, harassment) assessed and mitigated; reasonable working hours; right to disconnect outside agreed hours.
3. Accidents, occupational illness and near misses recorded and investigated under the Incident Reporting Policy; statutory reporting to the Labour Inspection Office where required.
4. Wellbeing: access to support after distressing work; flexible arrangements for caring responsibilities; no retaliation for raising a safety concern.
5. OSH training on induction and periodically.

3. Procedures

1. OSH risk-assessment form; accident register; annual OSH report.

Responsibilities

Director (as employer's representative); every supervisor; every person.

Review

Every two years and when donor rules change.

Intellectual Property, Trademarks and Licensing

EU references: ASF Policy 43; EU MGA Art. 16 (ownership, protection and exploitation of results, access rights); 2 CFR 200.315 (intangible property); Berne Convention; Georgian copyright law

1. Purpose and scope

To define who owns what PHIG and its network create, how it is licensed, and how PHIG's names and marks are protected, in a way consistent with the Open Science Policy. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Works created by staff in the course of their duties belong to PHIG; works by consultants, experts and volunteers are assigned or licensed to PHIG by written agreement that preserves moral rights and attribution.
2. PHIG publishes its works openly under CC BY 4.0 by default (Open Science Policy); software under an open licence; exceptions are decided by the Director with reasons.
3. In EU-funded actions, results are owned per the grant agreement and consortium agreement; access rights are granted; exploitation and dissemination obligations are met; the EU's rights are respected.
4. In US-funded actions, the government's licence to use results and data is respected; data produced is made available per the award.
5. PHIG's names, marks and domains (PHIG, GMJ, GILS, Sheni Labs, SupplementIndex and others) are registered where appropriate and used only with authorisation; use by third parties to imply endorsement is prohibited.
6. Third-party material is used only under licence or exception; images follow the network's copyright rules (free or licensed, credited, captioned).

3. Procedures

1. IP clauses in all contracts; register of marks and domains.

Responsibilities

Director; Editor-in-Chief; Board for registrations.

Review

Every two years and when donor rules change.

Tax Compliance and Anti-Facilitation of Tax Evasion

EU references: ASF Policy 45; Georgian Tax Code (non-profit status, grants, VAT); OECD guidance; UK Criminal Finances Act principles

1. Purpose and scope

To ensure that PHIG meets every tax obligation, keeps its non-profit and charitable status, and never facilitates tax evasion by anyone. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. PHIG files all tax returns and pays all taxes and social contributions due under Georgian law on time; keeps its non-profit (non-entrepreneurial) legal status in good standing; applies VAT correctly to commercial services and claims grant VAT exemptions where entitled.
2. Grants and donations are recorded and reported as the law requires; commercial income is accounted for separately.
3. PHIG does not pay any person "off the books", split payments to avoid tax, or assist any partner, supplier or employee to evade tax; suspicions are reported.
4. Tax residency and permanent-establishment risks of work abroad are assessed before deployment; withholding and double-tax treaty rules are applied to foreign consultants.
5. Tax status is confirmed annually by the accountant and reported to the Board.

Responsibilities

Accountant; Director; Board.

Review

Every two years and when donor rules change.

Cash, Advances and Banking Procedures

EU references: ASF Policy 46; 2 CFR 200.305 (payment, interest on advances); EU MGA Art. 22 (payments, pre-financing); Georgian accounting law

1. Purpose and scope

To control bank accounts, cash and advances so that funds are safe and traceable. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Bank accounts opened only by Board decision in PHIG's name; euro, lari and (where needed) dollar accounts; two signatories; online banking with two-factor authentication and dual approval above EUR 1,000.
2. Donor pre-financing is held in the account designated in the grant; interest earned is treated as the grant requires; separate accounts opened where a donor requires.
3. Petty cash limited to EUR 500 with a custodian, a cash book and monthly reconciliation; no cash transaction above EUR 200.
4. Advances to staff for travel or field work approved by the Director, limited to estimated need, settled within 15 days with receipts; no second advance while one is open.
5. Monthly bank reconciliations reviewed and signed by the Director; discrepancies investigated.
6. No personal use of PHIG accounts; no PHIG use of personal accounts, except reimbursed expenses.

3. Procedures

1. Bank mandate register; cash book; advance register; reconciliation file.

Responsibilities

Accountant; Director; Board.

Review

Every two years and when donor rules change.

Policy Development, Approval and Review

EU references: ASF Policy 47; good governance practice; EU and US expectations that policies are approved, dated, communicated and reviewed

1. Purpose and scope

To define how the policies of this framework are made, approved, numbered, communicated, kept current and retired. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Every policy has a number, title, version, adoption date, owner, review cycle and the references it satisfies; the current version is published at publichealth.ge/policies and compiled in the PDF framework.
2. New policies and substantive amendments are drafted by the Director (or a person they designate), checked for consistency with the framework and the law, and adopted by the Board; editorial corrections may be made by the Director and recorded.
3. Every adopted version is dated and kept; superseded versions are archived; the version table in the framework records changes.
4. Policies are communicated to everyone within scope on engagement and when they change; acknowledgement is recorded for the Code of Conduct, Conflict of Interest, Anti-Fraud, PSEAH, Safeguarding and Data Protection policies.
5. Each policy is reviewed on its cycle, after any incident revealing a gap, and when the law or a major donor's rules change; the framework as a whole is reviewed every two years.
6. Where PHIG acts for or with Accréditation Sans Frontières, the two frameworks are applied as stated in the framework introduction; conflicts between them are resolved by the stricter rule.

Responsibilities

Board; Director.

Review

Every two years.

