THE PENSION FUND PAYS THE PIPER

The employment of persons who are HIV-positive and the promotions of colleagues in the twilight of their careers seem unrelated one to the other — at least at first glance. Yet, they are linked through the pension fund and, though unlikely subjects of conversation at coffee breaks, affect all. Consider the following:

— A case of a HIV-positive individual declared fit for employment at time of recruitment, whose condition deteriorates over the years, who then can no longer work, who exhausts all leave — sick and special. The disability benefit that the person now may qualify for is paid from the pension fund.

— A case of a locally employed colleague in a region promoted to the professional grades during the last years of service. As a result, pension increases at least by five times, and, say staff sources, probably even more — not bad at all for someone who’s contributed at lower rates for most of a career.

Because of the implication for the pension fund, such cases impinge upon the interest of both serving and former staff. In addition, they bring into conflict high-minded principle and down-to-earth practicality.

As WHO, and indeed the U.N. system, holds it wrong to discriminate against AIDS victims, then, in the practice of what is preached, the seropositive must be recruited. As all colleagues have a right to career development, then advancement cannot be blocked. Those are the principles.

Here’s the practicality. The fund is still in deficit, despite the increases in contribution to bail it out. With staff cuts throughout the U.N. system, there will be less contributors to the fund. In WHO alone, some 700 short-term staff, and thus essentially non-contributors, are employed. Already the gap between pensioners and serving staff has widened.

There are proposals to reconcile the two, namely to continue recruiting the HIV-positive, as required under U.N. staffing policy, but under a 2A medical classification that precludes long terms. And to grant twilights in promotion (which has been referred to as “reward-money” for the few) so as not to prevent advancement, but to base pensions on status and contributions made at each duty station.

Both staff representatives and administrators have warned against making the fund pay the piper without calling the tune. Now, it is for the U.N. Joint Staff Pension Board to discuss, deliberate and decide.

— Peter Ozorio, Editor

Quotable

“I don’t quite understand it. After all, the taxes on our pensions pay their salaries.”

— A former staff member, who requested anonymity, on hearing of the enmity of some serving staff to pensioners. (See also “Witch Hunt,” p. 9)
Anything but “Retired”

WORKING FOR MICKEY-ANGELO

Working for the International Animated Film Festival in Annecy, doing translation into English and helping with public relations, I found was almost a perfect way to put my expertise to use — even though the job meant a considerable commute each day from Geneva.

Work began in February. Trouble began when the work didn't. We sat waiting for material to include in the magnum opus of the event, the “Official Catalogue.” This was supposed to list all the films entered in competition, give some idea of what they were about and who was responsible for creating them.

One problem was language. English seems such a simple language to most of us here but in far-off countries, the language has been studied seemingly from the advertisements for fast-foods on TV or printed on the labels of cans. Anything can be rewritten if the person writing understands what the other person means. But pure invention would only be cheating.

By late spring we were behind and confronted with the usual phenomena of gone-past deadlines, sheer raving panics — nothing new to WHO and to me — beginning at the top with the Director who was out-of-control, out-of-town, out-of-touch and often all at once. As also happens because of long hours, much sweating and mumbled phrases under the breath, the work was assembled and finished more or less in time for the opening. But with not enough copies to go around — also not unexpected.

Watching the films was fun once the Festival got underway in the first week of June; but it felt like playing hookey from the tangle of things to be done, even though it was hard to figure out who was to do them or who would take charge of the finished texts.

Animation in all its protean forms is growing like a runaway balloon. It is the last stronghold of the purely personal form of expression. But its freedom is menaced increasingly by big business, largely to satisfy the boulemia of that one-eyed member of the family — TV. This means a loss of innocence and independence. Artists in this field may take themselves too seriously and confuse the two Mickeys, Mickey Mouse and Mickey Angelo, but they still give audiences fresh hope and enthusiasm.

Unlike sports, art is a field where the best doesn't always win. The best films may not win the biggest prizes. But what makes art, and particularly animated art, so wonderful is its irreverence, its freedom to dream wild technicoloured dreams and have us share them. For that I am profoundly happy to work for animation almost any time, in almost any way.

Nedd Willard
(formerly INF, HQ and SEARO; and creator of the logo for World Heralh Day '95, "A World Without Polio."

Changes, Changes, (More)

The following are recent staff appointments and movements:

**Acting AD-G:** • Following the departure of Dr Jean-Paul Jardel, AD-G, after 24 years of service, Dr Souad Lyagoubi-Ouahchi has been designated Acting AD-G. She continues as Director, Division of Publishing, Language and Library

**Executive Administrator:** • Dr Aleya El Bindari-Hammad, formerly Adviser on Health and Development Policies, has been appointed Executive Administrator for Health Policy in Development.

**Policy, Programme, Evaluation:** • Dr Claire Chollat-Traquet, formerly Associate Director, Cabinet D-G, has been appointed Director of the newly-established Division of Development of Policy, Programme and Evaluation.

**Legal Counsel Designate:** • Mr Thomas S.R. Topping has been appointed Legal Counsel Designate, to succeed Dr Claude-Henri Vignes, Legal Counsel, in 1996, according to a circular of 19 July 1995.

**AIDS:** • Following the departure of Dr Michael H. Merson, Executive Director, Global Programme on AIDS, Dr Stefano Bertozzi, Director a.i. Research and Intervention Development, has been designated Acting Director GPA.
Anything but "Retired"  

A TIME TO "GIVE BACK"

Co-operation between our Association and WHO on voluntary service, as reported on page 1 of the News (Spring, No. 2) is a welcome and timely development deserving of our full encouragement and support. Like my good friend and former colleague, Vic Pinto, I have also carried out voluntary work.

After nearly seven years of post-WHO retirement on remunerated consulting work, last year I carried out an assignment in Hungary, a country that I knew little about, through the International Executive Service Corps, which operates out of Stamford, Connecticut.

