Somewhere in Sardinia, listening to the guide (see photos page 2 and article page 17)
Trip to Sardinia (cf. article page 16)

Photos Claude Castella

Garibaldi’s statue in Caprera

Castel sardo

The giant’s tomb

Entering by boat into Neptune’s caves

Lunch at Orgosolo

Carnival characters in the Costumes Museum

see other photos in the French version
EDITORIAL

The Working Group set up by the Joint Committee of the Health Insurance Surveillance Committees (Headquarters and Regions) in 2008, continued its work aimed at improving the governance of our health insurance (SHI). Ann Van Hulle, former Chief of SHI, represents us on this Working Group (see pages 4–5).

A petition has been circulated among the retirees. Contrary to what it seems to suggest, we are not totally opposed to the reform of the governance. Certain signatories have, moreover, said (they have written to us) that they wished AFSM to be involved in the representation, although the petition they have signed indicates the contrary.

We believe that this confusion is due to the fact that we have not provided enough information on this matter. We hope that the articles by Ann Van Hulle will clarify the situation, allowing each member to make his/her own judgement.

In any case, you may rest assured that we will continue to defend your interests as we have always done.

Your opinions will be welcome. Take advantage of

THE GENERAL ASSEMBLY OF AFSM, WHICH WILL BE HELD ON 27 OCTOBER 2011 AT 13:30 IN SALLE A OF THE WHO HEADQUARTERS BUILDING IN GENEVA

DC

(Details on important contacts have been moved to page 13)
Is our Staff Health Insurance Fund in good health?

Information disseminated to some retired staff in recent months regarding the financial situation of the Staff Health Insurance (SHI) Fund has given rise to concern and reaction on the part of a number of AFSM members. It is therefore important to explain the startling figures which have been quoted.

Reference has been made to an actuarial liability. In fact, the SHI Annual Report for 2010 states that the actuarial estimated total future liability for active and retired staff amounts to USD 1,365 million.\(^1\) It is important to understand what this liability entails and what effect will it have for members of the SHI Fund. First of all, the SHI Fund is solvent. The above-mentioned projected liability is for active and retired staff. There is however a mechanism in place to build up reserves for the retired staff. The SHI rules currently stipulate that a reserve to cover the actuarial requirement for future costs of current retired staff must be maintained. This reserve is fully funded as at 31 December 2010 in the amount of USD 380 million. Over and above this reserve and after funding the reserve for outstanding claims (USD 23 million), there was a surplus of USD 98 million in the Fund at 31 December 2010. In other words, the balance in the SHI Fund at that date was USD 501 million (over half a billion). These reserves are invested and the interest earned finances part of the future liability. In addition, the SHI rules require that a fixed amount of active staff contributions be set aside each year to cover future costs of retired staff. Any deficit incurred in respect of active staff contributions be set aside each year to cover future costs of retired staff. Any deficit incurred in respect of active staff contributions is fully covered by an additional contribution payable in the following year. The WHO SHI is quite unique within the UN system for having constituted substantial reserves to cover actuarial liabilities for retired staff and for having ongoing methods of continuing to build up its reserves. Many organizations have not yet funded any substantial amount of their future liability.

As WHO moves towards applying International Public Sector Accounting Standards (IPSAS), the Actuaries have defined the liability for all current and future retired staff (USD 1,365 million as stated above). WHO like many other organizations must determine how and to what extent this total future liability should be funded. When dealing with actuarial liabilities, it is important to bear in mind that projections over a long period of time (20 years in the case of SHI) are subject to many variables, including staffing patterns. For this reason, SHI actuarial studies are carried out at regular intervals (every 3 years up to now). The latest study is near to completion and its findings will shortly be reviewed by an SHI Working Group and subsequently at a Joint Meeting later this year.

Although the present financial situation of the SHI Fund is satisfactory, actuarial studies show that the projected liability for retired staff will increase significantly over the years to come, as the number of retired staff increases. Measures need to be taken to fund future liabilities. An adjustment/increase in the level of contributions cannot be excluded as one such measure but there are undoubtedly others that can be considered as well.

In conclusion, the SHI Fund is solvent and the actuarial liability for current retired staff is funded. Ways and means of continuing to fully fund the actuarial liability will however need to be identified as the number of retired staff is projected to grow significantly in the years to come. We are actively involved in the discussions taking place on these important issues and we will keep you informed of developments over the months ahead.

Ann van Hulle

\(^1\) Defined in the 2010 SHI Annual Report as “The present value of future claims by current and future retired staff minus the present value of future contributions by current and future retired staff”
We thank all those who have written to us on the subject of Staff Health Insurance (SHI). It is clear from the messages received that AFSM members would like to have more details regarding recent developments and in particular to have information on the studies currently being undertaken concerning the reform of SHI governance.

The SHI Working Group (WG) which was established following the 2008 Joint Meeting was mandated to review various aspects of the SHI including governance, finance and long-term care. The WG consists of representatives of Administration and of participants. Retired staff share a seat on the WG with active staff. In view of the importance of these matters for retired staff, the AFSM Executive Committee decided to establish a Study Group, the aim of which was to provide input and recommendations to the WG.

In 2009, an internal audit review of the management and oversight of the SHI Fund identified a number of weaknesses in the overall governance of the SHI. The report contained recommendations aimed at addressing these weaknesses. The AFSM Study Group itself had identified weaknesses in the current governance structure and prepared a detailed document outlining how these shortcomings could be overcome. The document took into account the findings of the audit report. At a subsequent meeting of the WG, the SHI secretariat presented an alternative proposal for a far more radical reform of governance which entailed replacing the SHI Joint Meeting mechanism by a Global Management Committee and furthermore replacing the HQ and regional surveillance committees by a Global Standing Committee. It is important to note that the audit report did not specifically recommend replacing the current surveillance committees/Joint Meeting structure with global committees. Some members of the AFSM Executive Committee felt that the weaknesses identified in the governance of SHI could be effectively addressed while maintaining the basic structure which exists. In particular, they felt that the current structure was appropriate for WHO as an organization with six regions and bearing in mind that claims from regional participants are processed in the regions (under careful supervision of Administration in the regions and guidance from the HQ SHI Secretariat). The Executive Committee also felt that the proposal did not address another problem frequently affecting our retired staff, namely the delays in claims’ processing which have occurred in recent years at HQ.

