Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people (WHO, Basic Documents, 47th Edition, 2009)

Unveiling of the statue commemorating smallpox eradication

This new statue has pride of place outside the main WHO headquarters building. It commemorates the 30th anniversary of the World Health Assembly resolution which declared that the goal of global smallpox eradication had been achieved. The statue was unveiled on 17 May 2010 by Dr Margaret Chan, Director-General. She was accompanied by Dr Halfdan Mahler, former Director-General during whose term of office smallpox was eradicated, Dr DA Henderson, former Director of the WHO Smallpox Eradication Programme and Mr Jean Roy, Director of Smallpox Eradication Commemoration 2010, Atlanta, Georgia.

They spoke of the tremendous innovation, creativity and dedication which helped end a 3000 year old disease, and paid tribute to all those involved.
Some photos from the trip in Croatia

Our boat « La Belle de l’Adriatique »

In Dubrovnik

The sword dance in Korcula

The ramparts of Dubrovnik

Sailing to Kotor

In Split with our guide

A rainy day in Mljet

In the market in Trogir

The photos are from Peter Bourne and Jean-Paul Menu

See the text on page 16 and other pictures in the French version
EDITORIAL

We are doing our best to ensure that you receive your newsletter at the end of the quarter. Unfortunately, it is not always possible, despite the willingness of the printing and distribution services. They have various priority tasks and are often under-staffed. You can, however, find a copy of the newsletter on our web site (in colour) several days after the 25th of the third month of each quarter.

This year is the time for the election of the Executive Committee and you will soon receive (or have already received) the call for nominations. We hope that many of you will submit your candidatures.

We would like to remind you that, according to the AFSM Statutes, only life members and those members who have paid their 2010 subscription are eligible to vote.

We would therefore like to take this opportunity to request our annual members to kindly pay as soon as possible their 2010 subscriptions.

Seasonal influenza vaccination:
Following the interruption of this service last year due to the controversy over influenza A H1N1, the Medical Service has promised to resume the vaccination practice this year, as in the past. We will inform you of the details and the dates as soon as we receive them.

Important contacts:
AFSM: see on page 1
Health Insurance (SHI): + 41 (0)22 791 18 18; in case of absence, please leave a message; someone will call back.
Or email to: insurance@who.int
Pensions: +41 (0) 22 928 88 00 ;
email: jspfrya@unog.ch for Geneva
or unjspf@un.org for New York
AFSM office manned on Tuesday and Wednesday from 9.30 to 12.30.
Otherwise: please leave a message; someone will call back.
Our health insurance (SHI)

All our readers whose claims are dealt with by Headquarters should have received the note from SHI informing us of the delay of about 8 weeks in the processing of reimbursements. The SHI team has informed us that every effort is being made to reduce this backlog and confirmed that this delay is now close to 6 weeks. The AFSM Executive Committee is in contact with our SHI colleagues on this matter and they are aware of the difficulties that former staff may face when reimbursements are delayed. A letter from one of our readers to SHI is shown under the Readers’ Corner. The Executive Committee will continue to monitor the situation and keep you informed.

We would like to take this opportunity to reiterate some of the Staff Health Insurance reimbursement essentials:

- A separate blue envelope (form WHO 339) must be used for each person and must include valid prescriptions, original bills and proof of payment. Duplicates, reminders or copies are NOT accepted.
- Claims must be made within 12 months of the date of receipt of the bill for services rendered, otherwise it will be rejected. Keep an eye on the dates, especially if a prescription is valid over a long period. If you need to claim reimbursement of medication which is renewable during the period of validity of a long-term prescription, send the original prescription and proof of payment to SHI with a request to have the prescription returned to you. They will then stamp the original prescription and return it to you as soon as possible so that you can continue to use it.
- If a medical appliance is prescribed by the physician, it is advisable to check with SHI if it is reimbursable on a rental or purchase basis.
- If possible, bills should be grouped for submission (e.g. at Headquarters when the total amounts to CHF 200, EUR 120 or USD 150).
- If bills are paid through e-banking, the relevant bank debit advice (executed order) should be provided as proof of payment.
- At Headquarters, you may request SHI to pay a large bill directly to the healthcare provider. In order to qualify for direct payment, the amount of the bill must be at least 15% of the full monthly pension benefits on which contributions to SHI are based. Requests for direct payment should be made on a separate yellow envelope (form WHO 843) – for retired and other former staff members a direct payment of WHO’s share (normally 80%) can be made to the healthcare provider. By signing this request form for direct payment, retired and other former staff members recognize they are responsible for payment of the remaining 20%. Some regional offices have similar arrangements for direct payments – for details it is necessary to check with the office dealing with your SHI claims.
- In the case of hospitalization, SHI will, upon request, issue a guarantee of payment of its share (normally 80%) of a hospital bill. If in doubt about your entitlements in respect of reimbursement of accommodation in hospitals, you are strongly advised to contact SHI prior to admission or in an emergency as soon as possible thereafter for information in this regard. Reimbursement of accommodation in a private hospital or clinic is limited so it is important to know your entitlements in advance to help you select the appropriate category of room.

Other key points:
- Copies of the Staff Health Insurance rules can be obtained from SHI (the current rules are effective from 1 March 2009).
- On separation from WHO, staff members must decide within 90 days whether to continue participation in the Staff Health Insurance for themselves and their eligible dependants and other eligible family members.
- If retiring staff members decide not to retain protection for themselves, their dependants and other eligible insured family members, they are excluded from participation at a later date.
- Former staff members, who choose to discontinue participation, may not thereafter resume participation.
- After the death of a retired staff member, the surviving spouse, dependants and other family members who were already insured under the WHO Staff Health Insurance at the time of death of the staff member and who wish to continue their participation, must apply within 90 days of being informed by the Staff Health Insurance Officer that insurance protection may be continued. Failure to apply or renunciation of insurance protection excludes the dependants and other eligible family members from participation at a later date.
- Eligible former staff members who continue to participate in the Staff Health Insurance remain insured for as long as they pay the required contributions. Non-payment of contributions for a period of 12 months ends participation and re-admission thereafter is not allowed.