My voluntary services were rendered to the North Transdanubian Water Co. Ltd. (EDV Co. Ltd.), located in the industrial town of Tatabanya, about 60 km. north west of Budapest on the way to Vienna. EDV is one of 19 recently privatized public water supply and wastewater enterprises. Through existing facilities, the company provides nearly 100 per cent water supply coverage to 360,000 inhabitants in 9 towns and 89 villages. In addition, it is responsible for wastewater collection and treatment facilities in these communities.

My assignment focused on assessing the operation and management of the services provided by the company and its ability to fulfill its responsibility following privatization and loss of state subsidies. The assessment thus identified major constraints in the face of a new challenge to attain self sufficiency. Although the company was well managed with qualified technical and managerial staff, it was facing a major crisis due to a drop in revenues against rising costs, and many legal uncertainties, all of which contribute to a weakening of public trust.

Not having had experience in dealing with WHO staff, nor former staff, management was not sure that sufficient appreciation of their problem could be developed by an outsider during a two week assignment. Working through a capable interpreter I was able to develop that understanding of the problems and to establish my credibility. When my report was finalized, the perception of it was positive, and although the sponsor of my assignment was IESC, WHO may have gained a portion of the credit.

At a time when the U.N. and its specialized agencies are facing serious financial and other crises, this experience has strengthened my conviction that former staff must build a new partnership with WHO in a volunteer programme, tapping into a huge reservoir of expertise. For those of us who are still healthy and able to contribute, it is not too soon to give back in kind to the work of WHO. Despite the travail of our past working lives with supervisors, most of us hold WHO with loyalty and affection.

A world of disorderly events that have derailed and nearly bankrupted the U.N. in the past five years is in need, now more than ever, of energetic and dedicated work by WHO and the other specialized U.N. agencies. To this end, our Association can and should play a major role in operating a WHO senior volunteer programme.

—Mahmood S. Suleiman  
(formerly EHE)  
Menlo Park, Calif.
ZENO'S HIP,
OR HOW TO COPE WITH OSTEOARTHROSIS

We were having breakfast in the Swiss mountain hotel, with a beautiful view on the snowy peaks. Zeno, in his early eighties, talked about yesterday's walk. The day before, he and Mrs Z. went up to an altitude of 2400. "I was using a cane, this takes off some 10 kg of pressure on the joints. The trip went well; it was beautiful," said Zeno.

The remarkable fact is that Zeno had been suffering (in the literal sense of the word) from severe osteoarthrosis of the hip for some thirty years, and has had a hip replacement years ago. When I studied medicine, we were told that osteoarthrosis was a "degenerative disease" (whatever that meant) of unknown origin. Today, the disease is considered a mixture of degenerative and inflammatory processes (again, whatever that means), a disturbance of the balance between degradation and synthesis of the joint cartilage and the bone underneath it. It is very frequent in the elderly. I have at least five close personal friends suffering from arthrosis of either the hip or the knee.

Epidemiologists (by the way, I am one of them) would smile at such a statement; but according to my 1,323-page treatise on geriatric medicine, radiological evidence of osteoarthrosis of the knee is present in 70 per cent of the knees of people above age 60, and at least 6 per cent have painful arthrosis of the hip. So, it is a problem.

More precisely, osteoarthrosis was a terrible problem until the relatively recent introduction of hip replacement. Technically, the operation does not present difficulties — at least, not in experienced hands. The quality of modern prostheses is very satisfactory, and anaesthesia in elderly people does not carry particular risks any more. Today the patient's main problem is, besides the financial aspects of the operation, to take the decision. The treating physician's main responsibility is to find the best moment for the operation. "I had severe pain, and could not sleep at night, despite the many pain-killers I was taking," said Zeno. "So, the best sign that time has come for hip replacement is intolerable pain," he said. "One should not operate too early, the new hip will last longer; and age is not a limiting factor nowadays."

However, the operation by itself does not suffice. The intervention must be followed by good-quality rehabilitation, and the patient should be motivated to make ample use of his rejuvenated hip (or knee), to enjoy life, instead of television; this is what Zeno does in the Alps. Bonne promenades (in plural), Zeno!

—Tom Strasser, M.D.
(formerly CVD)

Pensions

HUNGARY NOT HUNGRY TO TAX

Add Hungary to that select list of countries that exempt U.N. pensions — which are funded by international money — from national income tax.

U.N. pensioners in that country have been allowed to "deduct from their global tax the portion attributable to their U.N. pensions," according to the AAFI/AFICS Bulletin (No. 5, 1994). Thus, effective from January 1994, pensioners with no income but their pensions pay no income tax. Those with other income however, are subject to a 44 per cent tax bite.

The measure exonerating U.N. pensioners from income tax, in effect, accords with the argument made by former and serving internationals that monies contributed by all countries should not be taxed by a single country.
Rolande Cuvillier, formerly with the ILO, and the main advocate of non-taxation — of both salary and pension — says the issue is the “principle of equality of states.” In a reference to her organization, she makes the case this way:

“A state levying taxes on funds contributed by all the member states would thus be recuperating, at least in part, and possibly with a net profit, its contribution to the budget of the ILO. It would be improperly enjoying a privileged position, making the other states contribute to its national budget.”

Her conclusion: “All member states must therefore refrain from raising such taxes.” (See also “Taking Taxes to the Hague”, below.)

When France proposed taxing salaries, WHO serving colleagues residing in the country petitioned the D-G “to obtain an advisory opinion from the International Court of Justice on the legality of direct or indirect taxation of our international remuneration...” On 6 April 1995 however, France dropped the attempt to tax.

Pensioners are exempt in Austria, India, Italy, Singapore, and Spain, as well as Caribbean countries offering “tax havens,” plus “some” EMRO countries, says AAFI/AFICS in a recent report. And those in Germany and Sweden are partially exempt.

Western countries however, the United States in particular, are hungry to tax.