While the backlog which existed in 2010 has been eliminated, it would have been good to see this matter addressed in the governance proposal (in particular, the measures which have been taken to avoid a recurrence of this type in the future). In spite of these differences of opinion and in a spirit of cooperation with the WHO secretariat and WHO Administration, the AFSM Executive Committee adopted most of the major recommendations put forward by the SHI secretariat in a consensus document submitted to the WG. That document did however emphasize that the membership proposed on the global committees should be revised to respect the parity between Administration and participants’ representatives which is currently the case on all surveillance committees. It also recommended that the secretariat’s governance proposal should foresee a consultative process with staff/former staff associations prior to deciding on any important changes in the SHI rules which could affect contributions and benefits. It furthermore recommended that suppression of the surveillance committees should be considered at a later stage as it felt that abolishing both the joint meeting mechanism and at the same time the surveillance committees constituted a risk for the SHI governance which would not be easy to reverse once in place. The AFSM Executive Committee also expressed its preference for allowing former staff to work out a mechanism for electing its representatives to the global committees.

At its last meeting in March 2011, the WG agreed to revise the proposed membership on global committees so that parity was achieved. Final decisions on the governance paper were postponed until the following meeting (now scheduled for July this year) as the WG felt it was essential to have the views of regional surveillance committees on the various proposals. Since then, additional valuable input has been received not only from surveillance committees but also from staff/former staff associations around the world. This will hopefully allow the WG to complete its work taking all views into account and arriving at meaningful decisions regarding the recommendations to be put forward at the next SHI Joint Meeting to be held in October this year. We hope that in this way each and every recommendation will be in the best interest of the SHI Fund and consequently in the interest of each and every participant in the SHI as well.

Ann Van Hulle
Our health

High blood pressure in older people

Arterial hypertension (increased blood pressure in the arteries) is a common condition. If the pressure is too high, it increases the workload of the heart and can cause serious damage in the arteries. Without treatment, it increases the risk of a heart attack, stroke, and kidney failure.

Hypertension is sometimes called the “silent killer” because for years it can remain asymptomatic. In fact, one person in five who suffers from hypertension is unaware of it, but the heart, lungs, blood vessels, brain and kidneys are already affected.

Systolic and diastolic are the two components of blood pressure: systolic pressure is the pressure in the arteries when the heart contracts to pump blood into the arteries, and diastolic pressure is the pressure in the arteries when the heart rests, filling up with blood. Hypertension occurs when the systolic pressure exceeds 140 and the diastolic exceeds 90.

The difference between systolic arterial pressure (maxima) and diastolic arterial pressure (minima) defines the arterial pulse pressure. This represents the state of rigidity of the arteries: the more the arteries are rigid, the higher it is, and this situation occurs in elderly people. A value of pulse pressure of over 60 millimetres of mercury is considered high. Hypertension is called primary (essential) when no cause is found and secondary when a cause is found, for example an obstruction in the renal artery (pheochromocytoma for example).

In an elderly person the systolic pressure tends to be elevated, as the arteries have lost their flexibility and become harder: in people over 65 years old, systolic pressure at 150, and even 160 for the over 80-year olds, could be accepted as “normal”. The problem in the elderly is that blood pressure varies a lot even within the same day, and according to the position of the person, making treatment difficult. In fact, it can often happen that pressure drops drastically when changing from a sitting position to a standing one (orthostatic hypotension), which can bring on dizziness and even a fall.

Complications
Heart, cerebral and renal complications are more frequent than in young people, as hypertension has often been present for a long time. What is more important is the length of time that the person has had hypertension rather than age in itself. Therefore, it is necessary to treat hypertension as soon as it is diagnosed.

Treatment
1. Treatment, when well tolerated, is as effective as in a young patient: many studies have shown that the lowering of blood pressure considerably reduces cardiovascular mortality.
2. Above all, healthy hygiene and diet - physical exercise, especially walking, and a good food regimen – fruit and vegetables.
3. Weight control: being overweight helps to increase arterial tension.
4. Considerable reduction in salt intake, in alcohol, and with no more than one or two cups of coffee or tea per day.
5. Drug treatment has the same goal as in younger patients: to reduce pressure to below 140/90 which is considered as the limit. The problem in elderly people is drug tolerance. It would therefore be absolutely ridiculous to bring the blood pressure below 140/90 at the risk of a hip fracture for example!

Check your own blood pressure!
On the market today there are many reliable, approved blood pressure measuring devices, which you can put on your arm or your wrist, and which are very easy to use to check your own blood pressure at home at different times of the day, outside of the doctor’s surgery where your pressure is often high as you are anxious (“white coat” hypertension).

Dr David Cohen

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1. mm Hg (millimetres of mercury) = the pressure which elevates a column of mercury by 140 mm.
For further information, consult: www.hypertension on line; www.doctissimo; www.patient.co.uk; www.ec-online.net.../bloodpressure.html and many other sites.
“Evidence-based medicine” and “the principle of precaution”

are concepts of reference today. They give cause for reflection.

We learned from Le Monde newspaper that: “the virulent strain of the bacteria Escherichia coli-haemorrhagic (ECEH) has caused two more victims, the German institute of health surveillance indicated on Sunday 12 June, bringing the toll of the epidemic to 35 deaths.” “Le Monde” continued: “with 5 exceptions, according to WHO all the cases have a link with Germany”.

The same German institute confirmed recently that the origin of the epidemic was to be found in bean sprouts cultivated at a biological farm (which seems to imply that biological products may not necessarily be safer than others) in the north of Germany.

The first cases occurred in northern Germany, in the region of Hamburg (and not around Huelva or Malaga in Spain). When the technicians found the coli bacilli (in other words the Escherichia coli) on cucumbers imported from Spain (the majority of cucumbers consumed in Europe come from Andalucia) it was enough to designate the guilty party. (This reminds me of a Chinese saying that when you show the simple minded the moon, they look at the finger.)