Financial Conflict of Interest in Research (US PHS/NIH rule)

EU references: 42 CFR Part 50 Subpart F (Responsibility of Applicants for Promoting Objectivity in Research, PHS/NIH); 45 CFR Part 94; NIH Grants Policy Statement; complements Policy 01

1. Purpose and scope

US Public Health Service agencies (NIH, CDC, FDA, HRSA, SAMHSA) require institutions receiving their research funding to maintain and enforce a written policy on financial conflicts of interest in research that meets 42 CFR 50 Subpart F. This policy supplements the general Conflict of Interest Policy for PHS-funded research. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Every Investigator (anyone responsible for the design, conduct or reporting of PHS-funded research, including sub-recipients and collaborators) discloses to PHIG, before application and at least annually, all Significant Financial Interests related to their institutional responsibilities: remuneration and equity from a single entity exceeding USD 5,000 in the previous 12 months (any equity in a non-public company), intellectual-property income exceeding USD 5,000, and reimbursed or sponsored travel (except from government, higher-education and research institutions); updates within 30 days of acquiring a new interest.
2. The Director (as designated official) reviews each disclosure and determines whether it is a Financial Conflict of Interest — one that could directly and significantly affect the design, conduct or reporting of the research — and if so, develops and implements a management plan (disclosure in publications, independent monitoring, modification of the research plan, change of personnel, divestiture, severance of the relationship).
3. PHIG reports identified FCOIs to the PHS awarding component before expenditure of funds and within 60 days of any new FCOI, with the elements the rule requires, and makes FCOI information for senior/key personnel publicly accessible on request within five business days.
4. Investigators complete FCOI training before engaging in PHS-funded research, every four years, and when the policy changes or non-compliance is found.
5. Non-compliance is reviewed retrospectively within 120 days; a mitigation report is submitted where bias is found; sub-recipient compliance is ensured by written agreement.
6. Records are retained for at least three years after the final expenditure report.

3. Procedures

1. Disclosure form; management plan template; FCOI report template; training record.

Responsibilities

Director as designated official; Board for cases involving the Director.

Review

Annually and when the rule changes.

Research Misconduct Procedures (US PHS rule)

EU references: 42 CFR Part 93 (Public Health Service Policies on Research Misconduct, as revised 2024); complements Policy 04 (ALLEA code)

1. Purpose and scope

PHS-funded research requires written procedures for responding to allegations of research misconduct consistent with 42 CFR Part 93. These procedures implement the Code of Ethics and Research Integrity for that purpose and apply to all research of PHIG. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Research misconduct means fabrication, falsification or plagiarism in proposing, performing or reviewing research, or in reporting research results; it does not include honest error or differences of opinion; a finding requires a significant departure from accepted practices, committed intentionally, knowingly or recklessly, proven by a preponderance of the evidence.
2. The Director serves as Research Integrity Officer (RIO); where the Director is the respondent, the Chair designates another Board member; the Chair is the Deciding Official.
3. Allegations are received in confidence; an assessment determines within 30 days whether the allegation falls within the definition and is sufficiently credible and specific; if so, an inquiry is conducted.
4. Inquiry: research records secured promptly; the respondent notified; an inquiry committee free of conflict gathers information; a written report within 60 days states whether an investigation is warranted; the respondent may comment; the report is retained for seven years.
5. Investigation: begins within 30 days of the inquiry's conclusion; a committee with the necessary expertise interviews complainant, respondent and witnesses, examines evidence, and produces a draft report within 120 days; the respondent receives it and may respond within 30 days; the final report states findings, basis and recommended actions.
6. Decision by the Deciding Official; actions may include correction or retraction, removal from the project, termination and notification of journals, funders and institutions; appeal to the Board within 30 days.
7. For PHS-funded research, PHIG notifies the Office of Research Integrity (ORI) when an investigation is opened, provides the inquiry and investigation reports, and takes interim action to protect PHS funds and human subjects as required; it cooperates with ORI and HHS.
8. Complainants acting in good faith and witnesses are protected from retaliation; the respondent's reputation is protected where allegations are not substantiated.

Responsibilities

RIO; Deciding Official; Board.

Review

Every three years and when 42 CFR 93 changes.

Human Subjects Protection and Ethics Review

EU references: Declaration of Helsinki; CIOMS International Ethical Guidelines; 45 CFR Part 46 (US Common Rule) for US-funded research; EU MGA Art. 14 and ethics appraisal; WHO Research Ethics Review Committee requirements; Georgian law on health care (research)

1. Purpose and scope

To protect the rights, safety, dignity and wellbeing of people who take part in PHIG's research, surveys, assessments and training evaluations. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Any research involving human participants or identifiable personal data is reviewed and approved before it starts by a recognised research ethics committee — the committee of David Tvildiani Medical University, the national committee, a partner institution's IRB registered with the US Office for Human Research Protections where US funding requires, or the WHO Research Ethics Review Committee for WHO-supported research; PHIG keeps the approval on file.
2. Informed consent, freely given and documented, in a language and form the participant understands; assent plus guardian consent for children; additional safeguards for refugees, migrants, detainees, patients and others in situations of dependence or vulnerability; the right to withdraw at any time without consequence.
3. Risks minimised and reasonable in relation to benefits; privacy and confidentiality protected under the Data Protection Policy; compensation fair and not coercive.
4. Investigators trained in research ethics (e.g., CITI or TRREE) before starting; training records kept.
5. Adverse events and protocol deviations reported to the ethics committee and, where required, the sponsor and donor; serious events immediately.
6. For US-funded research, PHIG holds or obtains a Federalwide Assurance (FWA) as required and complies with 45 CFR 46; for EU-funded research, the ethics self-assessment and any ethics deliverables are completed.
7. Community engagement and feedback of results to participants and communities are planned from the start.

3. Procedures

1. Ethics checklist in every protocol; consent form templates; adverse-event form; training register.

Responsibilities

Project leads; Director; Scientific Committee advises.

Review

Every two years.

Responsible Use of Artificial Intelligence

EU references: EU Artificial Intelligence Act (Regulation (EU) 2024/1689) risk-based principles; UNESCO Recommendation on the Ethics of AI; WHO guidance on ethics and governance of AI for health (2021, 2024); COPE/ICMJE guidance on AI in publishing; US OMB M-24-10 principles

1. Purpose and scope

PHIG uses AI systems to find, draft, translate and structure information — the GILS Desk, the Labs Desk, the GMJ selection, the Sheni Labs verdict process, course production. This policy ensures that such use is transparent, accountable, lawful and under human control. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Human accountability: every output published, submitted or acted on is reviewed and approved by an identified person who is responsible for it; AI is never an author, assessor, editor or decision-maker of record.
2. Transparency: automated systems are described publicly (sources, rules, exclusions, review); content substantially produced with AI assistance states so; AI tools used in research are disclosed in methods.
3. Sources only: automated systems draw on published, identified sources; they do not invent facts, quotes or references; every figure remains traceable.
4. Data protection: personal data and confidential information are not entered into AI tools unless the tool is contracted as a processor under the Data Protection Policy; health data of individuals is never processed by general-purpose AI tools.
5. Risk-based control: uses that affect individuals' rights or safety (assessment of a person, access to a service, health advice) are classified as higher-risk and require documented human review, bias testing and the possibility of appeal; prohibited uses (manipulation, social scoring, covert profiling) are not undertaken.
6. Quality: AI outputs are checked for accuracy, bias and currency; errors found are corrected and logged; models and prompts of PHIG's automated desks are versioned.
7. Excluded topics and editorial rules of the network apply to AI systems as to people.
8. Procurement of AI tools follows the Procurement and IT Security policies; vendor terms on data use are reviewed.