If, as a consequence of a serious accident or illness, former staff members or their eligible survivors are not in a position to attend to their personal affairs, claims may be made by their legal personal representative, or in exceptional circumstances, by a person acting in a fiduciary capacity on their behalf

For SHI contact details: see page 3.

Susan Block Tyrrell
with SHI
Practical advice in the event of death of a former staff member

The Association of Former WHO Staff is at your disposal to help you and your relatives at this difficult time. Please do not hesitate to contact us concerning the practical formalities:

WHO, office 4141, CH-1211 Geneva
Tel: +41 22 791 3103 and 3192
Email: aoms@who.int

General information

1. The formalities may vary, depending on the place and the country where the death occurs. Seek advice from the local authorities, a lawyer or a solicitor, or a funeral director service.
2. Make an urgent appointment with a lawyer or solicitor to find out about the formalities.
3. In any case, it is necessary to obtain an official death certificate and to make several copies of it which are needed for the various authorities. You need to have a copy of the birth certificate of the deceased in order to obtain the death certificate.
4. Find out whether the deceased made a will or expressed his/her wishes in another way, either formally or informally.
5. Find out whether the deceased expressed a wish for his/her funeral arrangements, e.g. burial, cremation (and disposal of the ashes), religious service and if so which, or no religious service, and possible type of ceremony.
6. Inform the health insurance companies concerned, both the main and any complementary insurance company, and the life insurance company.
7. Inform the appropriate pension authorities, both national and local.
8. Inform the appropriate bank(s) of the deceased – if necessary; change a joint account to a personal account.
9. Inform the appropriate other insurance companies, e.g. covering car/house insurances.
11. Seek advice from the tax office on the impact of the death on your own taxes and ask for any forms which need to be completed.
12. Keep copies of all your correspondence for any necessary reminders and follow up.

Information regarding employment with WHO

13. Inform the WHO Staff Health Insurance (SHI) at WHO headquarters and provide SHI with a copy of the death certificate. The surviving spouse, dependants and other family members who were already insured under the WHO Staff Health Insurance at the time of death of the staff member and who wish to continue their participation, must apply within 90 days of being informed by the Staff Health Insurance Officer that insurance protection may be continued. Failure to apply or renunciation of insurance protection excludes the dependants and other eligible family members from participation at a later date.

14. Inform the United Nations Joint Staff Pension Fund (providing the pension number of the deceased) and also send to them an original of the death certificate:
   - by email to jspfgva@unog.ch (Geneva) or to unjspf@un.org (New York) as appropriate
   - or in writing to the Secretariat of the UN Joint Staff Pension Fund (UNJSPF), c/o Palais des Nations, CH 1211 Geneva 10, or for courier service mail only to the UN Joint Staff Pension Fund at Du Pont de Nemours Building
     Chemin du Pavillon 2
     CH 1218 Grand-Saconnex,
     or to the New York Office
     PO Box 5036, United Nations,
     New York, N.Y. 10017, USA

Note: The Association of Former International Civil Servants (AAFI-AFICS) at the Palais des Nations published in January 2003 a “Checklist of items of information needed by survivors in the event of a pensioner’s death” which can be obtained from the Association: tel. +41 22 917 33 30 or from the web site www.unog.ch/afics/aaafi.htm

Yves Beigbeder
Breast cancer: importance of early detection

This is the most common cancer in women. There are approximately 70 cases in every 100,000. 1% of cases affect men. Although mortality for breast cancer has declined, its frequency has tended to rise.

This can probably be attributed to the improvement in treatment and early detection, for example through mammography and self-examination.

Usually the incidence of breast cancer increases with age. The highest percentage of new cases appears to be in the 60-80 age group.

There are several types of breast cancer. Within the different stages of development, there are non-invasive cancers, in which there is a proliferation of cancer cells in the epithelial tissue without invasion of the surrounding tissue, and invasive carcinoma which invades the surrounding tissue and results in metastases.

One of the most important factors in the prognosis of breast cancer relates to the degree of cell differentiation.

Treatment is adapted according to the various factors which can only be determined after a biopsy of the lesion, carried out either surgically or with a large bore needle.

Appropriate treatment is then determined for each situation, such as surgery, hormone therapy or chemotherapy and/or radiation.

Some "alternative" treatments are available which could delay, or even exclude, proven "classic" therapies. These pseudo-treatments can worsen the prognosis.

As far as the prognosis is concerned an early diagnosis is essential, highlighting the necessity of breast examination, by the patient or doctor, and by regular mammography. If there is the slightest doubt a doctor should be consulted. It is clear that exposure to x-rays during a mammogram, particularly for young women whose breasts are more dense, means that there is an increased dosage of radiation. However, modern machines use lower doses of radiation than previously, and the proportion of benefit to risk is around 50 lives saved versus one case of breast cancer in 1,000,000 mammograms. In most cases there are no particular risk factors. However, the following could apply:

- Age: after menopause, although the breast is no longer affected by ovarian oestrogens, these continue to be produced by the adipose tissue under the action of the adrenal glands. In addition, with age, the frequency of abnormal cells increases and the immune system which controls them becomes less effective.

- The endogenous production of oestrogenic hormones: the increased length of hormonal activity due, for example, to early puberty, late menopause, late pregnancy, or the amount of fatty tissue, can increase the risk factor. Conversely, there is a reduced risk of breast cancer in women who have had their ovaries removed.

- Heredity: the risk of breast cancer is higher if a mother, sister or daughter has been diagnosed. Certain genes have been discovered which show an increased risk. Preventive measures are justified in the case of abnormally high family incidences, especially in the case of known family history of cancer. Similarly, a woman who has had breast cancer in one breast has an increased risk of developing cancer in her other breast, or in the uterus or ovaries.

- Hormone replacement therapy (HRT) after menopause: the frequency of breast cancer is higher among women who have been treated: for five years + 2% for 10 years + 6%; five years after cessation of the hormonal treatment, the increased risk is reduced to zero.