They do not seem to have been troubled by doubt. They allowed rumours to circulate without any serious proof, and without having undertaken a thorough investigation – the incriminated cucumbers could have been handled and contaminated by dirty hands on their arrival in Hamburg, or by the victims themselves when using contaminated bean sprouts and cucumbers to prepare a salad. And the authorities driven by the “principle of precaution”, terrified at the idea of being qualified as mortally imprudent by the general public, panicked by reports in the media which had thrown itself into the affair (papers must be sold), precipitously banned cucumbers in the whole of Europe. For three weeks it was impossible to buy one in a supermarket or on an open market stall in France. Russia went even further and closed her frontiers to all vegetables from western Europe. Result: the vegetable growers of Andalucia, and by extension those of other regions, such as the south of France, were on the verge of ruin, with thousands of tons of excellent fresh vegetables trashed, while the contaminated bean sprouts continued to be distributed and pursued their destruction until, finally, the real (?) culprit was discovered.

Simply advising consumers to carefully wash their vegetables, including bean sprouts, several times in clean water would have been more effective.

It is well known: health has no price, but it has a cost. And the automatic application of the “principle of precaution”, without proper reflection, has an exorbitant human, social and financial cost.  

DrSamy Kossovsky

Editor’s comment: Since the writing of this article, other cases of serious infection due to E. coli have appeared, in France and elsewhere, this time due to ground beef steaks. Should we be reviewing the whole of the food industry?

IN case of emergency

We all carry our mobile phones with names and numbers stored in its memory but nobody, other than ourselves, knows which of these numbers belong to our closest family or friends.

If we were to be involved in an accident or were taken ill, the people attending us would have our mobile phone but wouldn't know who to call. Yes, there are hundreds of numbers stored but which one is the contact person in case of an emergency? Hence this 'ICE' (In Case of Emergency) Campaign.

The concept of 'ICE' is catching on quickly. It is a method of contact during emergency situations. As cell phones are carried by the majority of the population, all you need to do is store the number of a contact person or persons who should be contacted during emergency under the name 'ICE' (In Case of Emergency).

The idea was thought up by a paramedic who found that when he went to the scenes of accidents, there were always mobile phones with patients, but they didn't know which number to call. He therefore thought that it would be a good idea if there was a nationally recognized name for this purpose. In an emergency situation, Emergency Service personnel and hospital staff would be able to quickly contact the right person by simply dialling the numbers stored as 'ICE'.

For more than one contact name simply enter ICE1, ICE2 and ICE3 etc. A great idea that will make a difference! Let's spread the concept of ICE by storing an ICE number in our mobile phones today!!!

Transmitted by JPM after an article from Wikipedia
Is WHO sufficiently in tune with the march of history

You cannot have failed to notice: society is evolving. Little by little new expressions emerge in our various countries: delocation, neoliberal globalization, transnational societies. Public-private-partnership...all accompanied by a certain revival of the “spiritual”. These expressions were not in use in our Organisation before my retirement in 1988. Thus I looked for the realities of today corresponding to these expressions. The realities are what they are. But certain questions come to mind. It is up to you to make up your own mind and please share your views with us – thank you!

Global delocation
Some realities observed in the “administrative services” (GMS) of WHO. Formerly, if a Director wanted to refresh his memory as to the qualifications of a member of his staff, he could consult his personnel file. Now, he consults the competent unit delocated – for economic reasons - to Malaysia. If the Director’s computer goes down at 18h00 in Geneva he rings an internal number. “Yes, how can I help you” – Shakespeare’s language having taken priority. The voice from Kuala Lumpur, where it is perhaps midnight, asks for the number of the computer and telephones instructions to the repairman on duty who is several hundred yards, or so, from the ailing computer. Other bodies such as, for example, the Global Fund 1 are part of Public Private Partnerships (PPP). PPP may link the public sector to private entities, which, for example, “deliver medical care for profit or not for profit”, and include, inter alia, faith-based organizations. These private entities may then come under the WHO umbrella and enjoy, as “staff members of WHO the applicable privileges and immunities in the execution of their functions” Financing by the private sector gives it the right to “participate in the governance of these activities” by playing a “leading role” in their planning. Extrabudgetary funds now account for 80% of the WHO budget (25% in my day).

Citing WHO, British Gas, a profit making enterprise, claimed to have “created the “Smile” concept using the five components of wellbeing recommended by WHO” (psychological, physical, financial, social and environmental.) A request that this inexact quotation be corrected remains unanswered.

Spiritual upsurge
On 29 August, 2000, the then Secretary General of the United Nations, Kofi Annan, (UN/SG/SMI/7520) declared that “religious practices and beliefs are among the phenomena that define us as human beings” and added “we pray, therefore we are”. Recently, a member of the Office of the Director General conducted religious services in Geneva as “Residentiary canon” of the Anglican Church of England. He retired in September 2010. A book in his name was “published by WHO” in 2008 under the WHO EURO logo 4 to the great surprise of the Regional Director. Of the 18 chapters, 9 deal with religious concepts.

On 6 July 2009, some 400 Seventh Day Adventists discussed “spirituality” in the Executive Board room of WHO Geneva, after being welcomed by two ADGs. The e-mails of a WHO staff member bear the words, in green, “If God brings you to it, it will bring you through it”.

An information circular from the “Geneva International Network for the Aged”, created on the initiative of a member of WHO/HQ referred to (from 1996 to 2009) “spiritual wellbeing” which is absent from the WHO definition of health. The spiritual dimension is not mentioned in the preamble to the Constitution of WHO despite an aborted attempt in 1988 to modify the definition of health by adding the notion of spiritual wellbeing. Yet, according to The Economist of November 2009, an estimated 85% of the world population hold religious beliefs in varying degrees.

According to its Constitution (1949), WHO is made up of its Member States (Article 9 and 10). They are responsible for the Organization’s policy (Article 18).

Still, you may ask me “What is the problem?”

Questions
Does the evolution observed in WHO towards a neoliberal policy reflect that of its Member States which many readers may have noted in their respective countries? Does the obligation for WHO to follow democratic principles imply that the Organization should take account of the fact that in most of its Member States the majority of the population adhere to religious beliefs?

Should the Constitution of WHO be modified in line with the political orientation of Member States?

Whether or not Andre Malraux really said that “the twenty-first century will be spiritual or will not be”, is WHO sailing sufficiently close to the wind of history that is blowing through its Member States which are responsible for setting its policy?