3. Procedures

1. Register of AI systems in use with owner, purpose, risk level and review; annual review of each automated desk.

Responsibilities

Director; platform editors; Board for higher-risk uses.

Review

Annually, given the pace of regulation.

Governance and Board Charter

EU references: ASF Policy 36; Civil Code of Georgia (non-entrepreneurial legal entities); EU and US donor capacity assessments (organisational governance); UN HACT/PCA criteria

1. Purpose and scope

This charter defines how the Public Health Institute of Georgia is governed: the Board's composition, duties, meetings and committees, and the relationship between the Board and the Director, so that governance is independent, competent and documented. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. The Board is the supreme governing body under the statutes; it has between five and eleven members, serving renewable three-year terms, with at least 40% of each sex and at least one third independent of PHIG's management, staff and commercial relationships.
2. The Board appoints and evaluates the Director (where the Chair is also the executive head, the Board designates a lead independent member to chair discussions of the Chair's performance and remuneration), approves strategy, budget, accounts, this framework, major contracts and partnerships, and the auditor.
3. Board members act in the interest of PHIG, declare interests, attend meetings, keep confidentiality, and receive no remuneration for Board service (expenses reimbursed).
4. The Board meets at least four times a year, with a quorum of a majority; decisions by majority, recorded in minutes signed by the Chair and circulated within 14 days; written and online decisions are permitted.
5. Committees: Finance and Audit (chaired by an independent member; oversees accounts, audit, risk, controls), Integrity and Ethics (Integrity Officer, Safeguarding Lead, Gender Focal Point; oversees complaints, investigations, policies), and such scientific or editorial committees as the platforms require.
6. Annual self-evaluation of the Board; induction for new members; skills matrix reviewed at each appointment.
7. The Board publishes its membership, the statutes, the annual report and summary accounts.

3. Procedures

1. Annual calendar; standing agenda (finance, risk, integrity, programmes, policies); minute book; register of decisions.

Responsibilities

Board; Chair; Director as secretary to the Board unless another is appointed.

Review

Every three years.

Internal Audit and Oversight

EU references: ASF Policy 37; EU MGA Art. 25; 2 CFR 200.514 (single audit principles, reference); IIA International Standards (reference); UN HACT assurance activities

1. Purpose and scope

To give the Board independent assurance that controls work, funds are used as intended and policies are followed. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. The Finance and Audit Committee oversees an annual assurance plan covering: financial controls, grant compliance (sample of transactions per grant), procurement files, time records, asset verification, data protection, safeguarding and PSEAH implementation, and automated systems.
2. Internal audit work is performed by a person independent of the activity audited — an independent Board member, a volunteer professional, or an external firm engaged for the purpose — reporting to the Committee, not to the Director.
3. External audit: annual statutory or donor-required audit by an independent licensed auditor appointed by the Board; grant-specific audits as grants require; management letters answered with an action plan.
4. Findings are tracked to closure; the Committee reports to the Board twice a year; serious findings reported to donors under the Disclosure Policy.
5. Donors, their auditors, OLAF, EPPO, the European Court of Auditors, US agencies and inspectors general have full access as grants provide.

3. Procedures

1. Assurance plan; audit tracker; management-letter responses.

Responsibilities

Finance and Audit Committee; Board; Director implements actions.

Review

Every two years and when donor rules change.

Transparency and Public Disclosure

EU references: ASF Policy 35; International Aid Transparency Initiative (IATI) standard; EU Transparency Register; Open Government principles; Georgian law on non-profits

1. Purpose and scope

To make PHIG's governance, funding, spending, results and policies open to the public as a matter of routine, not on request. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. PHIG publishes: statutes, Board membership, this policy framework, the annual report, summary accounts (income by source type, spending by programme), donors above EUR 5,000 by band, commissioned-service clients where contracts allow, evaluation reports, the methods of every platform, and its international standing.
2. Funded projects are published with donor, amount, period, objectives and results; PHIG will publish to the IATI standard once it receives development funding that expects it.
3. Verdicts, assessments and alerts of the network are published with method, sources and date; what is not published (e.g., confidential commissioned work) is stated, with the reason.
4. Information is withheld only to protect personal data, legitimate confidentiality of third parties, security, or legal privilege; requests for information are answered within 30 days.
5. Corrections to published information are made openly.

3. Procedures

1. Annual report by 30 June for the previous year; publication checklist.

Responsibilities

Director; Board approves the annual report.

Review

Every two years.

Accountability to Affected People and Communities

EU references: ASF Policy 39; Core Humanitarian Standard (CHS 2024) commitments 4–5; IASC AAP commitments; Sphere Handbook; ECHO and GAC accountability requirements

1. Purpose and scope

People affected by PHIG's programmes — patients, migrants and refugees, workers, communities, learners — have the right to information, participation and redress. This policy sets PHIG's commitments to them, beyond the Complaints Mechanism. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Information: communities and participants are told who PHIG is, what it will do, what they can expect, how to give feedback and complain, and how their data will be used — in their language and in accessible formats.
2. Participation: programmes are designed, monitored and evaluated with the participation of the people they concern, including women, young people, older people, persons with disabilities and minorities; feedback changes decisions and people are told how.
3. Feedback and complaints: safe, confidential channels accessible to all groups (Complaints Policy); sensitive complaints routed to safeguarding and PSEAH channels; results of feedback reported back.
4. Do no harm: risks to communities from PHIG's presence, data or publications are assessed and mitigated (Conflict Sensitivity and Environmental and Social Safeguards policies).
5. Staff and partners are trained in these commitments; indicators of accountability are part of every MEAL plan.