- Fibrocystic breast disease: if the risk of breast cancer seems to be higher in the forms with proliferation, this does not appear to be the case in the non-proliferative forms.

- Alcohol: the regular intake of alcohol appears to increase the risk of breast cancer.

Conclusion:

For post-menopausal women, the highest risk factor appears to be the lack of regular surveillance due to the belief that breast cancer only affects younger women, which, as we have seen above, is not the case.
Our pensions

The WHO Staff Pension Committee held its annual regular session on 15 May 2010. The Committee is composed of members and alternate members representing the Health Assembly, the Director-General, and the participants, as well as observers from AFSM (Marjory Dam and Bunty Muller). Main agenda items were a review of the report of the Secretariat of the Committee and consideration of disability cases. Retirees will have received information about the status of the Pension Fund in the annual letter of the CEO (available on the Pension Fund website www.unjspf.org), but it is worth mentioning here a few important points.

In 2009, contributions (USD 1.95 billion) exceeded benefit payments (USD 1.92 billion). Thus, it was not necessary to touch income from investments in order to meet the Fund’s 2009 liabilities. The market value of the Fund’s assets continues to reflect the volatility of the markets. From a “high” of USD 40.6 billion as at 31 March 2008, the assets declined in value to a “low” of USD 29 billion as at 31 March 2009. The value of the assets as at 31 December 2009 had increased to USD 37.5 billion. The real inflation-adjusted rate of return over the 49-year life of the Fund is 4%, thus meeting the Fund’s long-term objective of 3.5%.

An actuarial valuation of the Fund as at 31 December 2009 will be reported to the fifty-seventh session of the Pension Board, to be held 15-23 July 2010 in London. The WHO delegation to the Board will be composed of representatives of the Health Assembly, the Director-General and the participants. The retirees are represented by observers from the Federation of Associations of Former International Civil Servants (FAFICS). The FAFICS observer delegation will include Roger Eggleston, former WHO staff member and current president of the Association of Former International Civil Servants (AFICS) - Geneva.

Marjory Dam

Publications

Concepts and Practice of Humanitarian Medicine

S.W.A. Gunn and M. Masellis, International Association for Humanitarian Medicine (Springer, 2008)

This book contains forty-one essays from international contributors who set out the principles of humanitarian medicine, beginning with the concept of health as a human right, and examining topics such as quality of life, torture and nuclear conflict. It draws on WHO and UN treaties and conventions and pays tribute to the efforts of individuals and organizations working to correct health inequities worldwide.

Among its topics:
- Health for All or Hell for All?
- The right to health
  - The potential of humanitarian medicine in torture prevention and human rights
  - The varied roles of international and nongovernmental agencies in humanitarian medicine
  - Health effects in an increasingly nuclear world.

Contributors include Halfdan Mahler, our former DG, Boutros Boutros-Ghali and Kofi Annan, former Secretaries-General of the UN.

The book’s first issue was recently presented in a ceremony to Dr Margaret Chan, WHO Director-General. It is available at the WHO Library.

Yves Beigbeder
News from WHO

Highlights of the main public health events during the second quarter of 2010

WHO was in contact with air quality experts concerning the health effects of the ash cloud from the volcanic explosion in Iceland in April. As long as ash remains in the upper atmosphere, no increased risk of health effects is likely. People with chronic respiratory conditions like asthma, emphysema or bronchitis may be more susceptible to irritation if ash is in the lower atmosphere in high concentrations. As ash concentration varied from country to country depending on the wind and air temperatures, WHO advised people to listen to their local public health officials for the best guidance for individual situations.

• One Million Safe Schools and Hospitals Campaign, launched in Manila on 8 April. WHO has pledged its support to this new UN campaign to protect health and educational facilities and the millions of people who rely on them for healthcare and learning, from emergencies. The campaign is part of the UN International Strategy for Disaster Reduction’s 2010-2011 World Disaster Reduction Campaign, which is entitled Building Resilient Cities, Addressing Urban Risk.

• Review of the global response to the pandemic H1N1. An in-depth review of the global response to the pandemic and to identify lessons for the future is underway, conducted by the International Health Regulations (IHR) Review Committee, comprised of 29 experts selected from the IHR roster of experts. The review has three aims: (i) to assess the functioning of the IHR (2005) in relation to the current pandemic (H1N1) 2009 and other public health events; (ii) to review the scope, appropriateness, effectiveness, and responsiveness of global actions as well as the role of the WHO Secretariat in supporting pandemic preparedness, alert and response in relation to the pandemic; (iii) based on the above, to identify and review the major lessons learned from the global response to the current pandemic and to recommend actions to be taken by Member States and the Director-General to strengthen the preparedness and response to potential future influenza pandemics and other public health emergencies. The first meeting was held from 12-14 April. Observers were invited to attend from all States Parties to the IHR, UN organizations and relevant IGOs, and NGOs in official relations with WHO. The report of the meeting was presented to the World Health Assembly in May. The next meetings are anticipated at the end of June and in late September 2010. A final report will be presented to the 64th World Health Assembly in 2011.

• World Malaria Day, 25 April. Based on the theme “Counting Malaria Out”, this year’s World Malaria Day marks a critical moment in time, with less than one year for the international malaria community to meet the 2010 targets of delivering effective and affordable protection and treatment to all people at risk of malaria.

• Third Geneva Conference on Person-centered Medicine, 3-5 May, sponsored by WHO and the International Network for Person-centered Medicine. WHO led a symposium on “Why is measuring person-centered medicine and people-centered care vital?” and a special session at WHO headquarters focused on “People-centered care in low and middle income countries”.

• Save Lives: Clean Your Hands. The 5th of May each year is a WHO call to action for improved hand hygiene to reduce infections. The 5 Moments for Hand Hygiene recommends healthcare workers clean their hands:
  • Before touching a patient;
  • Before aseptic procedures;
  • After being exposed to a patient’s body fluids;
  • After touching a patient; and
  • After touching the patient’s surroundings.

