

Exhibit 11. World Health Organization "Project Risk Management" a "faked" Enterprise Risk Management process?

<https://www.who.int/management/general/risk/en/>

(This is the only and latest reference source that I was able to find that **WHO** did articulate although only to a minute extent the **Enterprise Risk Management** process as known and practiced in 2020 and in accordance with the **Universal Enterprise Risk Standard ISO 31000.- WJP**)

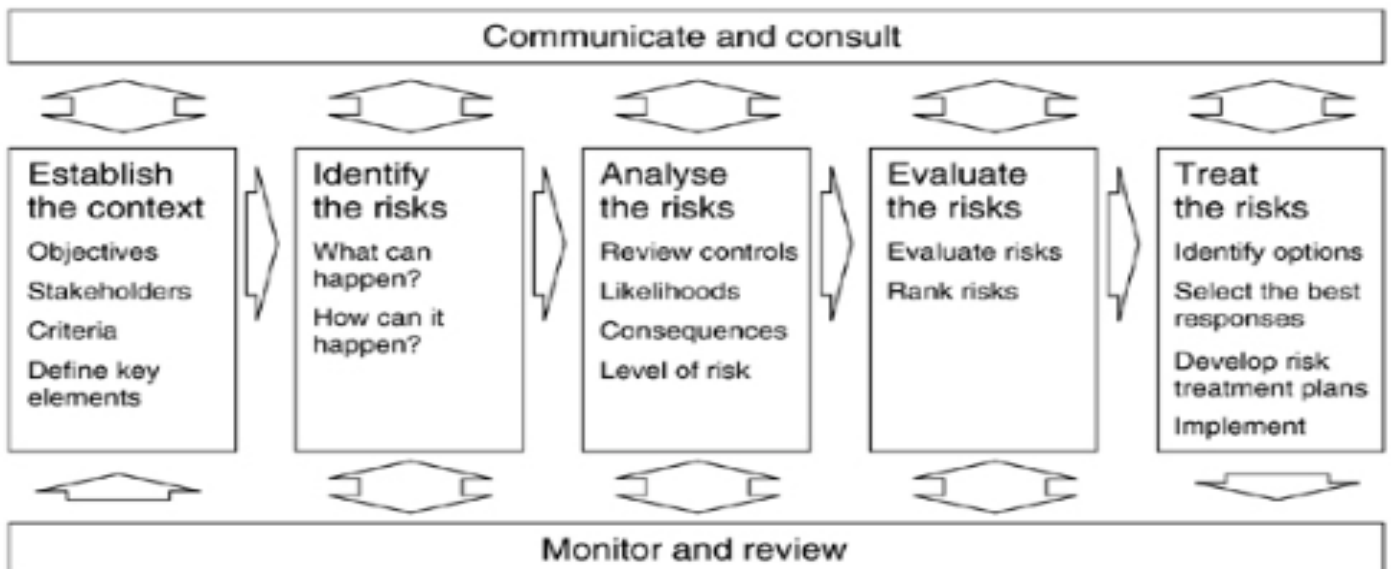
The **WHO** information is highly superficial in presentation, and there is very little evidence that **it has been applied in practice**. Unfortunately, the published information is also "dated" (**OLD!**).

The following graphic extracted (below) from the above linked source appears to summarize the **WHO** "model-like" (**steps only**) utilized in **ERM**: (Omitting **definitions, criteria, and detailed explanations** of the various elements described in the graphic!).

1. It begins with a list of outdated reference source "readings" that focus on "Risk Management" generally but no mention of "**ERM**" and the international standard ISO 31000 nor its predecessor guidelines for application of **ERM**. Sadly, missing in the **WHO** graphic is the universal **ISO 31000** formula for **quantifying** the "risk" level! Mere listing of the terms "Likelihood", "Consequences" and "Level" of risk IS NOT by itself a "formula"!!

The limited "series" of "guidance" begins with the title of "**For Frontline Managers**" that merely lists reference "topical" sources; also included is the "graphic" of the "process" of "risk management" which does resemble the "steps" involved in the paradigm known today as "**Enterprise Risk Management**" (**ERM**). However, **NO** explanations of the content "steps" below are available as described by WHO. **wjp**

The project risk management process



Following the referenced graphic above, the **WHO** "risk" overview continues viz:

- "2. **For higher levels of management.** (The information includes some guidelines dealing with technical health issues but little or no policy direction. **wjp**

"3. **Risk management in programs.** (Again, the information contains mere "topical" references in certain health related issues but does sporadically address certain health/medical issue **risks** that may be useful, but NOT in the holistic context of **ERM**.)

Noted also that the "topics" are randomly selected by **WHO**, and do not represent any ranking of priorities of risks nor the impact that these risks may have- the most important steps of **ERM**. In other words, there is NO ranking or emphasis indicated in these reference sources. - **wjp**

"4. **Tools** (The information again refers to references- by topical sources only-there is NO **WHO** guidance whatsoever in the topical choices conveyed. "Policy" by **WHO** is again "on vacation" in this particular source of information. One exception: This section **does contain a limited sequential medical process on key risk factors**. But that alone does not satisfy the complete "step" requirements of **ERM**. - **wjp**

"5. **Risk websites** (More of the same by **WHO**: mere sources of information and complete disregard for the other administrative steps required in **ERM**. - **wjp**

In conclusion the WHO is sadly defective in required knowledge of the mitigation of many risks associated with issues as presented by COVID 19; particularly it does not possess any semblance of the attributes required to fully advise countries in COVID 19 **collateral damages** such as financial and economic/financial matters.

It is very much suspect also if the references sources indicated above constitute its "main body of knowledge" of risk (even if using updated information in the references utilized in the example conveyed in this section.)

In summary the **WHO** information conveyed as described above conveys that **WHO** is merely acting as a "library" of information for its followers and its (**WHO**) role should not be considered the ultimate guidance source for matters that are by far better addressed through the **Enterprise Risk Management** (ERM) paradigm.

WHO reference with implication to **ERM** is nothing short of misrepresentation by omission concerning this process.

(The reader should note carefully for comparison, the robust and effective **ERM** programs applied by two **health focused organizations** samples referred to in this report- "ASRAM" and "Nurse Key- Enterprise Risk Management (Exhibit4 for examples).

The knowledge **competencies** required for applying **ERM** are further validated by several USA universities awarding a "Masters Degree" in the subject; the **WHO** described risk process is a "farce" by comparison, if not outright **misrepresentation by omission**.

To put it succinctly "**WHO**" **DOES NOT HAVE THE COMPETENCIES TO DEAL WITH FINANCIAL/ECONOMIC ISSUES** concerning COVID-19 based on its lack of knowledge and experience in **ERM** and if it doesn't, countries have the obligation/responsibility to do so. **That includes Canada!**

One government jurisdiction in Canada, (as covered elsewhere in this submission, the **BC government**) **IS** applying **ERM** successfully. This should act as a driver for its wider application for ALL Canadian governments in dealing with health issues, in particular, **COVID-19** and ignore the **WHO** defective attempt at emulating **ERM**.

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