3. Procedures

1. Community information sheet; feedback log; "you said, we did" reporting.

Responsibilities

Project leads; Director; MEAL function.

Review

Every two years and when donor rules change.

Child Protection Policy

EU references: Australian DFAT Child Protection Policy requirements (PSEAH and child protection minimum standards); Global Affairs Canada child protection expectations; Keeping Children Safe standards; UN CRC; complements Policy 08 (Safeguarding) and Policy 20 (PSEAH)

1. Purpose and scope

Some donors require a stand-alone child protection policy meeting their minimum standards. This policy gives that commitment in full, consistent with the Safeguarding and PSEAH policies. A child is any person under 18. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Zero tolerance of child abuse — physical, sexual, emotional, neglect, exploitation, online abuse — by anyone acting for PHIG or its partners; all forms are reportable and lead to sanctions and referral to authorities.
2. Child-safe recruitment for any role with contact with children: criminal-record checks where lawfully available, references with explicit questions on suitability to work with children, interview questions on child safety, probation.
3. Child protection code of conduct signed by all such persons: two-adult rule; no unsupervised contact; no inappropriate physical contact or language; no communication through private channels; no gifts outside programme rules; no photographs without consent and never identifying a child at risk.
4. Risk assessment of every activity involving children; mitigation measures; monitoring; partners and subcontractors bound to equivalent standards and assessed before engagement.
5. Reporting: any concern reported within 24 hours to the Safeguarding Lead; referral to child protection services and police where a child is in danger; donor notification per requirements (DFAT within 2 working days where required); records kept securely.
6. Training on induction and every two years; the Safeguarding Lead is trained in child protection case management.
7. Use of children's images and stories follows consent, dignity and anonymisation rules; no images of children in distress.
8. Online safety: platforms directed at young people (where any) follow age-appropriate design and moderation.

3. Procedures

1. Child protection risk assessment form; code of conduct; incident form; compliance self-assessment against DFAT minimum standards annually.

Responsibilities

Board; Safeguarding Lead; Director; every person.

Review

Annually.

Gender-Based Violence Prevention and Response

EU references: Global Affairs Canada Feminist International Assistance Policy expectations; Sida and Norad GBV requirements; IASC GBV Guidelines (2015); Istanbul Convention; WHO guidance on GBV in health programmes; complements Policies 06, 07, 20

1. Purpose and scope

To ensure that PHIG's programmes, especially in migrant, refugee and workplace settings, do not increase the risk of gender-based violence, that survivors who come to PHIG's attention are supported safely, and that PHIG contributes to prevention. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. GBV risk analysis is part of every programme design in community, migration or workplace settings; mitigation follows the IASC GBV Guidelines for the relevant sector (health, education, livelihoods).
2. Survivor-centred principles: safety, confidentiality, respect, non-discrimination; the survivor's wishes guide any action; no action without informed consent except where a child is at risk.
3. Persons acting for PHIG are trained in safe identification and referral; PHIG maintains and shares referral pathways to health, psychosocial, legal and protection services; PHIG does not investigate GBV crimes itself.
4. Data on GBV is collected only by trained persons under ethical and safety standards (WHO 2007 recommendations); never published in identifiable form.
5. Workplace GBV and sexual harassment are addressed under the Equal Opportunities and PSEAH policies; perpetrators acting for PHIG are sanctioned.
6. PHIG's research, journal and news platforms report on GBV responsibly, avoiding victim-blaming and identification.

3. Procedures

1. GBV risk checklist in programme design; referral pathway list per location; training record.

Responsibilities

Project leads; Safeguarding Lead; Gender Focal Point; Director.

Review

Every two years and when donor rules change.

Disability Inclusion and Accessibility

EU references: UN Convention on the Rights of Persons with Disabilities (Georgia ratified 2014); IASC Guidelines on Inclusion of Persons with Disabilities (2019); DFAT Development for All; Norad and Sida disability inclusion requirements; EU Web Accessibility Directive and WCAG 2.1 AA; Washington Group questions

1. Purpose and scope

Persons with disabilities are among the most excluded from health, work and information. This policy commits PHIG to inclusion in its programmes, workplaces and digital platforms. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Twin-track approach: disability mainstreamed in every programme (analysis, design, budget, indicators) and targeted action where needed; persons with disabilities and their organisations participate in design and evaluation.
2. Data: disability disaggregation using the Washington Group short set where surveys are conducted; reported in MEAL.
3. Accessibility of PHIG's platforms: WCAG 2.1 AA target, plain language, alt text on images, captions on video, keyboard navigation, accessible documents; an accessibility statement on each site and a contact for barriers.
4. Accessible events and training: venues, materials, interpretation (including Georgian Sign Language) and reasonable accommodation budgeted.
5. Workplace: reasonable accommodation for staff, experts and volunteers with disabilities; recruitment free of barriers; no discrimination (Policy 07).
6. Budget line for accessibility and accommodation in every project.
7. The Georgian Institute of Labour Studies addresses disability and work; Sheni Labs addresses accessibility of product information.

3. Procedures

1. Accessibility audit of sites annually; inclusion checklist in project design; accommodation requests logged and met.

Responsibilities

Director; platform leads; Gender and Inclusion Focal Point.

Review

Every two years and when donor rules change.