• World No Tobacco Day, 31 May. The theme for 2010 focuses on gender and tobacco, and draws attention to the harmful effects of tobacco marketing and smoke on women and girls.

• Women Deliver, Washington DC, 7-9 June. This second global conference focused on the theme of delivering solutions for girls and women and highlighted the issue of women’s health and development in general and the need for maternal and reproductive health in particular to become a global priority. The main message of the conference stressed that Millennium Development Goal 5, as well as 4 and 6, which aim to reduce maternal mortality and achieve universal access to reproductive health, reduction of newborn mortality and combat HIV, malaria and TB, will only be achieved by investing in women.

• World Blood Donor Day, 14 June. This annual event focuses on motivating people to become blood donors and demonstrates how health systems and policy-makers work to make blood transfusions safe and accessible to people worldwide. The theme for this year focuses on young donors with the slogan “New blood for the world”.

Susan Block Tyrrell

See also the separate articles on World Health Day and the World Health Assembly.

Articles taken from the WHO website: www.who.int

Association of Former WHO Staff  Page 8
The 63rd World Health Assembly took place in Geneva from 17-21 May 2010. Resolutions were adopted on a variety of public health issues, including:

- Adoption of a global code of practice on the international recruitment of health personnel which aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel.
- Reaching consensus for the first time on a resolution to confront the harmful use of alcohol and discussion on a global strategy.
- Research and development financing, including the rational use of funds and conducting research through regional networks in line with the Global strategy and plan of action on public health, innovation and intellectual property which was designed to promote new thinking in innovation and access to medicines and to encourage needs-driven research rather than purely market-driven research.
- The establishment of an intergovernmental working group on counterfeit medical products, to examine WHO’s role in ensuring the availability of good quality, safe, efficacious and affordable medicine; its relationship with the International Medical Products Anti-Counterfeiting Taskforce; and its role in the prevention and control of sub-standard/spurious/falsely-labelled/counterfeit medical products.
- A call to WHO to develop a comprehensive approach to the prevention and control of viral hepatitis and the nomination of 28 July as World Hepatitis Day.
- Monitoring of the achievement of the health-related Millennium Development Goals (MDGs), expressing concern about the slow progress in achieving them, especially MDGs 4 and 5, and about the fact that maternal, newborn and child health, as well as universal access to reproductive health services, remain constrained by health inequities.
- Food safety – to improve the evidence base to estimate the burden of foodborne diseases and the strengthening of global networks and to improve the assessment, management and communications of foodborne and zoonotic risks in a timely manner.
- A review of progress following two years of implementation of the action plan for the Global strategy on the prevention and control of noncommunicable diseases.
- Endorsement of a series of interim targets set for 2015 as milestones towards the eventual global eradication of measles.
- To increase access to safe blood transfusion and to safe and affordable blood products in developing countries.
- Agreement on two new guiding principles for the guidelines on human organ and tissue transplantation: the first improves safety, quality and efficacy of both donation and transplantation procedures as well as the human materials used; and the second increases transparency, while ensuring the protection of the anonymity and privacy of donors and recipients.
- Intensification of efforts to treat and prevent pneumonia.
- A call for increased political commitment, the implementation of the Global strategy for infant and young child feeding, and the strengthening of nutritional surveillance systems and improved use of MDG indicators to monitor progress.
- A call to prevent birth defects wherever possible, to implement screening programmes and to provide ongoing support and care to children with birth defects and their families.
- Strong support for the continuing efforts of the Open-ended working group to further global pandemic influenza preparedness by strengthening the sharing of influenza viruses and of benefits such as vaccines. Member States spoke on the progress made at the intergovernmental meeting (held 10-12 May 2010) and characterized the interaction as transparent, substantive, collaborative and an important foundation for future negotiation in this area. The role of industry as a stakeholder in the process to increase global capacity for vaccine production, increased technology transfer to developing countries, and access to supplies of vaccine and medicines at affordable prices for resource-limited countries were among the issues raised. A resolution was passed to request the Director-General to continue to support the effort and undertake any technical consultations and studies as necessary; and to decide that the group should report through the Executive Board to the 64th World Health Assembly in 2011.
- Discussion of the first report of the review committee assessing the functioning of the International Health Regulations (IHR) during pandemic influenza. Member States stressed that the IHR is broader than pandemics and plays a vital role in global public health and fully supported the IHR implementation. They emphasized the need for individual, country-based capacity strengthening, learning from past lessons, the importance of flexibility and of reaching out beyond the health sector, and the need for strong communication and partnerships. They expressed appreciation of the IHR training and awareness-raising activities supported by WHO and stressed the importance of monitoring IHR implementation.
- Delegates also discussed whether the election of the Director-General should be done uniquely on merit or on a rotational basis by region.

Further information and documentation can be found on the WHO website – www.who.int.

Susan Block Tyrrell
AFSM-AOMS and AAFI-AFICS

There is often a degree of confusion between AFSM and AAFI especially for those who have just retired.

AAFI-AFICS (Association des anciens fonctionnaires internationaux-Association of Former International Civil Servants) was created in 1955 to include retired staff from all the organizations of the UN system in Geneva. There are several AFICS, the most important one being in New York. An Executive Committee conducts the current activities of the association. It consists of 18 elected members (nine every two years for a four year term), a representative of each association of former officials of the other UN organizations in Geneva and a few honorary and co-opted members. It meets once a month while the General Assembly consisting of all members of the association meets once a year.

The AFSM-AOMS (Association of Former WHO Staff Members - Association des anciens de l'OMS) is also run through an Executive Committee of twelve members elected every two years, and a number of honorary and co-opted members. It meets once a month while the General Assembly meets every two years.