Is WHO drifting away from the philosophy which informed its creation?

Please give us your views.
Thank you. J-J Guilbert
News from WHO – Highlights of the 64th World Health Assembly

Geneva, 16-24 May 2011

28 resolutions and 3 decisions were adopted to guide WHO’s work and address priority global health issues. The two invited speakers were Sheikh Hasina, Prime Minister of Bangladesh, who has made health her top priority, and Bill Gates who stressed that public health workers have one of the hardest but one of the most rewarding jobs in the world.

- The key item on the agenda was the administrative, managerial and financial reforms being undertaken at WHO: a concept paper for a World Health Forum (to include Member States, civil society, private sector, academia and other international organizations) to be held in November 2012 will be presented to the Executive Board in January 2012 and a first report of the independent evaluation of the work of WHO will be presented to WHA65 in May 2012.
- The programme budget for 2012-2013 was adopted at the level of US$ 3.959 billion – this was recognized as a transitional budget to help WHO respond to financial austerity and prepare for the reforms underway.
- Outcomes were presented from the independent Review Committee which had examined WHO’s response to the influenza pandemic and the International Health Regulations (IHR): following a year of investigation, the Committee agreed that IHR helped better prepare the world to cope with public health emergencies and that the pandemic (H1N1) 2009 was indeed real and the Committee found no evidence that WHO was influenced by industry in its decision-making.
- Delegates approved a framework to improve global preparedness for future influenza pandemics, which will facilitate influenza virus sharing and access to vaccines and other benefits.
- A resolution was adopted on preparations for the UN General Assembly high-level meeting in September 2011 on the prevention and control of noncommunicable diseases.
- Five resolutions focused on strengthening health systems.
- Health-related MDGs received support with resolutions and reports on immunization strategy, infant and young child nutrition, child injury prevention, safe management of drinking water, malaria and the presentation of the final report of the Commission on Information and Accountability for Women’s and Children’s Health.
- A new, comprehensive strategy to combat HIV was adopted.
- The Assembly reaffirmed the decision of previous Assemblies that the remaining stock of smallpox (variola) virus should be destroyed when crucial research based on the virus has been completed.
- A resolution for an annual report on the eradication of dracunculiasis (guinea worm) was adopted.
- Delegates made a strong commitment to polio eradication.
- The Assembly discussed the report of the working group of Member States on Substandard/Spurious/Falsely-Labelled/Falsified/Counterfeit Medical Products and agreed that the working group should continue its work and report to the next Assembly.
- Member States welcomed the priority that WHO has placed on protecting health from climate change.
- The Assembly agreed that cholera remains a public health threat in many countries and stressed the need to revitalize the Global Task Force on Cholera Control and scale up advocacy measures.
- A resolution was adopted to reinvigorate efforts to improve access to safe water and sanitation.
- Delegations acknowledged the need to better handle chemicals and waste management to protect public health.
- The Director-General concluded that it had been an especially productive and profoundly effective Assembly and emphasized the importance of focusing on the needs of people – we should “never forget the people we are here to serve”.

Other items:
- The Special Programme for Research and Training in Tropical Diseases (TDR) won this year’s Gates Award for Global Health.
- WHO is working closely with national health authorities and international partners, providing technical assistance and the latest information on the outbreak of enterohaemorrhagic *Escherichia coli* in Europe.

Sue Block Tyrrell

Further information and documentation can be found on the WHO web site – [www.who.int](http://www.who.int)
On the occasion of the « No tobacco Day » (31 May 2011), we recovered this photo showing Dr Halfdan Mahler, then Director-General, participating in the collection of ashtrays, no longer needed.

A great and loyal servant of WHO: Dr Comlan Quenum

The Regional Director for Africa told us what weighed on his heart two years before his death on 15 August 1984. Profiting from the presence in Geneva of the Regional Director for Africa in 1982, Dr Albert Tévoédjré, Director of the Institute of International Social Studies in Geneva, invited him to speak on the theme: “The Social and health implications of cooperation between Africa and the international community”. The result was a very revealing message from the innermost thoughts of this man, ravaged by colonialism. He spoke of “Africa humiliated”. He said that “most of the lucid nationals of the third world countries have never denied their responsibility in the failure of development strategies. What separates us is your arrogance (countries of the North) and your condescension (...) Unfortunately, the levels and the thresholds of sensitivity to which the beating of our hearts responds are not the same (...) The starving people of the third world need, above all, a little more consideration rather than contempt. How can there be dialogue under these conditions”? (...)” One day you must cease to treat those you are helping as inferior beings”. He asked for “a more genuine respect of the individual characteristics of each of the African partners and for their/his words to be accepted as the questioning of those/ a man devastated and filled with anguish by the perverse results of progress. “Every action initiated by the North (...) appears to me at the outset suspect”.

J-J Guillbert
The annual meeting took place at the Hilton Hotel in Cobham, Surrey, from 13-15 May. It was well attended by colleagues who have worked in over 20 UN agencies, with 22 former WHO staff. At the start of the meeting, I was pleased to convey to the participants the greetings of the AFSM and its best wishes for a successful assembly and reunion.

The General Assembly began with a delightful presentation by Alison Jolly on the flora and fauna of Madagascar, especially the cute fuzzy lemurs, and we learned about the politics of their conservation. More formal items focused on the acceptance of the reports of the 2010 General Assembly, the Executive Committee over the past year, and the Benevolent Fund in 2010, and on the approval of the 2010 accounts and 2011 budget.

A new President was elected from 2012 – Edward Mortimer (UN), replacing Sir Richard Jolly (UNICEF/UNDP). Michael Davies (FAO) chairs the Executive Committee. WHO is well represented in the BAFUNCS governance, with Patricia Brown as a Vice-President, Bryan Suitters as the Treasurer and June Hargreaves-Beer as a member of the Executive Committee.

Alan Blythe, Chief of the Geneva Office of the United Nations Joint Staff Pension Fund attended on the second day to present the status of the Fund. We were all pleased to hear of the Fund’s solid financial situation.

On the social side, we had two delicious dinners, enjoyed in the company of former colleagues, and two excursions to either Ham House, a National Trust property, or to the Brooklands Car and Aviation Museum where we were able to admire vintage racing cars, motorcycles, bicycles and aircraft, and get on board both a Concorde and the Sultan of Oman’s VC10!