Humanitarian Principles and Core Humanitarian Standard Commitment

EU references: Humanitarian principles of humanity, neutrality, impartiality and independence (UNGA 46/182 and 58/114); Core Humanitarian Standard (CHS 2024); Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief; ECHO Humanitarian Partnership Certificate criteria; Sphere

1. Purpose and scope

PHIG works in humanitarian and refugee settings with WHO, IOM and partners. This policy commits the institute to the humanitarian principles and the Core Humanitarian Standard as the framework for that work. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Humanity: human suffering is addressed wherever found, with the dignity of the person first.
2. Neutrality: PHIG takes no side in hostilities or in political, racial, religious or ideological controversies; its public-health advocacy is evidence-based and non-partisan.
3. Impartiality: assistance and services are given on the basis of need alone, without discrimination, priority to the most urgent cases.
4. Independence: humanitarian action is autonomous from political, economic, military or other objectives of any donor or government; PHIG declines funding that compromises this.
5. PHIG commits to the nine CHS commitments — appropriate and relevant, effective and timely, strengthening local capacity and avoiding harm, participation and communication, complaints welcomed, coordinated and complementary, learning and improving, competent and well-managed staff, resources managed responsibly — and self-assesses against them annually.
6. PHIG signs the Code of Conduct for the Red Cross and Red Crescent Movement and NGOs in Disaster Relief and applies the Sphere minimum standards where relevant.
7. Coordination through clusters and national mechanisms; no duplication; information shared with the humanitarian community.

3. Procedures

1. Annual CHS self-assessment reported to the Board; humanitarian briefing for deployed staff.

Responsibilities

Board; Director; project leads.

Review

Every two years and when donor rules change.

Conflict Sensitivity and Do No Harm

EU references: Swiss SDC and German GIZ/BMZ conflict-sensitive programme management (CSPM) requirements; Sida and Norad do-no-harm expectations; OECD DAC fragility guidance; CDA Do No Harm framework; complements Policies 33, 54, 58

1. Purpose and scope

Georgia and the countries where PHIG works include conflict-affected and fragile settings, displaced populations and divided communities. This policy ensures that PHIG's programmes, research and publications do not worsen tensions and, where possible, strengthen cohesion. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Context and conflict analysis at programme design in any fragile or divided setting: actors, dividers, connectors, how PHIG's resources, hiring, partner choice, locations and messages interact with the conflict.
2. Design choices (who is hired, where, which partners, which beneficiaries, which language) are reviewed against the analysis; mitigation recorded; monitoring indicators include unintended effects.
3. Communications and publications on contested matters are reviewed for inflammatory language, stereotypes and unverified claims; the network's editorial exclusion rules apply.
4. Staff and partners briefed on conflict sensitivity before deployment; incidents of tension arising from programmes recorded under the Incident Reporting Policy.
5. Procurement and hiring in divided settings are transparent and balanced; perceptions of favouritism are addressed.

3. Procedures

1. Conflict analysis template; design review checklist; updates when the context changes.

Responsibilities

Project leads; Director.

Review

Every two years and when donor rules change.

Emergency Preparedness and Humanitarian Response

EU references: Sphere Handbook; WHO Emergency Response Framework; IASC Humanitarian Programme Cycle; ECHO and KSrelief response expectations; Georgian Emergency Management Service coordination

1. Purpose and scope

To define how PHIG prepares for and responds to public-health emergencies, disasters and displacement crises, as an institute, a research body and an information network. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Preparedness plan: roles, activation criteria, surge roster of experts, standing partnerships (WHO, national public health authorities, universities, hospitals), pre-agreed information products (alerts, guidance, FAQs through the network), and funding routes.
2. Activation by the Chair or Director; an incident management team formed within 24 hours; daily coordination during the acute phase; coordination with the national emergency and health authorities and the UN cluster system.
3. Response scope: rapid evidence synthesis, risk communication and community engagement through the network, support to competency-based training (e.g., refugee and migrant health competency standards), occupational safety of responders, assessment and verdicts on emergency products and supplies.
4. Humanitarian principles, safeguarding, PSEAH, data protection and conflict sensitivity apply in full during emergencies; no shortcuts on ethics.
5. After-action review within 60 days of stand-down; lessons published.

3. Procedures

1. Preparedness plan reviewed annually; surge roster updated; simulation exercise every two years.

Responsibilities

Director; Chair; incident management team.

Review

Every two years and when donor rules change.

Beneficiary Selection, Targeting and Fair Access

EU references: CHS commitments 1–2; Sphere; ECHO and WFP targeting guidance; EU and US non-discrimination requirements; Policy 07

1. Purpose and scope

To ensure that the people who benefit from PHIG's programmes — training places, free assessments, scholarships, services in humanitarian settings — are selected fairly, transparently and on need, without favouritism or discrimination. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Selection criteria are defined in writing before any programme opens, based on need, eligibility and the programme's objectives, non-discriminatory, and published with the call or communicated to communities.
2. Selection is made by at least two persons without conflict of interest, against the criteria, with records of applicants, decisions and reasons.
3. Priority for the most vulnerable where resources are limited; measures to reach women, persons with disabilities, minorities and those without digital access.
4. Applicants and communities are told the criteria, the result and how to complain; complaints handled under the Complaints Policy.
5. No payment, favour or relationship influences selection; attempts are reported and investigated.
6. Beneficiary data are protected under the Data Protection Policy and used only for the programme.

3. Procedures

1. Selection criteria template; selection record; verification sample by the Director.

Responsibilities

Project leads; Director.

Review

Every two years and when donor rules change.

In-Kind Contributions, Donated Goods and Medical Product Donations

EU references: WHO Guidelines for Medicine Donations (2011); WHO guidance on donations of medical devices (2011); 2 CFR 200.306 (cost sharing, in-kind valuation); EU MGA in-kind rules; Georgian customs and tax rules on humanitarian goods

1. Purpose and scope

To ensure that goods, equipment, products and services donated to or through PHIG are needed, safe, lawful, valued correctly and never used to influence PHIG's assessments. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. PHIG accepts in-kind donations only when they meet an identified need, come from an acceptable source (Gift Acceptance Policy), are lawful to import and use, and do not create costs PHIG cannot meet.
2. Medicines, supplements and medical devices are accepted or channelled only in line with the WHO guidelines: requested by the recipient, on the national essential list or approved for use, from a reliable source, with at least 12 months' shelf life on arrival, labelled in a language understood locally, with documentation; unsolicited or expired products are refused.
3. Products donated by manufacturers are never assessed, reviewed or rated by the network while the donation is active; Sheni Labs does not accept product samples from companies except under a published testing protocol with the sample's origin disclosed.
4. In-kind contributions are recorded in a register and valued at fair market value with documentation, for the annual summary and for grant co-financing only where the grant allows (2 CFR 200.306; EU rules).
5. Donated goods are distributed under the Beneficiary Selection Policy; stock records kept; disposal of unusable goods documented and environmentally sound.