The annual subscription for AAFI-AFICS is CHF 35 or CHF 350 for life membership while the figures are CHF 25 and CHF 250 for AFSM. A life member of AFSM can become a life member of AAFI-AFICS for CHF 250 instead of CHF 350 while a similar reduction is not offered by AFSM to life members of AAFI-AFICS. In both associations an annual membership can be converted to a life membership after crediting the accounts with two-thirds of subscriptions already paid. It is in the interests of both the retirees and the associations to become life members since it avoids the additional work of sending reminders and interruptions in membership.

AAFI-AFICS, by virtue of having various organizations' retirees in its membership, has a wider range of expertise than AFSM e.g. in areas of taxation, pensions and policies of the UN system. It publishes several useful publications such as about taxation in France and Switzerland, dual track in pensions and wills and successions. AFSM has fewer such publications since it relies on, and distributes those from AAFI-AFICS. AFSM deals more specifically with problems of WHO retirees such as reimbursement of health insurance or pension issues. Both publish a Directory of their members which is updated every two years and a quarterly bulletin (the AFSM Quarterly News you are currently reading). They mutually support each other in common matters.

Thanks to a larger budget, AAFI-AFICS provides the services of a social welfare officer (Ms Nana Leigh) giving well appreciated informal and formal advice and support to retirees of various organizations in their moments of need. AFSM had a voluntary welfare service but has ceased to maintain it in view of the AAFI-AFICS services. Both associations provide individual advice or support on any issue of relevance to retirees and try to support them when needed through permanencies – formally twice a week but, in reality, more often. AFSM enables WHO retirees to maintain contacts with former colleagues through its data base and an annual reception in December. AAFI-AFICS organizes four lunches every year for its members.

AFSM records the professional past of WHO retirees via two projects: “Oral Histories” and “Remembering the Past”. These, as well as other information, are available on the web site of AFSM (www.who.int/formerstaff/). AFSM provides support to visiting scholars who are interested in WHO history and by indicating potential contacts to interns. It maintains close collaboration with associations of the elderly in the Geneva area including those in various nearby communes. AAFI-AFICS is also involved in this collaboration.

Our advice will be for you to belong to both – but in the interests of economy, become life member of AFSM before AAFI-AFICS.

Dev Ray
World Health Day 2010

This year, the World Health Day was devoted to the theme of urbanization and health. As part of the campaign “1000 cities, 1000 lives”, events promoting health were organized worldwide during the week of 7–11 April 2010. Champions of urban health described their initiatives in their cities.

The theme of urbanization and health was selected for World Health Day to draw attention to the consequences of urbanization for our health at the global, national, community, and individual levels. Urbanization is linked to many health issues related to water supply, environment, violence and injuries, non communicable diseases and risk factors such as tobacco use, unhealthy diets, sedentariness, and alcohol abuse as well as risks associated with epidemics.

Over 3 billion people live in cities. In 2007, for the first time in history, more people are living in cities than in rural areas and this proportion keeps on increasing. By 2030, 6 out of 10 people will live in an urban centre and by mid-century, it will be 7 out of 10.

Dr Margaret Chan, Director-General of the World Health Organization declared “On this World Health Day, WHO is asking municipal authorities, concerned citizens, nongovernmental organizations and advocates for healthy living to take a close look at health inequities in cities and take action.”

Through this campaign, WHO sought to mobilize cities and draw attention to the major role played by town leaders in responding to health problems, banning traffic in selected streets, encouraging cycling and walking or launching clean-up activities in public areas.

Activities that could be organized depended on the creativity, wishes and priorities of each city. There could be one or several.

Two main objectives were achieved by uniting

- 1000 cities which opened up public spaces to health, whether it be activities in parks, town hall meetings, clean-up campaigns, or closing off portions of streets to motorized vehicles.
- 1000 lives or 1000 stories of urban health champions who have taken action and had a significant impact on health.

A quick search on the web found extensive media coverage and statements from politicians, artists, and leaders of international organizations. We would be delighted to publish in our next issue any events which you helped organize or know about.

Jean-Paul Menu (based on information from http://1000cities.who.int, www.who.int and other websites)

Santander (Columbia) Martha Helena León Franco during a car free day. (photo http://1000cities.who.int)

Brussels centre on a day without cars. (photo www.who.int)
Global Health Forum: 19–21 April 2010

During this forum organized by the Hôpitaux Universitaires de Genève and the Université de Genève, three former staff members\(^1\) analysed the primary mission of the World Health Organisation (WHO), which is to provide global health governance, and proposed changes and solutions.

Dev Ray\(^2\) stated that the World Health Organization (WHO) should slim down and revert to its normative role. The size of WHO’s management staff as well as the volume of paper it publishes have dramatically increased in the last decades, while the influence of a few rich countries has been increased. Yet WHO’s mission is to serve countries, not itself. Moreover the number of actors in funding health programmes has increased and private donors have poured huge amounts of money into WHO. Whereas a few decades ago, 20% of funds were provided by voluntary donors and 80% from governments, the reverse is now true. This has led to a lack of transparency and a will to please donors instead of an orientation towards results. To re-establish its leading role in health, WHO should now concentrate on its primary mission of focusing on people’s needs and setting international standards and rules. Voluntary contributions should be rejected when they are not flexible. A monitoring and evaluation system should be developed within the Organization to understand where it has failed.

Fernando Antezana, with the benefit of several viewpoints\(^3\), raised the question of the adaptability of WHO interventions to the needs of individual countries. Several issues come to mind. Each country and even each community has its own agenda and has problems adjusting to external agendas imposed by private donors. WHO’s Executive Board, which meets only twice a year, is busy with an increasing amount of paperwork instead of focusing on taking decisions. Finally, there are huge discrepancies in the specialization and number of delegates in individual countries. WHO needs more collaborating centres to revert to its normative function and these should always be based in developing countries. Teams should be limited and represent many sectors.