TAKING TAXES TO THE HAGUE

In an initiative that would unite serving and former staff on the issue of taxes, a group of serving colleagues has proposed that the International Court of Justice at the Hague be asked for an advisory opinion on the legality of pensions being taxed by governments.

The request came in a letter, dated 21 July, to Mary-Jane Watson, chairman of the Staff Committee. “You may wish to ask Legal Counsel’s advice on how to proceed, and what help Legal could give,” it says. As the administration — not staff — has access to the court, a request must originate from it.

From Richard Harrison, chief, official records, the letter urges “a study by legal officers in the U.N. system of the constitutional situation (Article 5, Sect. 18 of the U.N. Convention of Privileges and Immunities, 13 February 1945), and of international tax law...” (See next column)

The writer says the intention is not “to avoid paying taxes,” but “to determine how taxes could and should be paid in accordance with the constitutional principle of Equality of States — without double or triple taxation, and without creating circumstances that encourage fraud.”

He adds: “Some countries do not tax pensio-

ners; most do... U.S. citizens may be taxed several times on the same basic entitlement.” The U.N. Joint Staff Pension Fund has also a role to play, his letter, points out.

CONVENTION ON PRIVILEGES AND IMMUNITIES

Excerpts from Art. 5, Officials, Section 18(b):

“Officials of the United Nations shall...be exempt from taxation on the salaries and emoluments paid to them by the United Nations.”

The letter, which was also sent to the Association, follows a presentation made in June by Rolande Cuvillier, formerly of the ILO, and an acknowledged expert on the subject, who contends that neither salary nor pension should be taxed. The presentation, organized by the Association, was attended also by serving staff.

According to Mme Cuvillier, the grounds for seeking a court opinion is based on the contention that: “Our salaries and pensions are paid out of funds made available jointly by member states: they therefore, must not be taxed by any individual member state. That our pensions would not be taxable at the national level was a foregone conclusion to the experts who set up our pension system.”

Money Matters

- In 1994, the Association received 1,871 CHF in donations from 14 colleagues, Joe Chang-Wailing, Treasurer, reports with appreciation. In 1993, the amount was 850 CHF from three contributors.

- Just 1.58 CHF was credited to the Association’s account out of the 20 CHF sent by personal cheque in payment of dues from a member in Portugal.
The difference of 18.42 CHF was swallowed up by the Société de Banque Suisse for handling charges.

"If dues are paid by bank transfer — through a banker’s cheque drawn on a Swiss bank, preferably SBS — or a postal money order," says the Treasurer ruefully, "the Association would get its due."

**Tax Matters**

Relief may be on its way for former staff residing in France who have been wrestling with problems of taxation, thanks to an organization in Paris recently established by colleagues from UNESCO and the World Bank. The aim? As explained by Witold Zyss, a member of the executive: "It is to define on the basis of relevant legal texts...the tax system applicable to retirement benefits paid to officials." Address queries to Union sur la fiscalité, Maison de l’UNESCO, F-75732 Paris, Cedex 15.

**Telephones Too**

In the revision of the directory of membership, the choice is being given to colleagues to list telephone and fax numbers, in addition to addresses, to make it easier to get in touch. Those interested, please send information to Dr. R. Pal, chairman.

**New Boy**

Eilif Liisberg, formerly editor of World Forum, has joined the Executive Group following the resignation of Maggy Melloni.

**UN-TOPIA LOST**


While the U.N.'s great asset is its universality, she believes that most of its field programmes are of dubious value except as "vehicles for empire-building by the barons of the U.N. specialized agencies." She argues that the West has been mistaken to concentrate on reforming the worst-run parts of the U.N. system. She advocates an à la carte use of the U.N. by groups of powerful governments, with a focus on activities, not institutions.

Western governments should be more selective, setting priorities and then shifting money to the organizations — inside or outside the U.N. — that demonstrate the capacity to meet the challenge they have identified. The onus should be on the U.N. secretariats to demonstrate their capacity to help.

The clear message to the executive heads, and also to the Group of 77, is that Western governments will choose more effective organizations, or create their own, as there is no U.N. monopoly on global politics and economics. The rules of the market should apply to the U.N. organizations: they are in competition with other organizations.

The book no doubt reflects the current thinking of government officials in many industrialized countries, those countries that pay most of the bills. This warning should be taken seriously.

—Yves Beigbeder (formerly PER)

Thonon-les-Bains, France
(Excerpted from AAF/AFICS Bulletin No. 3, 1995)

**FATHER OF THE BRIDE**

—Congratulations to Emigdio Manalili (formerly FIN) and his wife, Andresa, on the marriage of daughter Susan to Bill Dowd on 24 June 1995. They travelled from Manila to fabled Martha’s Vineyard, in Massachusetts for the event. Also congratulations to brother, Raul, formerly with AIDS and now with SHI.

(Wedding bells, a blessed event, a family achievement. Share it with us and we'll share it with others. —Editor)

**“SELF-HELP” AT NEW VENUE**

The Association’s “Self-Help” group has changed its monthly meeting place to the restaurant on the first floor of the Hotel Suisse at Cornavin. The group
meets the first Friday of each month at 11 a.m. for coffee which, when the conversation flows, often extends to lunch.

"Not only are former staff welcome, but spouses as well," says Rosemary Bell, an organizer. "The aim of the group is to stay in touch and to help each other if the need arises." Contact her (059 50 42 26 78) or Margaret Baker (059 50 36 88 63) for more information.

FILET ET FOLLIES

Some 30 colleagues responded to the call last July by Carlo Fedele, a member of the Executive Group, "to see each other again, to renew memories of our first youth, and, above all, to recall the amusing times we had at WHO." They signed up for an outing by boat to Yvoire for lunch at the "Bar des Pécheurs," which serves "les meilleurs filet de perche de tout le lac Léman," and for "follies" of choice at the medieval village.

MAKING GOOD

Dr. Jean Rochon, formerly director, health promotion, is now Minister of Health and Social Services, Quebec, and therefore among the hosts at the World Forum on Physical Activity and Sport held in Quebec last May. Among those present: two D-G's, WHO's and UNESCO's; the representative of the International Olympics Committee; and the World Federation of the Sporting Goods Industry.