It was a most enjoyable meeting, providing the opportunity to meet up with former colleagues and friends, and make new friends, in a lovely park setting. Getting all 23 former WHO staff together for a photo was not so simple and despite the two group photos taken, unfortunately some people are missing from both of them. Better luck next time – at the 2012 meeting which will take place close to Oxford, from 11-13 May.

Former WHO members of BAFUNCS who attended the reunion

1. More than 140 former WHO staff are members of BAFUNCS, over 60 of whom are also members of the AFSM

Information on BAFUNCS can be found at www.bafuncs.org
In the sky this season

This summer’s evening skies in Europe are more or less planet-free. Saturn is sinking down in the west in the twilight, while Jupiter starts to rise over in the east late in the evening. Mars is still in early morning skies. So this is the time to start exploring the Milky Way, which is the view of our own Galaxy as seen from the inside.

That is, assuming you can see it! The Milky Way is a pale band of light stretching across the sky and in dark skies it seems so bright that you wonder why you can’t see it from home. But a bit of light pollution is enough to wipe it out almost completely. This time of year offers your best chance of seeing it, as the brightest parts of it are on display. The southern hemisphere has the best view, where the constellations of Sagittarius and Scorpius are overhead, while from the northern hemisphere they are lower in the sky.

From Europe, find bright Vega, almost overhead, with Deneb, at the top of Cygnus, the Northern Cross, some way to its east. The Milky Way stretches along the line of the Northern Cross right down to Sagittarius near the southern horizon. You should be able to see the rift down its middle, which is due to dust in the plane of the Galaxy. Scan the Milky Way with binoculars and you will spot numerous nebulae and clusters along its length. To identify them, go to the Society for Popular Astronomy website: http://www.popastro.com/youngstargazers/skyguide/.

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Readers’ corner

Dear Colleagues,

Please note that "Her Majesty the Queen" in the second paragraph of Samy Kossovsky’s interesting article on p. 11 of the current issue of Quarterly News should read "His Majesty the King".

Kind regards,

... I am afraid that I have a couple more points. In Kossovsky’s article, “death chambers” should, in my view, read "death antechambers", and "John Players and Sons" should read "John Player & Sons". And, on p. 12, I really have never seen "NU" as the French rendering of UN, for obvious reasons. ONU is the standard abbreviation.

...One more point. It is indicated that Dr Josef Kierski died in May 2011! But we are still in April. Nevertheless, I greatly enjoyed the issue, as I do all issues of the QN.

Kind regards,

Sev Fluss Member, AFSM

Editor’s comment: Many thanks for having pointed out these errors.

This is just a word to say how much I also enjoy our journal and would like to congratulate Dr Cohen for this very well edited, interesting paper.

Best regards

Tamas Fülöp

Having just received my copy of the latest issue of Quarterly News, I was distressed to read of a difference of opinion among those serving on the Executive Committee concerning the proposals to reform the governance of the Staff Health Insurance. First of all, I consider that all retired staff members of AFSM should have the right to elect the person or persons representing them on the SHI Surveillance Committee, not just the few members of the Executive Committee. The question of the governance of SHI is of particular interest to those of us who are retired and we should, I feel, have the right to choose those who will represent us. You state that the Executive Committee has conveyed its views on the governance reform proposal but you do not inform the members of AFSM as to what these views are. Since there is obviously a difference of opinion, I feel we should all have the right to participate in any views being expressed on our behalf regarding the reforms that are proposed.

Dorothy Hoffmann

Editor’s comment: Dear Ms Hoffmann,

Please refer to page 4 and 5 of the present issue (QNT 84), which completes the response we already sent to you. See also below our reply to Dr Dunne.

Of course, AFSM members will be involved, that is our principal objective.
Readers’ corner (Cont’d)

...Retired staff members included in the Staff Health Insurance (SHI) scheme will be encouraged by the optimistic tone adopted by David Cohen and Ann Van Hulle, our newly elected AFSM representatives to the Headquarters SHI Surveillance Committee (QNT83, page 7). They offer prospect of yet further improvement in coverage for long term care – a vital concern for all retirees as the years pass us by. We live in hope that they will succeed.

Unfortunately, at the same time, they cloud the issue by referring to a 2009 Audit report “which identified a number of weaknesses in the current governance of SHI”. This remark does not remotely reflect the serious situation depicted in the Audit. The latter conveys the ominously stark message that “There are weaknesses in the overall governance of the SHI that present a potential risk to the Organization and the long-term sustainability of the SHI fund”.

This disparity is serious to a degree that demands explanation. As it stands, it casts doubt on the competence of the Geneva-based AFSM Executive Committee to handle administrative oversight of insurance-related matters on behalf of some 4000 WHO retirees and survivors worldwide. Indeed, more than half of our current retirees are excluded from involvement because they are not members of the AFSM and, among those who are, no more than a quarter bother to participate in the election of candidates. Can this be regarded as a constitutional mandate for democratic governance?

A petition is already circulating that seeks to provide all retirees participating in the SHI with a voice to elect candidates to a newly structured committee dedicated exclusively to insurance matters. It is attracting significant interest. At very least the Quarterly Newsletter should keep us reliably informed about this initiative, and it could best start by publishing the text of this petition.

John Dunne, Retired HQ 1995

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RED:
Dear Dr Dunne,
Thank you for expressing your views. You can see in page 4 and 5 (by Ann Van Hulle, who was in charge of SHI for many years, and, as far as one can see, administered it with great competency) the exact current situation of the Fund, which has important reserves; the actuarial study foresees the situation in 20 years time.

Contrary to what has been told, we are fully aware of the situation and cooperate totally with the administration to seek the best solutions.

As for the question of former staff representatives in the new Committees, it has not been discussed and decided yet, and my response would be that, at first sight, you are quite right. The question is far more complicated.

Besides the difficulty of organising a worldwide election, the fact is that people like you, who involve themselves in retirees’ issues, join the Association, in order not to be isolated and to be stronger to discuss with the Administration.

It is in no way question that our association alone be represented in the new committees; of course, the Regions’ associations should be involved.

