

WHAT IS GOING ON AT THE WORLD HEALTH ORGANIZATION?

The World Health Organization (WHO)'s controversial management of the COVID-19 crisis and the accusations of institutional bias and incompetence levelled by member states, are shining a light on the organization's structural dysfunctionality and systemic flaws that must be subject to immediate public scrutiny and corrected without delay. As numerous and similar questions raised over the years by some member states, civil society stakeholders and other organizations have shown, a wholesale reform is long overdue.

If one attempted to summarize the reasons behind the current litigious climate, they would likely be: the organization's unusually poor performance on critical issues of global health, oft-displayed arrogance and dismissive attitude towards external actors and experts, and institutional bias. Viewed through the lens of the COVID-19 serial miscalculations, the WHO's response(s) have now surpassed the boundaries of acceptability. If the WHO hopes to remain relevant, it's time for the organization to change: both in substance and form.

Many observers and experts agree, over the years, the WHO has become a bastion, inside which a group of privileged but invisible elite, benefit from comfortable working conditions and limitless job security, congratulating one another on their erudition, confident that their positions will never be scrutinized or subject to accountability. How much harm these very same "erudite bureaucrats" have caused?

DDT

In 1962 the American biologist Rachel Carson published her soon to be famous book, *Silent Spring*, according to which DDT was responsible for birds' incapacity to reproduce.

A veritable tsunami of protests morphed into a campaign for a worldwide ban of the product. However, DDT was used successfully against malaria-carrying mosquitoes in Europe and North America, among other regions, thus eliminating one of the most-deadly diseases from wealthy geographies. The WHO nevertheless supported the campaign and called for the product's banishment. The campaign for global eradication lasted from 1955 to 1969. However, this was done notwithstanding the fact that more than a billion people were living in lower income countries and regions, gravely at risk of being infected and needing protection.

The campaign stumbled, facing serious resistance when human rights and equality of health care access issues were finally raised as the number of malaria-related deaths kept on growing. The WHO had to terminate its campaign, deploy a new strategy, and was affected by a decrease in its funding. Today, DDT's reduced, safe and controlled use is. But was anything changed at the WHO as a result?

To [know more](#).

H1N1

The WHO's attitude during the 2009 pandemic H1N1 flu drew a large amount of media attention. The organization was squarely accused of conflicts of interest. According to the June 4th edition of the French newspaper *Le Figaro*, it was deeply stained by its secrecy and conflicts of interests with the pharmaceutical industry. The *British Medical Journal* made [similar comments](#).

Following the WHO's advice, governments stocked up on antiviral medication and bought billions of dollars worth of vaccines which, for the most part, remained unused. The pandemic was much less serious than originally feared. The WHO was supposed to work forcefully to restore its reputation after an enquiry led by the London-based Bureau of Investigative Journalism (BIJ). But aside from a few, vague public declarations again nothing changed, and the same type of self-empowered bureaucrats continued to govern.

To [know more](#).

CHRYSOTILE

Since the end of the 1970s, the use of asbestos fibre, including chrysotile, has been the object of a ferocious, almost zealot-like crusade for its total banishment. Countries where it is already banned are defend their positions and the interests of substitute businesses, with the support of their unions - which comes as no surprise since they have replacement fibres and products to promote. Pressure groups and organizations that support the ban have joined the parade. Powerful lobbies such as Ban Asbestos International, in close collaboration with some legal firms specialized in litigation business, support the ban in order to defend their interests and, among other actions, influence the WHO.

High ranking individuals within the WHO regularly step outside the bounds of the organization's own guidelines and rules to put their weight behind the crusade and orchestrate a worldwide campaign to ban all asbestos fibres.

None of them seem worried by urgent issues confronting poor countries attempting to address critical infrastructure, housing, water and sanitation needs who must have access to quality fibres at an affordable price.

They have shown no interest in the undisputable data offered by science and the numerous studies on safe use and potential risks to human health in countries with long histories of safe use.

The scientifically demonstrated differences between serpentine and amphiboles in terms of their chemical structure and potential dangerousness have been flatly ignored. Indeed, the very idea of differentiation is anathema.