A TREE MARKS 50

A Sequoia — the gift of AAFI/AFICS in tribute to all former staff of the U.N. family — will be planted on the grounds of the Palais des Nations at 12.45 on Sunday, 15 October 1995 as part of the programme to mark the 50th anniversary of the United Nations. Among speakers will be two former D-G's: Francis Blanchard, ILO, and Halfdan Mahler, WHO. All invited to the ceremony and, as well, to an exhibit of contemporary art.

SEPTEMBER DATES

Worth noting: 10 September is Grandparents' Day in the United States; 21 September is World Alzheimer Day.

Why an Open Letter: "...directors have been informed by their respective AD-G's about the number of posts they are expected to cut — frequently they have been supplied with the specific post numbers, as if careful analysis had been made. Many of the directors have voiced their concern in individual memoranda to the AD-G's using...the existing bureaucratic channels. On reflection this individualistic response does not seem sufficient... The Group of Directors and Programme Managers therefore express the following concerns:

Decision-Making: "The Group deplores the lack of staff involvement in all decision-making processes... This is in remarkable contrast to the participatory approaches chosen by other U.N. organizations... This (centralist management) style prepares us badly for things to come. It isolates the D-G and executive management from programme realities. It demotivates staff and undermines the authority of the AD-G's, Directors, and Programme Managers."

Timetable: "The Group maintains that the tight time-frame set for the budget cutting exercise is partly arbitrary. We understand... that a much more flexible and phrased approach could still meet all necessary requirements..."

"The lack of transparency and policy guidelines has left staff with the impression of 'protected areas'... these include WHO offices in various capitals and a range of 7th floor staff and functions. This is further accentuated by the increase in ungraded posts...the approach chosen for post abolition will leave WHO even more top heavy..."

WHO as Employer: "...WHO has not been a 'good employer' with concern for staff and their development... as a U.N. employer it should live up to its principles and thoroughly analyze each specific case, help provide solutions, counselling, and where appropriate, flexible financial help to ease separation..."

"The Group urges the DG to seek advice of a major outside consultant firm — as UNICEF has done recently — on how to restructure and reorganize WHO.

"The Group requests the DG to suspend the process presently underway and instead to institute a process based on the points raised..."

— Group of Directors and Programme Managers


Budget: "... the 1996-97 budget granted by the World Health Assembly is less than we need to account for inflation and the effect of exchange rate movements.

"... cuts at headquarters will contribute towards ensuring that no region actually receives less in 1996-97 than in 1994-95. ...Extra-budgetary funding is not affected by the current exercise.

"In identifying the $54 million savings (needed) at headquarters, I followed two basic principles. The first is that WHO should use this as an opportunity to identify more clearly its priorities and to protect them: the reductions will thus be programmatic. The second principle is that we should introduce new and innovative managerial processes to improve efficiency and ensure cost containment...

Although there are some areas of non-staff costs that are fixed, I believe that $20 million can be obtained from cost containment measures on expenditure other than posts..."

Abolition of Posts: "I have had many requests to concentrate exclusively on abolishing only vacant posts, new posts, and posts in which the incumbent is due to retire: in other words, not to abolish occupied posts. Unfortunately, this would mean that our priority areas would be unduly affected, since it is in these areas that most of the new posts are created..."

Reduction in Force: "I would ask all staff to familiarize themselves with Section II.9 of the Manual, which contains the rules to be followed...it is not necessarily the incumbent of an abolished post whose appointment will be terminated...

...on the basis of recommendations ... I have abolished 140 posts at headquarters for 1996-97... Consultations will be held soon with staff representatives to discuss possibilities for early retirement, or redeployment of staff...For those posts that are currently occupied, the Division of Personnel will be contacting the supervisor early next week so that the staff concerned can be informed individually...

Timetable: "If by the end of this (six-week) period, we have not succeeded in ensuring that no staff appointments are terminated, I shall establish the RIF committee... I sincerely hope that we can come through these difficult times with the maximum solidarity and the minimum pain and suffering."

— Information Circular No. 65
LETTERS

(Unless stated to the contrary by correspondents, letters received are routinely considered, and edited, for publication to encourage an exchange of views among colleagues. — Editor)

WITCH HUNT

Re: Opposing Views (News No. 21, Spring 1995)

Evidently, there are “pros” and “cons” to hiring retired staff, and we are all rightly upset about the occasional horror story. However, there should be only a few criteria for the recruitment of any staff: experience, qualifications and ability. The rejection of someone experienced over 60 in favour of an inexperienced, younger person amounts to age discrimination, a practice the country I know best would not support if it came to a vote.

Having just turned 61, I have been re-employed by WHO as an extra-budgetary STP for a few short periods. I work on projects I know better than anyone else, and it is I who does most of the external fund raising. I am not blocking anybody’s career opportunity and I resent the Staff Committee’s disapproval of WHO making use of the services of people like me.

This witch hunt must stop.

—Rudi Scoof,
(formerly Environmental Health)
Geneva, Switzerland

(In lamenting “ageism,” a journalist in The European wrote, “The only consolation is that contrary to other “isms,” such as anti-Semitism, or racism, or sexism, “ageism” is not restricted to a minority…. Everybody will, sooner or later, be old.” — Editor)

A HOUSE IN FRANCE

I am in a unique position of having access to a beautiful plot of land in France, near Ferney-Voltaire, bordering a stream, that could raise about five individual houses on one level, about 100 square metres of living area. In fact, I have my plans, the costing and description and a lot of information.

My project is to create a habitat for compatible retired officials who would live in complete privacy, but in the same area, having company and assistance when wanted or needed, especially easy access to all kinds of household and other services at home.

The land belongs to a friend of mine who will keep it off the market to give my project a chance to bear fruit. We are very socially minded, and wish to create a living method for middle aged person that will provide comfort, security and solidarity within our budgets.

