

Gender Equality Plan 2026 to 2028

Institutional plan for signature and public publication

Version 1.0

Plan period Effective Date to 31 December 2028

Document status Prepared for signature

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This Plan is adopted and enters into force only when signed above. The signed version is to be published on the public website of CLINICA PREVENCIA SRL.

Management commitment

CLINICA PREVENCIA SRL commits to equal opportunity, equal treatment and dignity at work. We will apply this Plan to decisions about work, leadership, recruitment, career development, research and innovation activities, and the prevention and handling of harassment. We will allocate working time and access to relevant expertise, review evidence each year, publish progress without exposing personal data, and correct barriers identified through monitoring.

The Plan is designed around the Gender Equality Plan process requirements used under Horizon Europe: a public document signed by top management, dedicated resources, data collection and annual monitoring, and training on gender equality and unconscious bias. It addresses all five recommended content areas. Its use does not by itself establish that the company is a legal entity to which the Horizon Europe eligibility criterion applies; eligibility depends on the entity category and the conditions of the relevant call.

No workforce statistics are stated in this version because a verified baseline has not been supplied. The first implementation task is to establish that baseline from lawful and quality-checked records. Targets below are implementation targets, not claims about current performance.

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1 Purpose status and scope

Purpose

This Plan sets the governance, actions, indicators, timetable and complaint safeguards that CLINICA PREVENCIA SRL will use from the Effective Date through 31 December 2028. It supports institutional change and provides a public statement of the company's commitments.

Status and publication

Before signature, this document is a final text prepared for adoption. Signature by Monalisa Tufan in her capacity as Administrator constitutes top-management approval and establishes the Effective Date. Within 10 working days after signature, the GEP Coordinator will arrange publication of the signed PDF on the company's public website and internal circulation to the workforce. Publication will include an accessible contact route and will exclude confidential monitoring or case data.

Scope

The Plan applies to employees, managers, job applicants, trainees, volunteers and, where the company can exercise control, contractors and other persons working with the clinic. Its conduct standards also apply to work-related interactions with patients, suppliers, research partners and visitors, including digital communication, travel, training and professional events. Employment or disciplinary measures apply only within the company's lawful authority; other cases may require contractual, operational or external action.

Interpretation

This Plan complements the internal regulations, employment contracts, data-protection rules, occupational health and safety arrangements, and any project-specific ethics requirements. If applicable law or a funding agreement requires a higher standard, that standard prevails. Nothing in this Plan limits a person's right to approach a competent authority, court, trade union or legal adviser.

2 Principles and legal framework

Operating principles

- Equal opportunity and equal treatment in employment and professional development.
- Respect for dignity and zero tolerance for discrimination, harassment, sexual harassment and retaliation.
- Fair, documented and transparent criteria for decisions affecting people.
- Confidentiality on a need-to-know basis, data minimisation and protection from avoidable exposure.
- Impartial handling, the right to be heard and documented reasons for decisions.
- Intersectional review where sex or gender may interact with age, disability, ethnicity, religion, sexual orientation, family status or another protected characteristic.
- Use of sex and gender analysis in research or innovation content when relevant, with a documented reason where it is not relevant.

Legal and policy basis

The Plan is informed by the Horizon Europe Gender Equality Plan framework and by Romanian rules on equality, non-discrimination, dignity at work and harassment prevention. The main sources are listed in Appendix C. The anti-harassment procedure reflects Government Decision No. 970/2023 and the methodology it approved, as amended by Government Decision No. 27/2025. It also takes account of Law No. 202/2002, Government Ordinance No. 137/2000 and the Labour Code.

The Romanian methodology applies to private companies and requires an internal framework for prevention, support, receipt and resolution of reports, annual employee training, communication of the rules, confidential registration, and a responsible person or committee appointed by the employer. The procedure in Section 6 is therefore an operational part of this Plan. A separate written management decision must identify the members of the complaint body and secretary before they exercise case-handling powers.