We published the Open letter in QNT83, and sent the petition, together with our views, as a circular to all the retirees, inside or outside the AFSM for whom we know the addresses or e-mail.

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 : jispfva@unog.ch for Geneva or unispf@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.
News from our sister associations

We are pleased to report on several publications recently received from the Associations of Former WHO staff in Washington and in New Delhi. The members of the Editorial Board of the Quarterly News thank them and send them their warm wishes.

Association of Former PAHO/WHO staff members

- The April 2011 edition of the membership directory lists 630 members, almost all of whom have retired in the countries of the American Region of WHO.
- The April issue of their Newsletter reports on the fourth International PAHO/WHO AFSM Reunion, held in Lima, Peru in November 2010. The reunion was attended by 56 former staff from 13 countries, together with representatives from UN associations and the government of Peru. The next international reunion will be held in 2012.
- A document issued in April 2011 on “Staff Benefits, health insurance, pension, and other benefits of a surviving spouse” describes the actions to take at the death of a former PAHO/WHO staff member. Many of these actions need attention by the retiree and family in advance.

For more information, please contact:

Association of Former Staff Members
C/o Pan American Health Organization
525 23rd street, N.W., Washington, D.C. 20037-2895
President: Nancy Berinstein, nancy.berinstein@verizon.net

Association of Former WHO Staff Members in the South-East Asian Region

- In the April 2011 issue of their Newsletter “Esculapian”, the editorial is on the revision of Staff Health Insurance and a one page article reports on the activities of the SHI Working Group (see also in this QNT pages 4 and 5).
- We also received the April 2011 Address list of Members. They number 281, all of whom reside in the South-East Asian Region of WHO.

For more information, please contact:

Association of Former WHO Staff Members in South-East Asia Region
World Health House, Indraprastha Estate
New Delhi – 110002 India
President: R.L. Rai, exstaffwho@yahoo.com, afsm@searo.who.int

Book reviews

International Criminal Tribunals, Justice and Politics Yves Beigbeder, Palgrave Macmillan, 2011)

Yves Beigbeder, a member of the Executive Committee, has just published another book on international criminal justice. This book reviews the statutes, achievements and limitations of international criminal courts, starting with the Nuremberg Tribunal, followed in the 1990s by temporary international or hybrid national/international courts, and by the creation of the permanent International Criminal Court.

These courts have all been exposed to pressures and interference of national and international politics, which have limited their impact. Are they really independent from states which have created them and on which they depend for their financing and cooperation? The book includes both an overview and a political analysis of the strengths and weaknesses of the various tribunals, and of international criminal justice in general. The final question is whether international criminal justice is a utopian enterprise based on unrealistic and unfair grounds, or whether it constitutes a major step forward in the long fight against the impunity of criminal leaders.

DC
WHO's performance: a British assessment

In a March 2011 “Multilateral Aid Review", the UK Department for International Development (DFID) gave a British assessment of the performance of 43 multilateral organizations including UN specialised agencies, UN Funds and Programmes and other UN bodies. WHO is one of them. 1

The purpose of the Review is specific: a basis for making UK funding decisions and in prioritising British areas of reform of these organizations. It openly links UK funding to the organizations’ strong commitment for even better performance. They set four categories according to the organizations' value for money for UK development and humanitarian objectives: very good, good, adequate, poor.

WHO is placed by the Review in the “adequate” category, together with the Office of the High Commissioner for Human Rights (OHCHR), UNAIDS, UNEP, UNFPA. The Survey acknowledges that WHO provides global leadership and convening power on development and humanitarian health issues, - that it is critical to the delivery of the Millenium Development Goals, including reproductive, maternal and newborn health and malaria. However the review found that WHO must urgently:
- Focus on its comparative advantage, including at the country level;
- Improve reporting of results and impact of interventions;
- Improve its cost effectiveness and better manage poorly performing projects.

The DFID will continue to fund WHO at 2010 levels and will review progress within two years when it may increase or decrease its core funding.

The only UN agency in the “very good” category is UNICEF. The Global Alliance for Vaccines and Immunisation, and the Global Fund to fight AIDS, TB and Malaria, close to WHO but not UN bodies, are in the same category. UNDP, UNHCR, WFP and the Office for the Coordination of Humanitarian Affairs (OCHA) are in the “good” category, as well as UNITAID, an autonomous body administered by WHO.

FAO, ILO, UNESCO and UNIDO are in the “poor” category. The UK is ending its membership of UNIDO, and giving stern warnings to the other specialized agencies in this group.

Again, these ratings represent British findings and views, and not those of other countries, nor probably, those of a majority of member states in UN governing bodies. However, the UK is a big contributor to regular and voluntary budgets of UN organizations, and their executive heads, including the WHO Director-General, will no doubt take due notice of these assessments and warnings.

Yves Beigbeder

1 UK Department of International Development » Multilateral Aid Review, Taking Forward the Findings of the UK Multilateral Aid Review », March 2011.


Sami Shubber, formerly Senior Legal Officer, has just published a second edition of his book. The book provides a detailed history of the Code, as he had been fully involved with its preparation from its inception in February 1980 to May 1981.

The International Code, adopted by the WHA in 1981, is the first legal instrument of its kind adopted by WHO. The International Code was adopted in the face of a very hostile campaign by the infant-food industry, the press, and some Member States.

The aim of the International Code is to protect and promote breast-feeding, because of its many health benefits to the infant and mother. The Code also provides for the proper use of breast-milk substitutes, when they are necessary. To that end, the International Code applies to variety of food products (marketed or represented as breast-milk substitutes). It also bans certain commercial practices used by producers of breast-milk substitutes to promote their products, such as advertising, giving samples of such produces to pregnant women, mothers or members of their families.

The International Code, having been adopted by the WHA as a recommendation under Article 23 of the WHO Constitution, needs to be implemented at the national level by Member States, as laws, regulations or other suitable measures. However, only a small number of Members have implemented the International Code in its entirety. On 21 May 2011, the International Code was 30 years old, and this 2nd edition happily coincides with this event.

Yves Beigbeder
New members

We have pleasure in welcoming to the large AFSM family the following new members and we congratulate them on their decision.