—Amrita Seth-Mani
ILO (799 7628)
(Versonnex, France, 059-50-41 10 25)

EXEMPTIONS

I have been a pensioner since 1968. At 86 I still expect to survive a few more years but I am beginning to wonder how, on my U.N. pension supplemented by income from my life savings.

I only had 14 years’ pensionable service in UNHCR (this followed five years with the International Refugee Organization which had no pension scheme) and when I retired I was at P-2 step 9. But in those days the prospects were not too bad with the U.S. dollar worth 4.32 Swiss francs. I do not have any AVS, and I am too “rich” to qualify for any income support.

I have just received the latest pension advice slip from New York which confirms that my monthly benefit (dual track) is still 2,337.51 CHF. Income from my own savings supplements this by about 2,000 francs, but income tax takes more than 1,000 francs. Could not rich Switzerland like other countries exempt U.N. pensions from taxable income?

—Margaret Mangan
Geneva, Switzerland

(Excerpted from AAFII/AFICS Bulletin No. 3, 1995)
**GERMAN PROMISES**

*Re: Stand-off: WTO and La Suisse (News, n° 21, Spring 1995)*

I have followed with great interest the discussion of the question of tax exemption of U.N. pensions. I do not know what promises Germany made in the discussion of the location of the World Trade Organization and I do not know what was conceded to the U.N. organization that finally was located in Bonn. It would be interesting to find out.

I enjoy receiving the News, it gives me a chance to keep in touch with WHO and to read about some subjects of interest to former staff members.

—Hans Bahnemann, M.D.
Rees, Germany

**OTHER RANKINGS**

*Re: Geneva’s Quality of Life Best (News, No. 21, Spring 1995)*

We are particularly interested in what positions Manila and New Delhi have in the report by the Corporate Resources Group (of the quality of life in 118 cities studied).

—Mohamed Farid
Personnel Officer, WPRO

(We have been informed that Manila occupies the 82nd position and New Delhi the 101st. — Editor)

**SEARO FORMER STAFF**

Re the possibility of forming an association of WHO retirees in the South East Asia Region, I am now planning to initiate action. This is, in fact, in line with the pattern of functioning of WHO and its staff organisations. I hope to ensure active participation of former staff in the promotion and defence of their interests.

—R.L. Rai
(formerly SEARO)
New Delhi, India

**APPRECIATES ASSOCIATION**

I enclose my cheque for SF 250 (for life membership) and would also like to thank you and other members of the committee for all your hard work in helping to keep WHO retirees in touch.

—Patricia Hearn
London, UK

Thank you very much for continuing to send me the quarterly News, the List of Members and other material which I greatly appreciate. You are doing a great service. It’s very nice to be in touch and to know you are there, with our interests at heart.

—Iris Sharaf
(formerly EMRO),
Alexandria, Egypt

**HOMMAGE: NOWSHIR JUNGALWALLA**

Nowshir Jungalwalla joined WHO in 1950 as regional adviser in venereal diseases, SEARO, on deputation from the Directorate General of Health Services, India. Earlier he had been a colonel in the Indian Army Medical Services receiving the Order of the British Empire (OBE) for his work during the war years.

In 1952 he was appointed as the first WHO Representative to Indonesia. He returned home three years later as Assistant Director-General of Health Services. In 1967 he rejoined WHO, serving at headquarters until 1972 and then as WR in India until 1974 when he reached age 62.

During his distinguished career, he was also Director, All-India Institute of Hygiene and Public Health, Calcutta (1957-60); Deputy D-G of Health, New Delhi (1960-67). He served as a consultant to UNESCO, first in Kathmandu, Nepal and then in Paris (1974-75); as Hon. Treasurer, national Board of Examinations, India (1975-1980).

He was twice nominated “Man of the Year” by the American Biographical Institute; he was a founder, in 1964, of the National Institute of Health Education, which he regarded as his greatest achieve—
IN THE PRESS

U.N. AIDS AIDS

Sally Shelton, U.S. Ambassador to the U.N. in Geneva, has been elected to a three-year term as chairwoman of the board of the newly-established U.N. Programme against AIDS (UNAIDS). The South African Minister of Health, Dlamini Zuma, was elected Vice-Chairwoman.

The budget of UNAIDS is expected to be US$140 million, to which — according to Mrs Shelton — the United States will contribute between $20 and $25 million.

The U.N. created this new programme at the end of 1994 to consolidate all the activities against AIDS by the different agencies, which have found themselves competing for funds, sometimes giving contradictory advice to countries, and often duplicating their efforts.

UNAIDS is meant to “rationalise all the efforts made and avoid this kind of fragmentation,” according to Dr Peter Piot, Executive Director of the new body, who was appointed in December 1994.

The six agencies which will henceforth unite their efforts against AIDS through the UNAIDS are — besides WHO and UNICEF — UNDP, UNESCO, UNFPA and the World Bank. Based in Geneva, UNAIDS officially starts work on 1 January 1996. It will employ about 180 staff, 100 in Geneva and the rest in countries where U.N. support is essential.

Twenty-two countries are represented on the council of the new programme. Representatives of five NGOs also take part in its sessions, but without voting rights.

(Courtesy of the United Nations)

“C” AGAINST CARDIAC ILLS

A diet that is sufficiently rich in vitamin C cuts by half the risk of heart disease in elderly persons, according to a study published in June by the British Medical Journal. Research workers at Southampton Hospital have discovered that a lack of vitamin C increases the risk of cardiac ailments just as much as an excessively high blood pressure, another well-known risk factor, does.

Doctors studied the dietary habits of a group of about 1,000 persons between ages 65 and 96, who carefully recorded everything that they ate and drank in the 1970s.

Twenty years later, the researchers examined the medical history of the study population and established the causes of death of those who had died. They discovered that deaths from a heart attack were twice as high among individuals whose diet was lacking in vitamin C.