Yves Beigbeder\(^4\) reported on the recent tendency for the WHO to use Public/Private Partnerships (PPPs). After Kofi Annan opened the UN to the private sector, WHO saw the number and variety of its partners growing: pharmaceutical companies, the World Bank and business-related foundations have joined the traditional partners of governments and NGOs. Private-public partnerships help to tackle successfully a number of diseases thanks to more funding, a wider expertise, increased R&D and increased production capacity. On the other hand, the primary mission of WHO has been taken over by others and it is more and more difficult for WHO to impose public health standardization onto companies on which it depends. This has cast doubt on the neutrality of WHO. Public-private partnerships will stay, but to better manage them there is a need for independent assessment and better regulation. The ratio of public/private funds has to come back to a more reasonable one. These efforts are compulsory for WHO to keep its identity and integrity.

During the discussion time, many questions were raised as to what could be the limits of normative functions, the real political and financial influence of WHO, ignoring the role of civil societies, and exclusive reliance placed on governmental delegates rather than on a wider cross-section of people. The plight of the under-served and the academic nature of WHO’s publications which did not take into account its past efforts were also raised.

Many other questions remain because of the complexity of the problem. Is it even possible for WHO to regain its leading role? This topic has to be discussed within WHO itself and solutions have to be found.

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1. ED: Speaking in their personal capacities and their opinions are not necessarily those of the editor or the editorial board.
2. Former Chief, WHO Governing Bodies
3. Former Minister of Health of Bolivia, former WHO Deputy Director-General, and former Chairman of WHO’s Executive Board
4. Former legal expert from WHO’s human resources department
BAFUNCS

BAFUNCS General Assembly, Devon 7–9 May 2010

The British Association of Former United Nations Civil Servants held its 33rd Annual General Assembly and Reunion this year in the very pretty town of Exeter, which is located in the Southwest and Channel Islands Region of the Association. On Friday afternoon participants arrived, registered and happily reunited over tea with old friends. The dinner of the first evening was a continuation of this get together and the WHO table was not large enough to accommodate all who wished to be at it. We were very well represented among the 90 or so participants! It is difficult to describe in a few words the pleasure and enjoyment of re-finding former colleagues once so familiar in everyday life and now often not seen for long periods on end. The following morning’s meeting contained an address by Professor Paul Hardaker, Chief Executive of the Royal Meteorological Society on Climate Change and the political challenges this presents. Very opportune and interesting although for non physicists somewhat technical and while the ash cloud was hovering overhead we were told that statistically we ought to be moving towards the next ice age, but global warming seems to be interfering somewhat. The business part of the meeting took care of the second half of the morning followed by a very nice buffet lunch before the afternoon excursions. There was, as always, a choice of three, Killerton House, a National Trust Estate, Bicton Park Botanical Gardens and a guided walk through historic Exeter which was very popular, very interesting and proved to be a very cold exercise as spring had only arrived in name! The Saturday evening formal dinner was excellent and participants who by now had all mixed and mingled were happy to take their assigned places and converse with colleagues from other organizations who had like everyone else lived and worked all over the world. The best buys in Hanoi, the K good restaurants in Kuala Lumpur and the safest districts in uproarious Bangkok were topics no one bats an eyelid at. After dinner everyone else went to bed, but the WHO contingent retired en masse to the bar where we continued to restore health to ourselves, retirement restricting us to do so to the world. Sunday morning brought Sir Richard Jolly, the Association’s president who spoke about “UN ideas that changed the world”, a presentation of a series of recently published books on this subject. When the meeting was over participants started saying goodbye to each other with promises of meeting up at one of the regional meetings or next year in Cobham when the Surrey Region will organize the General Assembly. [http://bafuncs.org/]

Coby Sikkens
The European sky for summer 2010

You can't help noticing one feature of the evening sky at the moment, shining brilliantly in the western twilight. This is the planet Venus, and it will be with us for most of the summer, though by September it will be pretty low down in the west.

Mars and Saturn are there as well, but much less bright so they aren't so obvious. Like all the planets, they stay close to a path in the sky known as the ecliptic, and you'll find them strung along the ecliptic in the evening western sky along with Venus. You can tell the planets from stars because they don't usually twinkle. Saturn is slightly yellowish and Mars is slightly pink, so you should be able to tell one from the other.

Mars moves faster in its orbit than Saturn, so if you notice its position week by week you'll see that it is moving from west to east compared with Saturn and passes it on 30 July. Venus is also in the race, and during the first week or two of August the three planets form a different triangle low down in the west each evening. On the 13th they're joined by the crescent Moon, lower down – a sight well worth looking out for about half an hour after sunset. The other bright planet, Jupiter, rises in the east after about 11 pm.

If you want to pick out a few constellations, start by looking more or less overhead for a brilliant, white star called Vega. To its east is another bright star, Deneb, and halfway down the sky is Altair, which has a fainter star on either side. Vega, Deneb and Altair make up the Summer Triangle. Look for the large cross-shape of Cygnus, which has Deneb at its top end. This is known as the Northern Cross.

Having picked out the Summer Triangle, you can now go on to find other, fainter constellations. There's a handy map published each month by the Society for Popular Astronomy at http://www.popastro.com/youngstargazers/thismonth.html.

Article kindly provided by the British Society for Popular Astronomy

We will welcome some similar information from our readers in other parts of the world, including the Southern Hemisphere.

New members

New Life Members:
Sadie BERNASCONI-COVER; Dominique S. EGGER; Cyprien HAKIZIMANA; Michael JOHNSON; Frances KASKOUTAS-NORGAN; Annette NOCK

New Annual Members:
Daniel PIEROTTI; Tsegereda Tesfalidet TAZAZ

Conversion from Annual Member to Life Member:
Philippe STROOT; Christine WILUMSEN; Nicole NACHBAUER

Change of address

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2010 VERF (Voluntary Emergency Relief Fund) Book sale

The VERF book sale which took place on 15 and 16 March 2010 raised the unprecedented amount of CHF 18 100 !!!!

A great thank you to all our former colleagues who gave books on that occasion and came to purchase others. The VERF Committee is especially grateful to those who helped at all stages: sorting out, pricing, selling, re-packing and cleaning of the room. Their assistance proved invaluable in making the sale such a great success.