New life members:
Paul Acritiadi; Andrew Asamoah; El Hadi Benzerroug; Xavier Leus; Bernadette Lièvre

Conversion from annual member to life member:
Georg Axmann; O. M. Briffod; Ann J. D. Caloz; Patricia Downes; Pia Monica Elmiger; Vera Kalm Walter Wernsdorfer; Aruna Wallen

In memoriam

List of deceases kindly provided by AAFI-AFICS

ABBOTT MARY 21.05.2011
ACUNA HECTOR R 07.02.2011
ANNAHEIM (BONIFACE) JOAN 25.04.11
ANTUNES DE SIQUEIRA M. 12.03.11
BAGCHI KALYAN 10.01.11
BANTOU ANNE 31.01.2011
BARKWAY JENNIFER 08.03.2011
BENCZE FRISCH GABRIELLA 28.03.2011
BODEN INES 22.01.2011
BOENTARMAN SOELASTRI 30.03.11
BORDON PHILIPPE L A 20.03.11
BONIFACE MARIE 3.03.11
BRION MARIE-ANNE 24.01.11
BRYANT SHEILA 24.05.11
BULLA EUGENIA 5.05.11
CARREIRO DE OLIVEIRA HADELZIRA 25.02.11
CANESSA E 3.03.11
CHANE KHAM 12.02.11
DA CONCEICAO LIMA HORTENCIA J. 1.05.11
DALLAL JAMIL 26.03.11
DALSTON BIANCA 14.12.2010
DHIR SAVITRI 26.12.2010
DIALLO YAYA 24.11.2010
FIASORGBOR GEORGE K. 18.03.11
FORD DIANA KAY 4.04.11
GARCIA AMEZQUIT 28.12.2010
GENOUD FRANÇOIS M. 08.02.2011
GULD RITTA 01.12.2011
HANDEL EDITH 26.01.2011
HEINZE INGEBORG E A 03.12.2010
HERMANSSEN MARGARET 4.03.11
INMAN GENY P 29.03.11
KATTAN SYLVIA 15.01.2011
KHALIL ABD EL SALAM M. 20.12.2010
KPOLOR THEOPHILE K. 19.10.10
LAMBONI KOUASSI 18.12.10
LECLERC PHILIPPE L A 20.03.11
MALHOTRA KASHMIRI L. 05.12.2010
MANN DONEGAN 17.01.2011
MATOS ROSALI FREITAS DE 30.12.2010
MBOUKOU JACQUES 18.02.11
MEHTA RAJ KUMAR 15.01.2011
MOHTADI HAGHIGHI  
MOREAUX YVETTE 17.01.2011
NAIR SREEDEVI 14.05.11
NGANGOULA EMILIE UNKNOWN
OTTERSTETTER HORST 22.05.11
PAPAIOANNOU ATHINA 24.02.11
PAPP EUGENE 18.01.2011
PAREDES YOLANDA HURTATE DE UNKNOWN
PASQUIER JANINE  
PASTORINI DE COLL JUDITH ?
PETERSSEN ERLINDA 21.02.2011
PETITJEAN MARGARET
PIERRE-NOEL CARMEN 24.01.11
POLICARD GUY 12.01.10
PREMSMAN HEDDA 11.12.2010
RAV CARSTEN 22.12.2010
ROBERTSON JOAN (H.J.L) 25.03.2011
SAINT-VICTOR ANDREE 1.03.10
SALOHEIMO MAJA-LIISA 14.05.11
SANDRIN SATURNIA L. 27.04.11
SANIDAD MAVIS C. –
SANOUSSI HAMIDOU 24.10.2010
SCHOFIELD FRANCIS D. 5.02.11
SEGARRA MARIA MERCEDES 18.05.2010
SIMPSON JOSHUA 04.08.2010
SMITH IAN C. 25.11.2010
SO UDORN SAMARN 29.12.2010
SPERINDO GIOVANNA 12.01.11
TONG TONG 13.04.2010
URIBE LUIS JORGE 03.01.2011
VAHIDEH -MOORE W M 22.04.11
VALDES PINILLA RAUL 10.11.2010
VILLALTA BEPPINO 22.02.11
VILAS BOAS MARIA 02.01.2011
WEBB HATTIE SUE 14.04.11
WILHELMSON ELLEN M. 21.04.11
WILSON WALTER C J 21.06.10
ZERBO DORO GASTON 22.02.11

Association of Former WHO Staff
Sardinia trip, 7 – 14 May 2011

The AFSM 7-day trip this year was to Sardinia, the second largest island in the Mediterranean Sea. Sardinia has its own language which is closer to Catalan than Italian.

We were greeted by our guide and driver; both called Salvatore, at Olbia airport and sped off for a tour of the Emerald Coast in the north of the island. This included Baja Sardinia (where apparently Berlusconi has a well-guarded property) and Porto Cervo. The north coast is extremely picturesque with a high rocky coastline and many little bays with sandy beaches.

After a night in Arzachena, we left early to catch the ferry to the islands of Maddalena and Caprera (joined by a bridge) to visit the Giuseppe Garibaldi museum. The Sardinians are very proud of Garibaldi, an Italian patriot and fighter who lived in the 19th century and was one of the fathers of the Italian independence. We moved on to Santa Teresa di Gallura, a town on the northern tip of Sardinia, on the Straits of Bonifacio, from where the southern coast of Corsica can be seen, and Alghero, where we spent 2 nights.

On 9 May we had a 40-minute boat trip to visit the famous Neptune caves, which are situated just above sea level at the foot of the Capo Caccia cliffs. The caves, which have some wonderful stalactite and stalagmite formations can be reached from the cliffs, but as there are 654 steps everyone opted to take the boat! Later in the day we visited the city of Alghero, which had pre-historic settlements as traces of Punic buildings have been found not far from the city. Due to its strategic position in the Mediterranean, it became a fortified port in the 11th century and was later captured by Catalan colonists who remained for several hundred years. Catalan influence can still be seen in street and building signs and a Catalan dialect is still spoken.

We left Alghero on 10 May and took the beautiful rugged west coast road to Oristano passing by Bosa and the Sinis peninsula, and visited the ancient Punician ruins in Cabras and Tharros.