However, another study, carried out in Cambridge, showed that vitamin C pills do not best respond to daily needs; the researchers recommended a diet rich in fruit and vegetables.

(Excerpted from Agence France-Presse, 14 June 1995)

NEW OLYMPIC RECORD: AGE 80

The International Olympic Committee, performing a gold medal back-flip, has voted to hand IOC President Juan Antonio Samaranch the chance for a fourth term in office.

At a meeting in June held in Budapest, the
Spaniard’s closest allies whipped up support for an age limit of 80 that could keep him in power until 2001. Under the old rules, the 74-year-old president would have had to retire in 1997 at the end of his current term.

But Samaranch said he would make no decision on whether to run again until after next year’s Atlanta Games.

—Reuters

(Excerpted from Int’l. Herald Tribune, 19 June 1995)

"The banks liked him, but that was about it."

Baltimore Benefits from WHO

WHO will advise the U.S. state of Maryland on ways of tackling health problems in some of its poorest areas, notably inner-city Baltimore.

The Maryland deal was negotiated with the WHO’s division of intensified co-operation (ICO), which works with some of the world’s poorest countries. So far the ICO, three-quarters of whose $8 million a year budget comes from voluntary funding by donors, has programmes in 26 nations including Bangladesh, Cambodia, Guatemala, Haiti, Nepal, Sierra Leone and Yemen.

Dr John Martin, ICO’s deputy director, points out that the U.S., the biggest contributor to the WHO’s budget, makes very little use of its services, even compared with other developed countries. Canada, Britain and Germany all have similar co-operation programmes already. The Maryland accord comes at a time when the WHO is suffering stringent budget cuts due mainly to Washington’s refusal to pay more.

Maryland officials were nervous as they prepared to sign the co-operation agreement. Last time something like this was tried in Baltimore, the headlines in the next day’s newspaper read: “Baltimore to Try Third World Remedies”. But Baltimore officials are not shy about admitting that they can learn from the experience of Third World Countries.

“We have a huge infant mortality rate. We have a big problem with immunisation. We have housing problems, we have literacy problems and general health problems,” said an aide to Mayor Kurt Schmoke. U.S. immunisation rates are lower than those achieved in many developing countries.

—George Graham, Frances Williams

(Excerpted from the Financial Times, 16 August ’95)

Joint Disease

Osteoarthritis or degenerative joint disease affects an estimated 15.8 millions Americans. Rarely found in people under 45, it is caused by the erosion of cartilage, the spongy tissue at the tips of bones. “As cartilage wears away, bone begins to rub on bone,” explains Joseph Markenson, M.D., a rheumatologist at the Hospital for Special Surgery in New York City. “Joint deformity, stiffness and pain usually result.” Those at higher risk for osteoarthritis include people who have previously injured or ovrsed specific joints, or who have a family history of osteoarthritis.

(Excerpted from Modern Maturity, the bi-monthly magazine of AARP, Sep.-Oct ’95)

Quotable

“Dare I say that English is the language that is easiest to speak badly, which is one reason for its success. French is too difficult — one always feels one is making a mistake.”

—Maurice Druon, Monsieur le Perpétuel, Académie Française

(Acc. from the Int’l Herald Tribune, 15-16 July 1995.)

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The opinions in the News are those of the authors, not necessarily of AFSM.
# IN MEMORIAM

## 1994

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<td>21 June</td>
<td>GURDEV, Singh</td>
<td>9 Oct</td>
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<td>1 April</td>
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<td>24 June</td>
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<td>15 June</td>
<td>HEUSSER, Rios M.</td>
<td>2 Oct</td>
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<td>9 July</td>
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<td>9 Sept</td>
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<td>11 March</td>
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<td>26 Aug</td>
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<td>26 July</td>
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<td>27 Nov</td>
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<td>18 Sept</td>
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<td>29 Nov</td>
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<td>14 Aug</td>
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<td>27 June</td>
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<td>23 Oct</td>
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(Information provided by AAFI/AFICS which is notified twice a year by the U.N. Pension Fund.

Les informations sont obtenues par l'intermédiaire de l'AAFI/AFICS qui les reçoit elle-même deux fois par an de la Caisse des Pensions de l'ONU.)
L'OMS ET LE SYSTEME DES NATIONS UNIES

Dr Leo A. Kaprio
ancien Directeur régional, EURO

Le 26 juin 1995 l'ONU a fêté son 50e anniversaire. Lorsque l'Organisation a été créée à San Francisco, certains de nous, anciens fonctionnaires de l'OMS, étaient jeunes adolescents, d'autres étaient déjà adultes, et d'autres, comme moi, avaient exercé la médecine pendant la guerre. En effet, presque tous les chefs de file de la première génération de l'OMS, dont le premier Directeur général a été le Dr Brock Chisholm (Canada), avaient occupé des postes à responsabilités dans leurs armées respectives durant la Seconde Guerre mondiale, dans les services médicaux ou d'épidémiologie. Certains, comme M. Andrija Stampar (Yougoslavie), avaient été prisonniers de guerre.

Pour nous, la jeune génération de l'après-guerre, instaurer la paix universelle apparaissait indispensable. Travailler à l'OMS nous a permis de comprendre combien l'existence de l'ONU était importante et aussi, qu'en qualité de professionnels de la santé, nous avions un rôle à jouer dans le maintien de la paix.

Toutefois, en tant que membres du personnel de l'OMS, nos activités quotidiennes nous ont conduits à avoir, au sein du système des Nations Unies, des rapports professionnels tout aussi nombreux que variés. Dans la pratique, dire ce que l'on entend par "Nations Unies" n'est pas simple. Depuis 1945, la bureaucratie onusienne s'est multipliée, à tel point que l'on compte aujourd'hui une centaine d'entités autonomes engagées dans presque tous les aspects de l'activité de l'homme.