3. Procedures

1. In-kind donation acceptance form; register; stock card.

Responsibilities

Director; accountant; project leads.

Review

Every two years and when donor rules change.

Supplier Code of Conduct and Outsourcing

EU references: ASF outsourcing policy; Sida, Norad and Danida supplier requirements; UN Supplier Code of Conduct; OECD Guidelines for Multinational Enterprises; ILO core conventions; Policies 11, 19, 21

1. Purpose and scope

To extend PHIG's standards to the organisations that supply it or do work on its behalf, and to control outsourcing of functions. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Every supplier, subcontractor and service provider accepts PHIG's Supplier Code of Conduct as a contract term: compliance with law; no forced or child labour, no trafficking; fair wages and working conditions; health and safety; non-discrimination; no bribery or facilitation payments; no conflict of interest with PHIG staff; environmental responsibility; data protection and confidentiality; cooperation with audits; no sanctions exposure; no tobacco-industry ownership or funding.
2. Outsourcing of a function (hosting, accounting, legal, laboratory analysis, course production) is decided by the Director after assessing risk, cost and the supplier's capacity; core governance, editorial and assessment decisions are never outsourced.
3. Outsourced providers that process personal data are processors under the Data Protection Policy; those performing laboratory testing are ISO/IEC 17025-accredited where the test requires it.
4. Performance and compliance are monitored; breaches lead to remediation or termination; serious breaches are reported to donors where relevant.

3. Procedures

1. Supplier Code attached to contracts; supplier register with risk rating; annual review of key suppliers.

Responsibilities

Director; procurement function.

Review

Every two years and when donor rules change.

Reserves, Financial Sustainability and Liability Management

EU references: ASF financial sustainability and liability management policy; UK Charity Commission CC19 (reserves, reference); Nordic and Canadian donor financial-health criteria; Civil Code of Georgia (liability of non-entrepreneurial entities)

1. Purpose and scope

To keep PHIG solvent and able to meet its obligations through funding gaps, and to manage the liabilities that its activities create. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Target reserve: unrestricted funds equal to at least three months of core running costs, built progressively from commercial income and unrestricted donations; the Board may authorise use of reserves for cash-flow gaps and emergencies, with a replenishment plan.
2. Restricted funds are never used for other purposes; pre-financing is drawn down only as the grant allows.
3. Income diversification: no single donor or client above 40% of annual income without a Board-approved risk plan (25% for commercial clients, per the Gift Acceptance Policy).
4. Liabilities: PHIG enters commitments only within approved budgets and secured funding; contingent liabilities (guarantees, co-financing promises) require Board approval; professional and public liability insurance is held for assessments, training and events.
5. Verdicts, assessments and publications carry the disclaimers the Legal Notice provides; PHIG does not warrant outcomes of commissioned work beyond the method applied.
6. Financial sustainability is reported annually (see the Financial Sustainability statement) with reserves, concentration and liabilities.

3. Procedures

1. Reserves calculation at each year-end; concentration report; insurance review.

Responsibilities

Board (Finance and Audit Committee); Director; accountant.

Review

Every two years and when donor rules change.

Ethical Fundraising and Donor Relations

EU references: International Statement of Ethical Principles in Fundraising; Fundraising Regulator Code (UK, reference); Global Affairs Canada and Nordic donor expectations on fundraising integrity; GDPR for donor data; Policies 18, 53

1. Purpose and scope

To ensure that PHIG raises funds honestly, respectfully and transparently, and treats donors fairly. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Appeals and proposals are truthful, accurate and not misleading; images and stories respect dignity and consent (Safeguarding Policy); no exaggeration of need or results.
2. Funds are used for the purpose for which they were raised; restricted gifts are honoured; donors are told how funds were used.
3. No pressure, no exploitation of vulnerability, no payment of commission to fundraisers as a percentage of funds raised; third-party fundraisers are bound by this policy.
4. Donor data are processed under the Data Protection Policy; donors may opt out of communications at any time; donor lists are never sold or shared.
5. Donors receive acknowledgement and receipts; donations above EUR 5,000 are listed by band in the annual summary; donor due diligence applies (Gift Acceptance Policy).
6. Complaints about fundraising are handled under the Complaints Policy within 30 days.

3. Procedures

1. Proposal review by the Director before submission; donor communication consent record.

Responsibilities

Director; Board.

Review

Every two years and when donor rules change.

Advisory and Commissioned Services

EU references: ASF advisory services policy; ISO/IEC 17020 and 17065 impartiality principles (reference); COPE guidance on conflicts; Policies 01, 18, 26

1. Purpose and scope

PHIG and its platforms provide paid services — commissioned assessments, accreditation readiness reviews, training, research, evaluations. This policy ensures that paid work is impartial, separated from PHIG's independent assessments and publications, and transparent. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Services are delivered under written contract stating scope, method, deliverables, fee (which pays for the work, never for a result), confidentiality, publication rights and the client's right of reply.
2. Impartiality: no person delivers a paid service to an organisation they will assess, accredit, review or rank within three years; the Sheni Labs Scientific Committee and the journal's editors do not take fees from organisations within their remit.
3. Separation: commissioned work is coded separately in the accounts; its results are published only with the client's agreement, but the fact that the work was done and for whom is listed annually unless confidentiality is justified in writing.
4. Findings are reported as they are; a client may not change findings; if the client withdraws, PHIG keeps the fee for work done and may publish that the engagement ended.
5. Advisory services do not include writing a client's policies that PHIG or ASF would later assess, unless the assessment is done by a different body.
6. Pricing covers full cost plus a contribution to PHIG's programmes; pro bono services are granted by the Director under published criteria.

3. Procedures

1. Service contract template; impartiality check at engagement; annual list of clients.

Responsibilities

Director; platform leads; Board on conflicts.

Review

Every two years and when donor rules change.