The Voluntary Emergency Relief Fund was established by the Staff Committee of WHO in 1980 to promptly respond with financial assistance, through reliable channels, mainly the International Federation of Red Cross and Red Crescent Societies, in the event of emergencies resulting from natural disasters.

Contributions are welcome in the VERF UBS bank account: in Switzerland: D3587161.0 bank code: 0279
from other countries : UBS account D3587161.0 bank code: 0279

IBAN (International Banking Account No): CH88 0027 9279 D358 7161 0 SWIFT address (BIC): UBSWCHZH80A

Association of Former WHO Staff
Points of view

Our “loyalty” to WHO

I should like to exchange a few ideas about the loyalty that we, as former WHO staff or ex-WHO staff, owe our Organization.

In “family concerns” the word “former” may connote loyalty or “belonging”. On the other hand, an ex-worker is someone who has left and does not belong any more. The two have different implications and lead to different relational behaviours.

I was a member of WHO for nearly a quarter century of very enriching professional experience. Twenty years later, I became a member of the Association of Former WHO Staff Members. Its Statutes (2c) require me to “support WHO’s objectives”. As a citizen (whose taxes contribute towards WHO’s budget) I pay attention to what WHO does (or does not) undertake in order to reach the objective set by its Constitution (improving the health of populations).

What about loyalty? WHO is not a family concern, where ideally members would be expected to be blindly loyal to one another. A persistent sense of belonging can nevertheless make one desirous to continue collaborating constructively and supporting WHO’s objectives. I know this is true for me.

In my case, loyalty concerns the WHO Constitution, the definition of the word “health” etc, and in particular what is being done to improve the health of populations. But does this loyalty apply without exception and as a whole to the individuals in charge of WHO?

It so happens that, in the spring of 2009, the virus H1N1 struck and we all know the importance of the problem which confronted WHO. The international press and WHO reported extensively about related events within WHO. The most often cited examples were the definition of the word pandemic, the selection of experts, conflicting interests and so on. Contradicting interpretations from all sides were such that they could bring us to suspect that coordination and communication in the Organization were led by a dysfunctional system, with consequences that were antagonistic to the respect due to its Constitution. Late in 2009, this confusion (which does the health of populations no good at all), daily fuelled by the Press, drew the attention of the Strasbourg Parliament and its politicians. The 4 June 2010, report by Paul Flynn, a member of the European Parliament refers to “overwhelming evidence that the seriousness of the pandemic was vastly overrated by WHO” and that “scientists who drew up key WHO guidelines on stockpiling flu vaccines had previously been paid by drug companies which stood to profit”. On 8 June WHO refuted these accusations. The Parliament of the Council of Europe will examine the Flynn report on 24 June. Let us hope that all these exchanges will help us to deal with our loyalty vis-à-vis WHO and our role as responsible citizens.

Please share with us your views as soon as possible. Thank you.

J-J Guilbert <guilbertjj@yahoo.fr>

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Corrections

1. **Hawaii and not Haiti**: on the first page of the English version of QNT 79, we unfortunately indicated the source of the photo as Haiti. It was taken in fact in Hawaii, as shown correctly in the French version.

2. Mr Vincent ROLLET and Mr Peter CHANG are the authors of the article entitled *Interview of Dr Léonce Verstuyft, former WHO Representative in Taiwan* (QNT 77, page 11) which is available in full on the AFSM website under *Remembering the Past*.

3. Dr François Esquerdo worked at WHO from 1965 and not 1975, as inadvertently indicated (letter from his wife Mrs Monique Esquerdo).

We apologize for these errors or omissions.
Trip to Croatia

This year’s trip, from 6–13 May, was a cruise along the coast of Croatia and Montenegro. In addition to its beauty, the Dalmatian coast has a complex and fascinating history, with many influences, particularly Greek, Roman, Slav, Byzantine and Venetian.

We joined our boat – “La Belle de l’Adriatique” - in the evening of 6 May. The following day, in warm sunny weather, we explored Dubrovnik, well named “the pearl of the Adriatic”, with its magnificent medieval ramparts and historic buildings. The town has been successfully restored after the devastating war of the 1990s.

In the days that followed we cruised north along the Dalmatian coast as far as Sibenik and Split, stopping on the way to explore the beautiful islands of Mljet, Korcula, Trogir and Hvar. We were impressed by the magnificent roman, renaissance and baroque buildings, cathedrals, churches and monasteries, together with the ancient town squares, and the narrow winding streets. Other highlights were the beautiful waterfalls in the Krka National Park and the Moreska sword dance in Korcula. The steps, more steps and even more steps kept us fit and able to do justice to the sumptuous meals on board ship!

On the last full day we sailed through the beautiful fjord-like Tara canyon of Montenegro to the picturesque fortified town of Kotor, passing on the way two tiny jewel-like islands with the monastery of Saint George and the church of Our Lady of the Rock. This was a splendid end to the cruise.

The boat, with its friendly and efficient crew, was comfortable and entertaining and a credit to the Croisimer/Croisieurope lines.

Many thanks go to the organizer for arranging another successful holiday and to all who participated and contributed to making it so enjoyable.

Margaret & Peter Bourne
Announcement: Trip to Alexandria, Siwa and Cairo

9 – 19 October 2010

Monique Eid, a WHO retiree, is organizing a trip to Egypt from 9 – 19 October 2010. She has asked us to publish this announcement in the QNT and we are very happy to do so. As the trip is not organized by the AFSM, those interested should contact Monique directly.

Lighthouse of Alexandria (7th wonder of the world)

To all those interested

In follow up to the conferences which I gave in Geneva entitled “Alexandria: from Cleopatra to Lawrence Durrell” and the trip which I organized in April 2009 to Alexandria, Siwa and Cairo, I am repeating the same journey: Alexandria (my home town), the oasis of Siwa with a bivouac in the desert, and Cairo, from 9 – 19 October 2010.

(Mr Jean-Yves Empereur will be our guide in Alexandria !!)