Personne ne se fait la même idée de ce que l'on entend par "Nations Unies". Une définition exhaustive comprendrait le Conseil de Sécurité, l'Assemblée générale, tous les organismes qui sont officiellement contrôlés par l'Assemblée générale ou le Conseil économique et social (dont la plupart, comme le PNUD et l'UNICEF, ont leur siège à New York) les agences spécialisées, comme OMS et les institutions financières internationales, à savoir le Fonds monétaire international et la Banque mondiale.

Depuis bientôt cinquante ans (depuis la création de la Commission intermédiaire en 1946), l'OMS s'attache à remplir le rôle que lui confère sa Constitution, celui d'autorité directrice et coordinatrice dans le domaine de la santé, ce qui l'a amené à la fois à collaborer et à rivaliser avec d'autres institutions onusiennes au sujet de l'affectation des ressources disponibles. Grâce à un important budget ordinaire, directement versé par les Etats Membres, l'OMS jouit d'une grande indépendance.

A ce stade, j'aimerais brièvement expliquer comment le personnel de l'OMS qui travaille, a bénéficié de la collaboration et de la coopération des fonctionnaires et des experts du système des Nations Unies. (au Siège, dans les bureaux régionaux, et sur le terrain dans les bureaux régionaux, et sur le terrain dans les pays Membres, -- dans le tiers monde surtout).

D'une organisation verticale à une organisation horizontale

Les programmes OMS concernant les services de santé, les aspects
médicaux et l'épidémiologie étaient relativement indépendants des autres activités de développement de l'ONU. Cela était vrai tant qu'ils étaient verticaux et axés sur la lutte contre les maladies et l'élimination définitive de ces dernières. Lorsque l'objectif de la "santé pour tous" s'est fait jour, les activités de l'OMS sont devenues plus horizontales, dépendant davantage de la coopération au niveau des pays avec les autres organismes des Nations Unies, en particulier avec l'UNICEF et le PNUD. Les représentants résidents de l'ONU sont alors devenus de proches collaborateurs.

Déjà, avant l'époque où le Dr Mahler était Directeur général, le Dr Candau accordait une importance toute particulière à la réussite des campagnes et programmes verticaux. Il déclara, en substance, que l'OMS ne doit pas travailler dans le vide. On ne pouvait mener à bien des programmes tels que l'éradication du paludisme sans un développement équilibré. Puis, la stratégie de la santé pour tous fit de l'OMS un instrument de la politique de développement mondial. Le Dr Mahler parla alors de révolution sociale.

D'un point de vue purement technique, l'OMS est l'autorité directrice et coordinatrice en matière de santé dans le monde. Elle joue également un rôle de conseiller auprès des autres institutions de l'ONU. Ainsi, l'OMS a abordé des sujets tels que la lutte contre les stupéfiants, les guerres bactériologique et biologique, ou encore le risque de guerre nucléaire, pour fournir des renseignements et aider l'ONU à prendre des décisions à ce sujet.

Le Dr Nakajima, actuel Directeur général et le personnel du Siège ont un rôle clé à jouer car la coordination avec le système des Nations Unies garantit que les facteurs liés à la santé sont pris en compte à l'échelon des politiques au sens large et, lorsque les organisations élaborent leur programme et leurs politiques. Cette coordination a servi l'effort général du système des Nations Unies en diffusant la compétence et les connaissances de l'OMS par le biais des travaux réalisés par, entre autres, le CAC, le Conseil économique et social, l'Assemblée générale et leurs organes subsidiaires.

Du fait de la complexité de la question, mais aussi pour être capables d'aider le Directeur général -- lors des réunions du CAC ou de l'ECOSOC par exemple -- nombreux sont les fonctionnaires du Siège qui doivent lire, régulièrement parfois, une quantité impressionnante de documents.

Il y a quelque temps, j'ai remarqué avec intérêt que, dans son rapport, la Conférence internationale sur la population et le développement reconnaît qu'elle s'inspire et se fonde sur d'importantes activités internationales récentes et que ses recommandations (ci-après le compte rendu de la Conférence) devraient appuyer, être compatibles avec, et se fonder sur les accords conclus lors de :

(a) la Conférence mondiale chargée d'examiner et d'évaluer les résultats de la Décennie des Nations Unies pour la femme : égalité, développement et paix (Nairobi, 1985);
(b) le Sommet mondial pour l'enfance (New York, 1990);
(c) la Conférence des Nations Unies sur l'environnement et le développement (Rio de Janeiro, 1992);
(d) la Conférence internationale sur la nutrition (Rome, 1992);
(e) la Conférence mondiale sur les droits de l'homme (Vienne, 1993);
(f) l'Année internationale des populations autochtones (1993), qui devrait déboucher sur la Décennie internationale des populations autochtones;
(g) la Conférence mondiale sur le développement durable des petits États insulaires en développement (Barbade, 1994); 
(h) et l'Année internationale de la famille (1994).

Bien sûr, il s'agit là de bons exemples de coopération sur le plan théorique mais, en qualité d'anciens fonctionnaires du Siège, nous savons tous à quel point il a fallu travailler pour que les documents OMS nécessaires à ces conférences soient prêts et que l'Organisation puisse apporter ses commentaires aux documents de l'ONU s'y rattachant.

Ces conférences comptent parmi les succès de l'ONU mais, parfois, elles sont taxées d'utopiques et les États Membres ont du mal à s'y conformer. Toutefois, dans des domaines tels que la population, l'environnement ou encore les droits de l'homme, une politique onusienne est progressivement en train de se former, et elle commencera doucement à se faire sentir, bénéficiant aux générations futures. Malheureusement, peu de ressources disponibles à l'échelon international sont affectées au soutien de ces recommandations et résolutions. Il s'agit là d'une autre faiblesse de l'ONU.