Another early start the following day, 11 May, to go and visit Barumini, along a spectacular coastline bordered by a transparent emerald sea and then passing through one of the most fertile parts of Sardinia. Barumini, a small village situated in the middle of Sardinia, is known as the most important Nuragic archaeological site of the island, and consists of a three-story tower dating back to the 16th century BC, with Phoenician, Punic and Roman domination. The complex was uncovered in 1950 and in 1997 was recognized as a UNESCO world heritage site. We were able to go inside the tower, which proved somewhat daunting as it was narrow, winding with the original steep stone steps. Going down was one thing but coming back up was another, and we were all grateful to Claude who gallantly gave us all a helping push on the way up! The story goes that a well-built American lady once got stuck in the tower, but we never did find out how she eventually got out!

We continued to Cagliari and spent the afternoon visiting the Natural History Museum, Cathedral and several civic offices. We carried on from the city centre to the Santa Elena Quarter, where our hotel was situated, passing masses of flamingos on the salt marshes en route. The evening was spent in a nearby restaurant, where we were entertained by folkloric dancing and music, accompanied by a splendid dinner.

Next day we passed by Pula (apparently the most polluted area of Sardinia due to the oil refineries) en route for Nora, an archaeological Roman and pre-Roman site situated on a peninsula, where we saw the remains of four thermal baths, a theatre and amphitheater as well as small houses and villas. Extensive land surrounding the site has recently been demilitarized so further excavation is foreseen.

On 13 May we went north to Nuoro, where we visited a costume museum. There was a large display of the most beautiful Sardinian costumes, layers of lace, embroidery, coral and gold filigree jewellery. In addition there were displays of weird and sinister costumes and masks that are still worn in some of the Sardinian festivals including slightly scary black skinned “Mamuthones” with dark wooden masks and rows of goat bells! Lunch was at Orgosolo, where we had a typical shepherds’ meal, with sausage, mutton and potatoes, pork, local pecorini cheese and dessert, washed down by local wine and finishing with coffee and Limoncello!

We continued to our last hotel situated near the seafront in the attractive district of Cala Gonone on the east coast. Another excellent dinner was served with a main course of barbecued meat and fish.

Our last morning was spent visiting Cala Gonone and then on to Urzulei to see the stunning Su Gorropu calcareous mountain range, one of the most impressive natural beauties on the island. En route for the airport in Olbia, we stopped to see the “Giants’ grave”, which archaeologists say was built during the Bronze Age by the Nuragic civilization.

A week to remember where excellent weather prevailed.

Aziza El Naggar, Annette Korenef and Bunty Muller
As I have a strong dislike of severe European winters, I decided to move myself for a while to Zanzibar in January 2010. After a few days of settling in on arrival, I decided it was time to start tackling the “Sights” and to try and see if there was something I could remember from my first visit to the island in 1975.

I began with the “House of Wonders” (Beit Al Ajaib). The House of Wonders is a large whitewashed building on the water front dominating the Forodhani Gardens. It serves these days as museum of History and Culture and contains lots of beautiful Zanzibar chests and doors and occasionally houses temporary exhibitions. It is called the House of Wonders because it was the first building on the island that had a lift (now out of order) and electric lights. It was built in 1883 for Sultan Bargash, whose portraits are to be seen around in many disguises in Stone Town. It had a very interesting temporary exhibition on the Princess Salme. The princess Salme was born in 1844, the daughter of Sultan Said and one of the “Suries” (secondary wives). She later eloped with a German businessman and settled in Hamburg under the name Emily Ruete. Her book “Memoirs of an Arabian Princess” is very well worth reading and gives a good insight in the lives of Zanzibar Royalty and semi-royalty of the day. The House of Wonders has been used by the British administration as office buildings in the protectorate from 1911 until 1963. My next port of call was the Old Fort (Ngome Kongwe). It is a big grey stone building consisting of two grass squares separated by a wall and surrounded by walls topped with castellated battlements. It was built at the end of the 17th century by Omani Arabs as a defense against the Portuguese from whom they had gained control over the island. It has since served as a church and a prison and is now one of the main tourist attractions of the town with souvenir shops and painters and wood-carvers workshops lining the inside of the walls. It is also the place where every year in February since 2004 the Sauti Za Busara (Sounds of Wisdom) music festival is held. In front of it all are the Forodhani gardens. It is the most well cared for and attractive place of Stone Town and was recently restored by the Aga Khan Trust for Culture. In the daytime you can sit and watch the sea from the benches some of which are under the trees so they have some shade. In the evening the gardens are very busy with lots and lots of food stalls where locals and tourists alike buy all sorts of food which is prepared on the spot. Fish, kebabs, little local pancakes, fruit and vegetables, everything is available and eaten then and there or taken away. I found Freddie Mercury’s restaurant for dinner on the waterfront. Of course the singer who was born on Zanzibar never had anything to do with the restaurant, but the place cashes in on his fame and favourite dishes. It is an extremely pleasant place where you can sit and read and watch the local boys play football on the beach until it gets dark.

My next adventure was the spice tour. A tourist MUST. Spices first came to Zanzibar through the Portuguese, who imported them from South America and India. But it was the Omani sultans who realized Zanzibar’s potential for spice farming. Its hot climate with regular rainfall made it eminently suitable and spice farming quickly became a replacement in the economy for the declining slave trade. In my frequent wanderings around the streets and also from what I had seen outside of Stone Town I had concluded that there was a rather large Masai population that had settled in Zanzibar since the last 30 or so years. They had positions as waiters and receptionists in quite a few establishments (mainly out of Stone Town) but inside the city seemed to be running small shops and the like. One of them I passed almost daily and he was always asking me to come into his shop. After two weeks of passing by and ignoring him, I decided to go in and have a look. He told me his name was Michael. I said: Michael, I do not need anything from your shop, but I know you want some money, so I am going to pay you 10 000 shillings and then you select something that I can buy for that. This was fun. Michael observed me and after a long think he went to a wooden necklace and told me this was the thing. I gave him the 10 000 and took the necklace and then said: Michael, why are you running a shop in Zanzibar? You should be in Masai land chancing the Simba. Aaah mamma, said Michael, no more Simba to chase in Masai land; now we have to have shop”. I had no comment to make, but sometimes changes are sad to observe. Michael and I agreed that from then on I could pass the shop and we would wish each other a good day, but I had done my duty and was freed from any obligation to buy.

Coby Sikkens