Horizon Europe criteria alignment

Requirement	How it is addressed	Location
Public document	Signed by top management and published on the public website	Cover and Section 1
Dedicated resources	Working time, access to HR, legal, data and external gender expertise, and approved implementation costs	Section 3
Data and monitoring	Lawful disaggregated data, indicators, annual review and public progress reporting	Section 4 and Appendix A
Training	Annual awareness training and role-specific training for decision-makers and complaint handlers	Section 8
Five thematic areas	Concrete measures on culture, leadership, recruitment, research content, and gender-based violence	Section 5

3 Governance resources and accountability

Roles

Role	Responsibility
Top management	Approves the Plan; ensures resources; removes organisational barriers; reviews annual reports; issues the decision appointing the complaint body.
Monalisa Tufan, Administrator and GEP Coordinator	Coordinates implementation, publication, data review, training and annual reporting. Acts as the primary contact for reports unless recusal is required.
Dragoş Diculescu, Administrator and alternative responsible person	Provides continuity and acts where the Coordinator is unavailable or conflicted. Receives reports that should not be sent to the Coordinator.
Complaint body	Receives and examines reports under Section 6 after appointment by written management decision. It must be impartial, trained and bound by confidentiality.
Managers	Apply objective criteria, support participation in training, prevent retaliation and implement approved corrective measures.
HR payroll legal data and project functions	Provide necessary records and specialist support within role-based access and data-protection limits.
All workers	Respect the policy, complete required training, cooperate honestly with reviews and avoid retaliation or obstruction.

Resources

Management will provide the GEP Coordinator and complaint body with sufficient paid working time, access to relevant records, secure storage, training and specialist advice. External legal, psychological, mediation, equality or investigation expertise may be commissioned where independence, competence or workload requires it. Each annual implementation report will identify the resources used and any additional resources required. No fixed budget is stated before management has approved one.

Decision records

Owners of actions must keep proportionate evidence of completion, such as approved procedures, attendance records, anonymised dashboards, recruitment checklists, meeting minutes and documented corrective actions. These records support monitoring; they must not contain unnecessary medical, patient or complaint details.

4 Data monitoring and annual reporting

Baseline

Within 60 calendar days after the Effective Date, the GEP Coordinator will prepare a verified baseline using available lawful records. If the Effective Date falls after 31 December 2026, the same work must be completed within 60 days rather than treated as missed. The baseline will state the reference date, definitions, coverage, missing data and any quality limitations.

Data categories

Where lawfully available and useful, monitoring will cover workforce distribution, occupational groups and levels, leadership and decision-making bodies, contract type and working pattern, recruitment stages, appointment, promotion, access to training, parental or care-related leave, return from leave, remuneration for equal work or work of equal value, exits, participation in research or innovation, and completion of required training. Complaint data will be reported only as aggregated process information and never as a target of zero cases.

Data will be disaggregated by sex and, where voluntarily supplied and lawfully processed, by gender or other relevant characteristics. The company will not compel disclosure solely for this Plan. Small groups will be suppressed, combined or described qualitatively when publication could identify a person. Health and patient data are outside the workforce dashboard unless a specific, lawful research or equality analysis requires them.

Reporting cycle

Output	Due date	Minimum content
Baseline report	Within 60 days after Effective Date	Internal baseline and approved actions; public summary if disclosure is safe
2026 implementation update	By 31 March 2027	Actions completed from Effective Date to 31 December 2026
2027 annual report	By 31 March 2028	Indicators, findings, corrective actions and resources
2028 final report	By 31 March 2029	Plan-period results and recommendation for the next plan
Management review	At least annually and after a material legal or organisational change	Recorded decisions and updated action owners

The public report will present trends and implementation status without personal data. Where the company is legally required to send a report to an authority or funder, the GEP Coordinator will coordinate that submission. This Plan does not assume that reporting duties imposed only on specified public or education bodies apply to the company.

5 Objectives actions indicators and timetable

The action programme below covers the full plan period. Owners may use specialist support, but they remain accountable for completion. Where a fixed 2026 milestone falls before the Effective Date, it is due within 60 calendar days after the Effective Date.