If you are interested, please call me on +41 22 733 75 40, or send me an email to eidm@sunrise.ch

Minimum number of participants – 15.

Monique Eid

In memoriam

We were notified of the death of:
Jean Kyriacopoulos, 21 April 2010
Jan Atkins, 9 June 2010

All our condolences to their families
We have received a copy of the letter below addressed to SHI, which reflects the retirees’ concerns.

Dear Sirs,

I have just received your letter concerning the delay in reimbursement of our health insurance claims.

I am protesting against this extension of the delays which penalizes notably the retirees with modest revenues and restricted liquidity. You should understand that there will be many who will face difficulties due to a reimbursement time of “about” 8 weeks. I am all the more surprised about this situation, because at the last Assembly of Former WHO Staff (AFSM) on 29 October 2009, your representative discussed with us about shortening the handling time of our claims for reimbursement, and not the opposite.

I trust that this situation, which is more than an inconvenience, will be rapidly rectified and that we will soon return to a more acceptable processing time.

Yours faithfully

Annette Koreneff

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Short-circuiting malaria

Rajindar Pal asked us to publish an extract of an article which appeared in Newsweek: we are sharing with you a summary of it, but wish to state that the QNT accepts no responsibility for the reliability of the cited research nor for any publicity of the company cited in this article.

Malaria afflicts 300 to 500 million people a year and kills 1 million of them, mostly children in Africa. A company thought that epidemiologists needed a computer model that could simulate malaria outbreaks and predict how effective various remedies (bed nets, insecticides, medicines) would be in any given location at any given time against mosquitoes, as they flew through a beam of light. Today it has a prototype fence in operation at the lab, but it’s still not ready for deployment in Africa. The notion has, however, attracted the attention of companies that may license the idea to create a product that could protect orchards and even suburban backyards—from pests.

Better tools for diagnosing malaria are under research. Today doctors draw blood, which is stained with a chemical and examined under a microscope. But that takes time, so often when a patient in Africa presents with symptoms that look like malaria (fever, chills), doctors go ahead and give out antimalaria drugs. But that wide use of drugs, coupled with suboptimal doses, has created a new problem: drug-resistant strains of the parasite that causes malaria.

So a team has developed a faster diagnostic tool that involves simply pricking a patient’s finger, staining a slide, and shining a laser into the sample. The laser detects tiny crystals of a substance called hemohzoin, which is produced when the malaria parasite feeds on haemoglobin in the blood. The diagnosis takes seconds and could reduce the overuse of drugs.

Researchers are also working on an even better tool that could detect malaria by shining a laser into the skin without drawing even a drop of blood. And they believe they might eventually be able to use lasers not only to detect the presence of the malaria parasite, but also to kill it.

Of all these ideas, the photonic fence which zaps mosquitoes with lasers is the one that has received the most attention—not all of it positive.

Researchers have built a supercomputer with 1000 times the power of a desktop computer. They have created a software model that can incorporate thousands of variables to run “what if” scenarios and simulate outbreaks of malaria on a computer. The idea is to help doctors choose which approaches to take in a given area, so they can use resources more wisely. Do bed nets work? If they do, why does the disease continue to spread even when a high percentage of people have nets? Researchers using the model were able to understand how frequently the disease is spread by mosquitoes that bite people when they’re outside and not sleeping. The model even lets researchers see the effect of potential vaccines that don’t yet exist, so they can choose which one to develop. Better yet, the software can be applied not only to malaria but also to polio, HIV and tuberculosis. “Our model will completely change the world of epidemiology.”

Another team is creating a kind of artificial food that mosquitoes prefer to human blood; that fake blood could be placed outside villages and draw mosquitoes away from humans.

How can you argue against trying?

1 Intellectual Ventures

R.Pal (excerpted from Newsweek April 10 2010)
On the lighter side

A group of 40-year-old friends discussed where they should meet for dinner. Finally, it was agreed that they should meet at the Ocean View restaurant, because the waiters/waitresses there were good looking and very charming.

10 years later at 50-years-of-age, the group once again discussed where they should meet for dinner. Finally, it was agreed that they should meet at the Ocean View Restaurant, because the food there was very good and the wine selection was good also.

10 years later at 60-years-of-age, the group once again discussed where they should meet for dinner. Finally, it was agreed that they should meet at the Ocean View Restaurant, because they could eat there in peace and quiet and the restaurant had a beautiful view of the ocean.

10 years later at 70-years-of-age, the group once again discussed where they should meet for dinner. Finally, it was agreed that they should meet at the Ocean View Restaurant, because the restaurant was wheelchair accessible and they even had an elevator.

10 years later, at 80-years-of-age, the group once again discussed where they should meet for dinner. Finally, it was agreed that they should meet at the Ocean View Restaurant, because they had never been there before.
Joining AFSM – Updating membership

It is intended only for those who are not yet members, or are annual members.

Are you still not a member of AFSM? Is it because you don’t like it or what it stands for? Let us know. Or, do you keep forgetting to join?

We hope you will become a life member – it costs 250 CHF – and you will never again have to remember to pay your dues. Or, you want to give it a try? Then join for a year at 25 CHF – and decide after a year. Fill in the form below and send us your payment.

• I am not yet a member and I want to join
  • as a life member
  • as an annual member

(Please fill in the application form below)

• I am already an annual member and I want
  • to convert into a life member
  • to pay my dues for the current year

Dues can be paid either in cash at the office or through a postal form (add 2 CHF for charges) for persons who live in Switzerland, or by bank transfer to the AFSM account number (+ bank charge, if any):
IBAN: CH 4100279279-0310-2973-1
SWIFT: UBSWCHZH80A

APPLICATION to JOIN

Name ………………………….. First Name…………………………………………
Address:
Postal Code ……………. City………… Country…………………………………………………………………………
Phone ………. Fax ……………….. e-mail ........
Date of Birth …………… Nationality …………………………………………………...
Date of separation from WHO …………………………. Length of service with WHO …………………………
I should like to receive documentation in □ English □ French
Date ……………………………………………………………………… Signature