OPEN LETTER

Ms. Dasho Dechen Wangmo President of the World Health Assembly

26 May 2021

Dear Ms. Dechen Wangmo and members of the World Health Assembly,

As the Seventy-Fourth World Health Assembly dedicated to building a healthier, safer and fairer world is held this week, the Whistleblowing International Network, Transparency International, and the Government Accountability Project, with the support of 40 anti-corruption, public health, and whistleblower protection organisations write to urge the assembled members to **ensure that there is an independent review of the disclosures made by Dr Zambon, and a commitment from the WHO to reform its whistleblowers.** Any such commitment should include putting an end to any retaliation that may have taken place against Dr Zambon, a public health whistleblower, and a formal apology for any actions that may have suppressed vital public-interest information that could help protect the world from the next pandemic.

As has been widely reported, on 13 May 2020 the WHO withdrew the report "*An unprecedented challenge. Italy's first response to COVID-19*" from its website. Dr Zambon, lead researcher into the investigation of Italy's pandemic preparedness, reported to have suffered retaliatory treatment after opposing undue influence from WHO Assistant Director-General, Dr Ranieri Guerra, to suppress key findings in the report. He further elaborates that Dr Guerra, whose prior term with the Italian Ministry of Health as Director of Prevention and Chief Medical Officer (2013-2017) was closely related to the facts reported, requested that the report be amended.

Dr Zambon, concerned for the scientific integrity of the report and Dr Guerra's potential conflict of interest in seeking amendments (having no role within the scientific approval chain for the otherwise authorised report), reported his concerns in accordance with the applicable WHO policies to the management and the WHO Ethics Office. Dr Zambon says that the Ethics Office ignored his disclosures for several months, that subsequent feedback has been unsatisfactory. Furthermore, rather than being protected under the WHO whistleblowing policy, he was increasingly undermined, suffering progressive isolation and demotion until his intolerable working conditions forced his resignation.

We are all deeply concerned about the case on public health grounds from two perspectives. *First*, we are concerned with what appears to be the suppression of a scientific report of great public-interest value at the time of publication – and still valuable for ongoing learning. *Second*, the alleged retaliation against Dr Zambon for reporting his concerns about the report's suppression highlights serious failures of WHO's whistleblowing policy – an essential element of any institution's good governance.

Suppression of public-interest information on public health

The importance of protecting our fundamental freedoms of expression and right to information in the context of a global public health emergency when so many lives and livelihoods are at risk could not be clearer. At the start of the COVID-19 emergency, a coalition of civil society called on the world's authorities and institutions to protect those who expose harms, abuses and serious wrongdoing during pandemic. Over 90 organisations joined <u>the statement</u> which emphasized the importance of protecting whistleblowers as a matter of public health and the public's right to know.

The Council of Europe Group of States against Corruption (GRECO) also acknowledged the increased risk of corruption during the COVID-19 pandemic and published specific guidance highlighting the urgent need to facilitate and protect whistleblowers *irrespective of the reporting lines they pursue*. GRECO emphasised the critical role of whistleblowers in helping fulfil the public need for increased oversight during this global crisis.¹

It is understood that the report "An unprecedented challenge. Italy's first response to COVID-19" specifically examined government preparedness for a public health emergency. The integrity of the report's findings is essential if governments across the world are to learn from the COVID-19 crisis and understand its impact on future global preparedness and to mitigate against further public health catastrophes.

Further, we understand that Dr Zambon was prohibited from responding to a summons from an Italian court, as part of an ongoing criminal investigation into those potentially responsible for failures which may have contributed deaths which could have been avoided. We understand the WHO refused to allow Dr Zambon to comply with the official investigation on the basis of WHO immunities. This is remarkable given Dr Guerra's testimony to the same court, allowed in his personal capacity. Dr Guerra's authorization to engage in media interviews on the case is also striking; several public statements he has made appear to be detrimental to Dr Zambon. Given the lack of a transparent and independent investigation into Dr Zambon's whistleblowing concerns, it has been impossible for Dr Zambon to defend himself and challenge the veracity of these statements.