5 1 Work life balance and organisational culture

Objective	Measure and indicator	Owner	Timing
Review working arrangements	Review scheduling, leave, flexible-work requests and return-to-work practices for unequal effects. Indicator: review completed and corrective actions recorded.	GEP Coordinator with HR	Baseline; annual refresh
Support carers and returners	Use a consistent discussion and reintegration checklist after maternity, paternity, parental or other care-related leave. Indicator: checklist offered in every applicable return case.	Managers and HR	From Effective Date
Inclusive working culture	Schedule mandatory meetings and training within normal working hours where practicable; provide a reasonable alternative where this is not possible. Indicator: exceptions and alternatives recorded.	All managers	Continuous
Culture feedback	Run a confidential pulse survey or structured consultation on dignity, inclusion, workload and access to opportunity. Indicator: one exercise each year and actions agreed.	GEP Coordinator	By Q4 each year

5 2 Gender balance in leadership and decision making

Objective	Measure and indicator	Owner	Timing
Measure representation	Review the composition of management, committees and project leadership. Indicator: annual distribution and year-on-year change, subject to small-number protection.	GEP Coordinator	Baseline; annual
Fair appointments	Use written competence criteria and a documented selection record for leadership and committee appointments. Indicator: 100 percent of covered appointments use the record.	Administrators	From Effective Date
Balanced participation	Seek representation of more than one gender on selection and decision panels where the panel size and available qualified pool permit. Indicator: panel composition and reason for any exception.	Appointing manager	Each appointment
Development access	Review nominations for mentoring, training and project leadership for unequal patterns. Indicator: annual review and corrective action where a barrier is found.	Managers and HR	Annual

5 3 Gender equality in recruitment and career progression

Objective	Measure and indicator	Owner	Timing
Inclusive recruitment	Use role-related criteria, inclusive vacancy wording and structured scoring. Indicator: 100 percent of documented recruitment processes use the approved template.	Hiring manager and HR	Template within 30 days; then continuous
Monitor the pipeline	Track applicants, shortlists, offers and appointments by sex where lawful and meaningful. Indicator: annual funnel analysis with data limitations stated.	HR	Baseline; annual
Transparent progression	Communicate promotion and development criteria and document decisions. Indicator: criteria available and all covered decisions recorded.	Managers and HR	By Q2 2027; then continuous

Objective	Measure and indicator	Owner	Timing
Equal pay review	Review remuneration for equal work or work of equal value, controlling for relevant job factors. Indicator: completed review, explained methodology and corrective plan for any unjustified difference.	Administrators with payroll or external expertise	By Q4 2027; update in 2028
Pregnancy and leave protection	Do not disadvantage a person because of pregnancy, maternity, paternity, parental leave or care responsibilities. Indicator: case review of any adverse decision affecting a person on or returning from protected leave.	HR and decision owner	Continuous

5 4 Gender dimension in research innovation and clinical content

This area applies to research, innovation, service-design or teaching activities under the company's control. It does not alter clinical judgment or research ethics obligations.

Objective	Measure and indicator	Owner	Timing
Screen relevance	Complete a sex and gender relevance checklist for every new research or innovation proposal and study protocol under company control. Indicator: checklist present in 100 percent of covered files.	Project or study lead	From Effective Date
Design and analysis	Where relevant, address sex and gender in research questions, sampling, recruitment, variables, analysis and reporting. Where not relevant, record a reason. Indicator: documented assessment and ethics consistency.	Project or study lead	Each project
Patient and public materials	Review participant, patient and teaching materials for inclusive language, accessibility and clinically relevant sex or gender differences. Indicator: review recorded before release.	Content owner	From Q2 2027
Project learning	Include sex and gender considerations in project close-out or lessons learned where relevant. Indicator: completed close-out field for covered projects.	Project lead	At project close