Generally accepted guiding principles regulating the controlled use of potentially hazardous products are not applied to chrysotile.

On this issue, it has been impossible to identify a frank and open dialogue. Worse, the WHO has supported, including financially, the organization of pressure meetings to convince and cajole other member states (e.g. Vietnam) to ban the use of chrysotile and to replace it by fibres whose innocuousness has not been, in too many cases, scientifically well demonstrated. The WHO's activists systematically ignores any information that demonstrates safe use or worker safety in practice. The WHO regularly ignores the exhortations by members states to adhere to World Health Assembly (WHA) policy on this issue. Because oversight and accountability are not part of the WHO culture, there are frequent and regular "internal interpretations" that directly contradict those Member State policies.

CHRYSOTILE AND THE ROTTERDAM CONVENTION

On September 10th, 1998, participating Member States adopted the now famous international convention called the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade. All participating countries then understood that the WHO in particular was offering its open and complete collaboration and was ready to defend both the spirit and letter of the Convention in an unbiased manner, respectful of all signatory States.

Unfortunately, under the benevolent gaze of the WHO Secretariat, the Convention which was supposed to address the use of pesticides became the anti-asbestos convention.

At each of the Conferences of Parties, the anti-asbestos lobbies and the designated WHO spokespersons use to take turns to call for the inclusion of the chrysotile fibre on the list of banned products on the international market. Representatives from both producing and user countries are given little if any attention, even though they together represent two-thirds of humankind.

Their objections are swept under the rug of indifference.

The WHO's top officials are well aware of the situation but have chosen their side: not the banishment of asbestos including chrysotile if necessary, but rather, the necessary and global banishment and the replacement of chrysotile with other products' whose risk levels have, too often, not been thoroughly and scientifically assessed.

To know more see [the ICA website](#).

COVID-19

During the current pandemia, a range of media and public policy experts have gone as far as reporting that the WHO has shown incompetence and become an obstacle to the efficient flow of information. The [April 9 2020's edition of the Wall Street Journal](#) has been explicit on the

matter. An [April 30 report from CBC News](#) (Adam Miller) indicates that some experts have accused the WHO of making mistakes.

It is important to note that the WHO's answers these have not been reassuring and hard to understand amidst the organizational fog.

CONCLUSIONS

With the last chapter of COVID-19, the WHO has seriously damaged its reputation. It has bankrupted its previous capital of credibility.

Ignoring its *raison d'être* — to be the unbiased and undisputed body called upon to govern global health for all the world —, the WHO has chosen to hide behind its image of 'Vatican of Health' while its large staff (7,000 experts, 150 offices worldwide) display a rare instinct to deal with some NGOs and embrace the 'politically correct'.

In ways similar to those of NGOs whose activists the WHO likes to deal with, the Organization shows it is deeply affected by a deadly triple vice: its undemocratic nature, its lack of accountability and, last but not least, its disputable financial transparency. If a courageous debate on the role of NGOs is necessary in our societies, the one about the WHO is equally extremely urgent.

The WHO will only survive if it fights to reestablish its genuine role in the post-COVID19 era and that starts with deep structural reforms, a commitment to transparency and a renewed culture of accountability and openness. There is no better place to start this process, than with a desired administrative reform to avoid parallel agendas and reinforce the principle that all staff is bound by WHA decisions.

In particular, WHO representatives regularly make disputable interpretations of WHA decisions and produce *working papers* (such as outlines or factsheets) that are presented as the formal position of the organization. They state in conferences and seminars what *they* pretend is *the* official policy. For a long time, they have turned WHO official policies into their private garden. Today, as in the past we are experiencing the collective weight of these errors.

It is time this privileged elite understand that their role is to strictly follow WHA's position. It is time for them to properly listen to all concerned parties, with intellectual humility and no pre-conceptions, respecting the fundamental principle of non-discrimination. It is time for accountability as public servants.

In hope of these drastic reforms an invigorated WHO still has the chance to fulfill its mission. The world is waiting.