Impartiality and Independence Undertaking

EU references: ASF secretariat impartiality undertaking; ISO/IEC 17020 clause 4.1 and ISO/IEC 17065 clause 4.2 (impartiality); ISQua principles; WHO FENSA; Policies 01, 18, 26, 66

1. Purpose and scope

This undertaking is the formal statement that PHIG, as an institute that assesses, publishes and advises, is independent of commercial, political and donor influence, and it sets the mechanisms that protect that independence. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. PHIG's assessments, verdicts, accreditation readiness reports, publications and advice are based solely on evidence and the published method; no donor, client, partner, Board member, government or industry may determine, prevent or alter them.
2. Mechanisms: declarations of interest; exclusion of conflicted persons; separation of paid services from independent assessment; the firm exclusion of the tobacco, nicotine, vaping and arms industries and of parties under assessment as funders; the income-concentration caps; editorial independence of the platforms; the Scientific Committee as final arbiter of contested verdicts; the right of reply.
3. Threats to impartiality (self-interest, self-review, familiarity, intimidation, financial pressure) are identified and recorded in an impartiality risk analysis reviewed annually by the Integrity and Ethics Committee.
4. Any attempt to influence an assessment or publication improperly is recorded, refused and may be published.
5. The Chair and every Board member sign this undertaking on appointment.

3. Procedures

1. Impartiality risk analysis; signed undertakings on file; annual review.

Responsibilities

Board; Integrity and Ethics Committee; Director.

Review

Every two years and when donor rules change.

Leadership Succession and Key-Person Continuity

EU references: ASF leadership succession policy; Global Affairs Canada and Norad organisational-capacity criteria; UN HACT governance questions; Policy 38 (Risk and Continuity)

1. Purpose and scope

PHIG depends heavily on its founder and Chair. This policy ensures that the institute, its platforms and its obligations continue if the Chair, the Director or another key person is suddenly unavailable, and that leadership renewal is planned. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. The Board designates a Deputy Chair and an Acting Director in advance, with written authority to act in the absence or incapacity of the incumbent; bank mandates and administrative access are arranged accordingly.
2. Operational knowledge is documented: the network handover documentation (servers, credentials in a password manager with Board-level access, databases, procedures, contracts, donors) is kept current and accessible to the Deputy Chair and the Acting Director under confidentiality.
3. Emergency succession: on the sudden unavailability of the Chair, the Deputy Chair convenes the Board within 14 days; the Board confirms interim arrangements, informs donors and partners, and decides on a permanent appointment within six months under the statutes.
4. Planned succession: the Board reviews leadership needs annually; develops potential successors within the Scientific Committee, the platforms and the Board; sets term limits for the Chair where the statutes allow.
5. Key persons for each platform (journal, GILS, Sheni Labs, Academy) have named deputies.

3. Procedures

1. Succession register; annual review; test of access arrangements.

Responsibilities

Board; Chair; Deputy Chair.

Review

Every two years and when donor rules change.

Learning, Training and Competence

EU references: ASF personnel competence and awareness policy; CHS commitment 8; EU and US donor requirements for trained staff on fraud, safeguarding, PSEAH, data protection and ethics; ISO 9001 clause 7.2 (reference)

1. Purpose and scope

To ensure that everyone who acts for PHIG has the competence their role requires and the training that this framework and donors require, and that PHIG as a learning organisation improves. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Competence requirements are defined for every role (Board, Director, project lead, expert, reviewer, editor, course author, finance); engagement is conditional on meeting them or a plan to.
2. Mandatory training on induction and refreshed every two years: Code of Conduct, Conflict of Interest, Anti-Fraud, Whistleblowing, Safeguarding and Child Protection, PSEAH, Data Protection, Equal Opportunities; plus role-specific training (research integrity and FCOI for researchers; grant rules for project leads; OSH for all).
3. Training records are kept per person; completion is a condition of being charged to grants or named on outputs.
4. Continuing professional development is supported: GMJ Academy courses free to all persons acting for PHIG; conference participation within budgets; peer learning across the platforms.
5. Lessons from evaluations, incidents and audits are turned into training and procedure updates.

3. Procedures

1. Competence matrix; training register; annual training plan.

Responsibilities

Director; platform leads.

Review

Every two years and when donor rules change.

Remote Work, Flexible Working and Right to Disconnect

EU references: Labour Code of Georgia; EU Work–Life Balance Directive 2019/1158 (reference); ILO guidance on teleworking; Policies 32, 42, 37

1. Purpose and scope

Most of PHIG's work is done remotely and across time zones. This policy sets the rules that make remote work safe, productive and fair. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Remote work is by written agreement stating location(s), core hours for availability, equipment, expenses, data security and the right to return to a workplace arrangement.
2. Working hours and rest are respected: no expectation of answering outside agreed hours except in declared emergencies; right to disconnect.
3. Health and safety at the remote workplace: self-assessment checklist; ergonomic advice; PHIG contributes to equipment where the budget allows.
4. IT security rules apply in full: encrypted devices, password manager, two-factor authentication, no work on unsecured networks without VPN, no family use of work accounts.
5. Performance is measured by results and deliverables, with regular check-ins; remote workers have equal access to training, information and progression.
6. Work from a country other than the contract country for more than 30 days requires approval (tax, insurance and permit implications).

3. Procedures

1. Remote-work agreement template; home-office checklist.

Responsibilities

Director; supervisors.

Review

Every two years and when donor rules change.

Confidentiality and Information Classification

EU references: ISO/IEC 27001 Annex A information classification (reference); GDPR; EU MGA Art. 13 (confidentiality); 2 CFR 200.303(e); Policies 05, 36, 37

1. Purpose and scope

To define what information PHIG holds in confidence, how it is classified, handled and shared, and the obligations of everyone who has access to it. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Classification: Public (published or publishable); Internal (not for publication but low harm if disclosed); Confidential (would harm a person, partner, client or PHIG if disclosed: unpublished verdicts, assessment files, manuscripts under review, personal data, financial details, security plans); Restricted (safeguarding and integrity cases, credentials, legal matters).
2. Confidential and Restricted information is stored in access-controlled systems, shared on a need-to-know basis, encrypted when sent outside PHIG, never on personal accounts or unsecured messaging, and never discussed in public.
3. Everyone signs a confidentiality undertaking on engagement that survives the end of the engagement; reviewers and committee members are bound in respect of what they review.
4. Information received from donors, partners and clients in confidence is used only for the purpose given and protected as Confidential unless agreed otherwise.
5. Confidentiality never prevents reporting of wrongdoing under the Whistleblowing Procedure or cooperation with lawful investigations and audits.
6. Breaches are handled under the Incident Reporting and Data Protection policies.