5 5 Measures against gender based violence including sexual harassment

Objective	Measure and indicator	Owner	Timing
Operational procedure	Implement Section 6 and communicate all reporting channels. Indicator: procedure circulated and public contacts available.	Administrators and GEP Coordinator	Within 10 working days after signature
Independent case body	Appoint and train a responsible person or committee through a written decision. For a committee, appoint at least three full members, one alternate and a secretary. Indicator: valid appointment and confidentiality undertakings.	Top management	Within 30 calendar days
Safe reporting	Accept written, electronic, verbal and sufficiently detailed anonymous reports; provide an alternative route where a contact is implicated. Indicator: every report registered and conflict-screened.	Complaint body	Continuous
Timely handling	Prepare the initial case report within 7 working days and complete the process within 45 working days, subject to law and necessary procedural safeguards. Indicator: percentage completed within each deadline and reasons for delay.	Complaint body	Each case
Prevention and learning	Use anonymised lessons from cases, surveys and risk reviews to improve controls. Indicator: annual prevention review completed; no target of zero reports.	GEP Coordinator and complaint body	Annual

6 Prevention of harassment and gender based violence

Prohibited conduct

CLINICA PREVENCIA SRL prohibits discrimination, harassment related to sex or another protected characteristic, sexual harassment, workplace moral harassment, gender-based violence and retaliation. Prohibited conduct may be physical, verbal, non-verbal or digital. It can occur between people of any sex or gender and can involve a manager, peer, subordinate, patient, contractor or other third party. A single serious act may be sufficient; conduct does not have to be repeated where the applicable definition or seriousness of the act does not require repetition.

Examples include unwanted sexual attention or contact; requests for sexual favours linked to work; sexualised messages or images; degrading comments about sex, gender, pregnancy or family responsibilities; hostile conduct that harms dignity or working conditions; threats, exclusion or professional disadvantage used as pressure; and adverse treatment because a person reported, supported or participated in a case.

Reporting routes

A person may report conduct even if they are unsure how it should be legally classified. Directly confronting the person concerned is optional and is never a condition for using the formal process.

- Primary contact: Monalisa Tufan, GEP Coordinator, monalisa.tufan@prevencia.ro.
- Alternative contact: Dragoș Diculescu, Administrator, dragos.diculescu@prevencia.ro. Use this route if the primary contact is unavailable, implicated or may have a conflict.
- A report may be made in writing, electronically or verbally. A verbal report will be recorded in minutes and checked with the reporting person where possible.
- A handwritten signature is not required for an electronic report. An anonymous report must be examined when it contains enough factual information to permit meaningful checks.
- A witness, colleague or representative may raise a concern. The affected person will be consulted where this is safe and possible, but the company may need to act where there is a serious risk or legal duty.

Immediate safety and support

The recipient will first assess urgent safety, health, evidence-preservation and retaliation risks. Proportionate interim measures may include separating reporting lines, adjusting schedules or contact arrangements, preserving digital records, providing paid time to attend meetings, or referring a person to medical, psychological or legal support. Interim measures are preventive, not disciplinary findings, and should avoid disadvantaging the person who raised the concern where practicable.

The reporting person may be accompanied by an employee representative, trade-union representative or adviser during the internal process. The company will explain available support and external routes. If there is immediate danger, the person should contact emergency services. Serious conduct may also be reported to competent criminal-investigation bodies.

Formal process

Stage	Required action
1 Receipt and registration	Record the report immediately in the confidential register. Assign a case number and restrict access. Acknowledge receipt promptly where contact details are available.
2 Conflict screen	Before substantive access or contact, identify actual, potential or perceived conflicts. Apply Section 7 and replace conflicted persons.
3 Information and choices	Explain the process, confidentiality limits, support, possible informal resolution and external routes. Informal resolution is voluntary and is not suitable where safety, coercion or serious misconduct is alleged.
4 Initial case report	Collect the reported facts, desired outcome, immediate needs and proposed protective measures. Complete the case report within 7 working days after receipt.
5 Investigation	Interview the parties separately, invite relevant evidence, hear relevant witnesses, keep records, and give the person concerned a fair opportunity to respond. Do not force face-to-face mediation.