Lack of effective WHO whistleblower protection

The chronology of events following Dr Zambon's disclosures are of particular concern to those familiar with the case. The WHO's unresponsiveness to Dr Zambon's attempts to raise serious public-interest issues, and the lack of a timely resolution of his complaints of retaliatory treatment can only have a chilling effect on other WHO staff, as well as those working for similar international bodies, discouraging them from speaking up when it matters. The case also risks fueling serious distrust in the WHO and UN systems.

We were particularly concerned to hear that Dr Zambon's identity as a whistleblower was not protected. Confidentiality is the central tenet of any whistleblower protection policy and fundamental to effective protection from retaliation. It is well-established that a breach of confidentiality itself is a form of detrimental treatment and that any effective whistleblowing protection framework should include dissuasive penalties against such retaliation, including civil or criminal liabilities where those directly or indirectly responsible for ensuring support have failed in their duty of care for reporting persons.²

The whistleblowing policies of the United Nations have been a long-standing cause for concern for international whistleblowing protection and anti-corruption and human rights experts.³ In 2015, the UN Special Rapporteur on the promotion and protection of the freedom of opinion and expression specifically recommended the UN and its agencies adopt effective policies to enable greater public access to information and to protect whistleblowers. He recommended that the UN agencies follow similar criteria to protecting whistleblowers as those recommended to States, recognizing that particular attention must be paid to the effectiveness and independence of existing reporting mechanisms, given the whistleblowers' lack of access to any other formal justice systems.⁴

¹ https://rm.coe.int/corruption-risks-and-useful-legal-references-in-the-context-of-covid-1/16809e33e1

² See in particular Article 16 of the Directive (EU) 2019/1937 on the protection of reporting persons at https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX%3A32019L1937

³ On 13 May 2020, the Government Accountability Project submitted a <u>letter to the United Nations Internal Justice Council</u> with 48 points for consideration on how to improve the UN's whistleblowing policy and internal justice system.

⁴ <u>https://www.un.org/ga/search/view_doc.asp?symbol=A%2F70%2F361&Submit=Search&Lang=E</u>

We note with keen interest that our concerns and calls for reform have been echoed in the findings of the Report of the External Auditor, published 17 May 2021 and scheduled for discussion on WHA74 preliminary agenda.⁵ The Report found a steep increase in the number of complaints of misconduct and retaliation and confirmed this should be a cause for concern for WHO management. Reported breaches of the WHO's Codes of Ethics and Conflicts of Interest more than doubled, and complaints of retaliation sharply increased from 7 (in 2019) to 19 (in 2020). The CRE received a further 20 complaints. The Report stated that an 'untenable' lack of human resources '...[h]ampers the cause of justice' and the resulting delays are particularly problematic given the large number of cases later found to be substantiated. The External Auditors formally recommended (see Recommendation 13) that given the current trends and the need to deter misconduct, WHO should enhance its punitive and preventive measures, and urgently reduce delays in investigation and disciplinary action.

As the World Health Assembly gathers at this important juncture for "ending this pandemic, preventing the next: building together a healthier, safer and fairer world," we urge assembled members to pay due attention to the case of Dr Zambon. As the agency responsible for international public health, the WHO should be focused on removing any barriers to the effective identification of misconduct which could impact on the well-being of global citizens.

We humbly ask that all members and representatives of the World Health Assembly use their mandate to ensure there is an independent review of the disclosures made by Dr Zambon, and a commitment to reform the WHO whistleblowing mechanisms and ensure the independence of the justice systems for future WHO whistleblowers.

We, the undersigned, remain committed to seeking accountability in this case and for proper recognition of the global public interest in the issues disclosed by Dr Zambon, as a matter of good governance and public safety. We will continue to work to bring to light any risk of harm and to uphold the public's right to know, and the rights of all whistleblowers.

Yours sincerely,



Supported by:

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⁵ https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_34-en.pdf

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