3. Procedures

1. Classification markings in document templates; confidentiality undertaking on file.

Responsibilities

Director; every person.

Review

Every two years and when donor rules change.

Social Media, Spokespersons and Crisis Communication

EU references: Policies 27, 26, 13, 39; WHO risk-communication principles; UN social-media guidelines (reference)

1. Purpose and scope

To define who speaks for PHIG, how PHIG's social-media presence is run, and how PHIG communicates in a crisis. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Spokespersons: the Chair, the Director and persons the Director designates for a topic; others do not make statements in PHIG's name; experts and reviewers speak in their own name and do not disclose confidential matters.
2. Official accounts are registered to PHIG, managed by designated persons with two-factor authentication, and follow the Public Health Communication Policy: sourced, accurate, non-partisan, no personal attacks, no engagement with abuse; comments moderated under published rules.
3. Personal accounts: persons acting for PHIG may state their affiliation but must make clear that views are their own; they do not share confidential information or bring PHIG into disrepute; they do not use PHIG's name in political campaigning.
4. Crisis communication: on a reputational, safety or integrity crisis, the Director activates a small response team; facts are established before statements; a holding statement is issued within hours; one spokesperson; affected persons and donors informed before the public where possible; a record kept; the Board informed.
5. Misinformation targeting PHIG or its platforms is corrected with evidence, calmly, once; disputes are not conducted on social media.

3. Procedures

1. Account register; moderation rules; crisis communication plan.

Responsibilities

Director; communications function; Chair.

Review

Every two years and when donor rules change.

Language, Translation and Multilingual Publication

EU references: ASF language and translation policy; EU multilingualism principles; WHO multilingualism policy; CHS commitment 4 (information in accessible language)

1. Purpose and scope

PHIG works in Georgian, English and French, and its audiences include Georgian citizens, diaspora, international partners and donors. This policy sets which language governs, how translations are made and marked, and how accessibility of language is ensured. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Governing text: for policies, contracts and assessments, the language stated in the document governs; this framework's governing text is English, with the Georgian version authoritative for matters of Georgian law; discrepancies are resolved by the Board.
2. Public health information for the Georgian public is provided in Georgian wherever resources allow; English for the international audience; French where ASF's work requires; other languages for migrant and refugee audiences as programmes need.
3. Translations are made by competent translators or reviewed by one; machine translation is used only with human review and is marked; the date and version of a translation are stated.
4. Plain language is the standard for public information; technical terms are explained; the Georgian Dictionary of Public Health provides reference terminology.
5. Interpretation (including sign language) is provided for events where participants need it.

3. Procedures

1. Translation register; terminology reference; review step in publication workflow.

Responsibilities

Director; platform editors.

Review

Every two years and when donor rules change.

Vehicle and Driver Safety

EU references: UN Road Safety Strategy; WHO Global Status Report on Road Safety; ILO duty-of-care guidance; Policy 25

1. Purpose and scope

PHIG owns no vehicles but its people travel by road, hire vehicles and drivers, and work in field settings. This policy sets minimum road-safety rules. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Hired vehicles are roadworthy, insured, equipped with seat belts for every seat, and driven by licensed, rested drivers; seat belts are worn by everyone at all times.
2. No driving under the influence of alcohol or drugs; no use of hand-held phones while driving; speed limits and local law respected; no night driving in high-risk areas without approval.
3. Motorcycle and unlicensed taxi use for PHIG work is avoided; where unavoidable, helmets are worn.
4. Journey planning for field travel: route, timing, check-ins, emergency contacts (Safety and Security Policy).
5. Accidents are reported under the Incident Reporting Policy; medical attention first.
6. If PHIG ever acquires vehicles, a fleet policy (maintenance log, driver authorisation, vehicle log, fuel control) will be adopted before use.

Responsibilities

Director; travellers; project leads.

Review

Every two years and when donor rules change.

Programme Exit, Handover and Sustainability

EU references: OECD DAC sustainability criterion; CHS commitment 3; EU MGA and 2 CFR 200 closure requirements; Global Affairs Canada and Norad sustainability expectations

1. Purpose and scope

To ensure that every programme is designed with its end in mind, that results last after funding ends, and that exit is handled responsibly towards beneficiaries, partners and donors. Applies to the Board, the Director, staff, consultants, volunteers, experts, partners and suppliers of PHIG and all platforms of its network.

2. Policy

1. Every programme design states its sustainability strategy: what continues after funding (services, capacities, tools, data, policies), who owns it, how it will be financed, and when PHIG's role ends.
2. Exit is planned at least six months before closure with beneficiaries, partners and authorities: handover of assets, data, documentation and responsibilities; training completed; communities informed.
3. Digital public goods created (databases, dictionaries, courses, alerts) are maintained by PHIG as part of its mission or transferred to a capable partner under open licence; no public good is simply switched off.
4. Donor closure requirements are met: final reports, asset disposition, record retention, audit readiness (Policies 28, 31, 36).
5. An end-of-programme review records what was sustained and what was not, and feeds future design.

3. Procedures

1. Sustainability section in design template; exit plan; closure checklist.

Responsibilities

Project leads; Director; Board for transfer of public goods.

Review

Every two years and when donor rules change.

Adoption record

The Board of the Public Health Institute of Georgia adopted this framework (version 1.2, policies 01–75) on 1 September 2026. The Chair signs on behalf of the Board. Amendments are recorded in the version table below and published at publichealth.ge/policies/.

Version	Date	Change	Approved by
1.0	1 September 2026	First adoption of policies 01–15	Board of PHIG
1.1	1 September 2026	Completion of the framework: policies 16–50 (ASF-equivalent set plus US PHS/NIH, human-subjects and AI policies); donor-requirement map; registrations	Board of PHIG
1.2	1 September 2026	Policies 51–75: governance charter, internal audit, transparency, AAP, child protection, GBV, disability inclusion, humanitarian principles and CHS, conflict sensitivity, emergency response, beneficiary selection, in-kind and medicine donations, supplier code, reserves, fundraising, advisory services, impartiality, succession, training, remote work, confidentiality, social media, language, vehicles, exit	Board of PHIG

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