Stage	Required action
6 Findings and final report	Prepare reasoned findings, proposed measures and any process limitations. Complete the complaint-resolution process no later than 45 working days after the report, unless binding law requires another course.
7 Decision and follow-up	A non-conflicted authorised decision-maker determines corrective, protective or disciplinary next steps under applicable procedures. Confirm the outcome to each party to the extent permitted by confidentiality and data-protection rules.
8 Review	A party may request a procedural review in writing within 10 working days. The review must be handled by a non-conflicted person who did not make the original findings. External rights remain unaffected.

Confidentiality records and retaliation

Information will be shared only with people who need it to protect persons, assess the report, make a lawful decision or meet a legal duty. Absolute confidentiality cannot be promised because a fair process may require disclosure of allegations and evidence. The company will disclose no more than necessary and will protect identity data as far as the process and law allow.

The confidential register will include the registration number, stage and identified solution, together with only the information necessary for case management. Case files will be kept securely and retained according to applicable legal obligations and the company's approved retention schedule. Public or management reporting will be anonymised.

Retaliation, intimidation, obstruction, deliberate breach of confidentiality and knowingly false evidence may lead to action under applicable rules. A report that is not substantiated is not, by itself, false or abusive. Anyone who experiences retaliation should use either reporting contact or an external route.

Outcomes and external routes

Possible outcomes include protective measures, workplace adjustments, coaching, training, management action, restoration of an opportunity, changes to procedures, contractual measures and, after any required disciplinary process, sanctions proportionate to the established conduct. The internal complaint body does not make criminal findings and does not replace the statutory disciplinary investigation where the Labour Code requires a separate procedure.

A person may contact the competent Territorial Labour Inspectorate, the National Council for Combating Discrimination, the courts, or criminal-investigation bodies, as appropriate. Use of the internal process is not a prerequisite unless a specific law provides otherwise. Applicable limitation periods remain the responsibility of the person considering an external claim.

7 Conflicts of interest and independent handling

Duty to disclose and recuse

Any person involved in a recruitment, promotion, pay, procurement, project, monitoring or complaint decision must disclose an actual, potential or reasonably perceived conflict of interest. Relevant conflicts include a close personal, family, financial, supervisory or adversarial relationship; prior involvement in the facts; a personal stake in the outcome; or circumstances that could reasonably call impartiality into question. The person must not access the file, contact parties about the merits, influence the process or take part in the decision after recusal.

Routing rules

- If Monalisa Tufan is implicated, is a witness, has prior involvement or otherwise has a conflict, the report must be sent to Dragoş Diculescu and she will have no case access.
- If Dragoş Diculescu is implicated or conflicted, Monalisa Tufan will arrange handling by an unconflicted complaint body and he will have no case access.
- If both named contacts are implicated or conflicted, or if the allegation concerns the person who would ordinarily appoint or decide the case, the competent non-conflicted corporate body or person under the company's constitutional documents must appoint an external neutral case manager or committee by written mandate.
- If the existing complaint body cannot provide at least three unconflicted committee members, the employer will appoint replacements or external members. The head of the company and anyone directly or indirectly involved in the reported events may not sit on the investigation committee.
- A complainant may identify a perceived conflict. The receiving contact must record and decide the objection before the challenged person takes further substantive action. Reasons for the decision must be recorded.
- External experts must sign confidentiality and conflict declarations, receive only necessary data and work under written terms defining independence, scope and secure return or deletion of records.

Separation of functions

Where practicable, the person who investigates will not be the person who imposes a disciplinary sanction or decides a review. In a small organisation, an external investigator or reviewer should be used when internal separation is not credible. The final record must identify each role and any safeguards used.

8 Training communication and review

Training programme

Audience	Minimum content	Frequency	Target
All workers	Core equality, respectful conduct, reporting channels, confidentiality and non-retaliation	At induction and annually	At least 90 percent annual completion; make-up session for the remainder
Administrators managers HR and recruitment decision-makers	Gender equality duties, unconscious bias, objective decisions, work-life risks and documentation	Within 90 days after Effective Date and annual refresh	100 percent completion
Complaint body and alternates	Trauma-informed intake, impartial investigation, conflicts, Romanian timelines, evidence, data protection and fair process	Before handling a case and annual refresh	100 percent before case access
Project study and content leads	Sex and gender analysis in research, innovation and clinical or educational content	Before first covered project and refresh as needed	100 percent of covered leads

Training effectiveness will be checked through short knowledge questions, feedback, review of decision records and recurring issues. Attendance alone is not treated as proof that risks have been controlled.

Communication

The signed Plan, reporting contacts and complaint-body details will be communicated through the public website and appropriate internal channels. New workers will receive the information during induction. Material updates will be communicated promptly and the current version will remain accessible.

Review and amendment

Management will review this Plan at least annually, after a material legal change, after a substantiated systemic issue, or when monitoring shows that a measure is ineffective. Amendments require approval by the competent management authority. A replacement plan for the period after 2028 should be prepared in time for continuity and should use the verified 2028 evaluation rather than unverified estimates.

Appendix A Monitoring framework

Area	Objective	Indicator	Review point
Publication	Signed plan publicly available	Public URL and publication date	Within 10 working days after signature
Resources	Implementation capacity	Coordinator time, training and external support recorded	Annual
Baseline	Verified starting point	Baseline report with definitions and limitations	Within 60 days
Governance	Responsible structures in place	Appointment decision, role list and conflict declarations	Within 30 days; update on change
Training	Required knowledge and awareness	Completion by audience and evaluation results	Annual
Work life	Equal access to arrangements and return support	Requests, outcomes and checklist use, anonymised	Annual
Leadership	Representation and fair selection	Composition, documented criteria and exceptions	Annual and per appointment
Recruitment	Equal access through each stage	Funnel analysis and template use	Annual
Career and pay	Fair development and equal pay for equal work or work of equal value	Decision records, participation and pay review findings	Annual; pay review by Q4 2027
Research content	Relevant sex and gender analysis	Checklist coverage and documented relevance decisions	Per project and annual summary
Harassment prevention	Safe access and timely case handling	Training, registered reports, 7-day and 45-day timeliness, protective measures	Quarterly confidential review; annual anonymised report
Corrective action	Findings produce change	Open actions, owner, due date and completion evidence	Quarterly

Baseline values will be inserted in the internal monitoring file only after verification. Public reporting will suppress small numbers and any information that could identify a person or case.

Appendix B Complaint information guide

A report should include as much of the following information as the reporter can safely provide. Missing information does not automatically prevent registration or an initial assessment.

- Name and contact details, if the reporter wishes to provide them.
- Name or role of the person whose conduct is reported, if known.
- What happened, including words or actions, dates, locations and work context.
- Whether the conduct is continuing and whether there is an immediate safety, health or retaliation risk.
- People who may have relevant information and records that may exist, such as messages, emails, documents or schedules.
- Any steps already taken and the outcome sought, without requiring the reporter to confront the person concerned.
- Any accessibility, language, representation, support or confidentiality needs.
- Any relationship or circumstance that may create a conflict of interest for the usual contacts or complaint body.

Send the report to monalisa.tufan@prevencia.ro, or to dragos.diculescu@prevencia.ro when the primary contact is unavailable or should not receive the matter. The company may request clarification, but an anonymous report containing actionable facts must still be examined.

Appendix C References

1. European Commission, Horizon Europe Application Forms Part A, Gender equality plan section, version 2.0 dated 10 November 2025. https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/temp-form/af/af_he-eic-transition_en.pdf
2. European Commission, Horizon Europe Programme Guide, version 5.1 dated 15 September 2025. https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/guidance/programme-guide_horizon_en.pdf
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9. Romania, Government Decision No. 262/2019 approving the methodological rules for Law No. 202/2002. <https://legislatie.just.ro/Public/DetaliuDocument/213375>
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Document control

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