Des problèmes

Etant donné que la qualité de membre de l'OMS est accessible à tous les États, des États ne faisant pas partie de l'ONU peuvent adhérer à l'Organisation. Le cas de la Suisse n'a pas fait problème, mais, peu après la création de l'OMS, la Chine communiste, puis la République démocratique allemande ont suscité des oppositions politiques au sein de l'Assemblée de la Santé. De même, pendant des dizaines d'années, l'Assemblée a été le théâtre des prises de bec des diplomates au sujet du problème des territoires occupés par Israël. Le Directeur général et les membres du personnel ont donc dû s'informer très largement de tous les aspects politiques de la question afin d'être capables de défendre l'intégrité de l'OMS.

La coopération avec l'ONU (New York) et avec d'autres organismes comporte beaucoup plus d'aspects positifs. Le personnel du Siège de l'OMS a établi d'excellentes relations avec l'UNICEF, notre organisation soeur en ce qui concerne la santé des enfants. Il faudrait écrire tout un livre pour traiter de la question, mais notons tout de même que le Comité mixte UNICEF/OMS des Directives sanitaires a joué un rôle capital dans l'élaboration d'une politique internationale cohérente en la matière. Par la suite, cette politique a bénéficié du soutien du PNUD et, plus récemment, de celui de la Banque mondiale. Le FNUAP et le PNUE ont tous deux apporté leur contribution aux questions relatives à la population et à l'hygiène du milieu.

La Conférence d'Alma-Ata qui s'est tenue en 1978 sur les soins de santé primaires fait date dans collaboration UNICEF/OMS. Parmi les programmes
actuels de l'OMS sur les soins de santé primaires, beaucoup ont l'appui de l'UNICEF et, leur exécution requiert une étroite collaboration à l'échelon des pays et des Régions. Toutefois, le projet date de l'époque où M. Mahler était Directeur général.

Sur le plan financier, le PNUD joue un rôle essentiel pour toutes les institutions spécialisées de l'ONU et, le personnel de l'OMS a réussi à obtenir son aide pour les programmes multirégionaux et mondiaux revêtant une importance sanitaire/sociale/économique bien déterminée. Le PNUD a succédé au système d'assistance technique des Nations Unies. En 1950, même l'Autriche et la Finlande -- aujourd'hui des pays riches -- ont bénéficié de l'ATNU. Les programmes d'action concertée de l'ONU en matière de développement communautaire en Birmanie, en Inde, en Indonésie et au Pakistan par exemple, ont eux aussi été remplacés par le PNUD.

Depuis lors, le PNUD a financé des programmes, ce qui sur le plan régional ou national a permis aux organismes reliés à l'ONU de justifier, face aux responsables nationaux, d'importants apports de l'ONU à leurs projets. Le PNUD a également apporté son appui à des projets financier interpays ou mondiaux très spécifiques, comme le programme de promotion de la sécurité chimique, le programme de recherche concernant les maladies tropicales ou encore le programme de lutte contre l'onchocercose en Afrique de l'Ouest. La Banque mondiale apporte également son aide.

L'OMS a participé à d'importants projets en matière d'environnement, elle a agi en tant qu'agent d'exécution du PNUD et a préparé des études de faisabilité pour obtenir le financement de la Banque mondiale. Récemment, la Banque mondiale a élaboré une politique d'action sanitaire avec le concours de l'OMS et a publié un rapport, dans le cadre d'une série annuelle, ayant pour thème la santé et le développement.

Il convient d'évoquer la coopération administrative de l'OMS avec l'ONU en ce qui concerne le barème des traitements, le régime des pensions, etc. Bien que les institutions spécialisées soient indépendantes, il apparaît indispensable d'avoir une unité en ce qui concerne des questions si importantes, car la protection du personnel en dépend. A cet égard, on n'oubliera pas que l'OIT est une commission de recours.

Le système des Nations Unies et le personnel de l'OMS à l'échelon des régions et des pays

S'agissant du programme ordinaire de l'OMS, il n'est pas aisé de dissocier le rôle des six bureaux régionaux des activités de pays, car ils sont étroitement liés par le biais des représentants dans les pays. Au Bureau régional de l'Europe, le personnel traite directement avec le réseau national d'institutions ou de centres de services, lequel sont essentiellement gouvernementaux.

En revanche, la coopération des bureaux régionaux avec le système des Nations Unies est beaucoup plus complexe. Toutes les institutions de l'ONU ont un centre à la tête duquel se trouve un Directeur général, ou l'équivalent, et emploient du personnel. La plupart mènent d'importantes activités à l'échelon des pays et, souvent, des programmes de développement financés par le PNUD. Toutefois, le "centre" et le gouvernement des États membres ont des solutions administratives régionales très différentes.
L'ONU a institué des commissions économiques pour ses groupes géographiques qui, bien que proches des Régions de l'OMS, ne les recoupent pas exactement. Ils sont très compétents en matière de planification économique et, par conséquent, de statistique. Dans les pays, le personnel local et régional de l'OMS doit déterminer au cas par cas, l'intérêt commun qu'il a avec les organismes de coopération régionales de l'ONU (aucun des bureaux régionaux de l'OMS ne se trouve au même endroit que les commissions économiques de l'ONU).


L'UNICEF a aussi des bureaux régionaux, mais, là encore, les régions ne correspondent pas à celles de l'OMS. Lorsque j'étais Directeur régional à Copenhague, j'ai dû m'adresser au Directeur de l'UNICEF chargé de la région comprenant Amman (Jordanie) au sujet d'un programme mixte en Turquie ou me rendre à Ankara pour effectuer une visite conjointe.

La délégation des pouvoirs présente elle aussi de très nombreuses différences : l'organisation de la FAO est très centralisée, de même que celle de l'UNESCO. Ces deux institutions ont créé des organismes de recherche indépendants, qui sont comparables au Centre international de Recherche sur le Cancer de l'OMS (Lyon).

La plupart des anciens qui ont travaillé dans les bureaux régionaux de l'OMS, savent qu'il fallait généralement organiser la coopération à l'échelon des pays ou via le Siège par l'intermédiaire de New York, Rome, Paris... malgré les complications et la perte de temps qui en résultaient.

Les bureaux régionaux de l'OMS et leur personnel n'étaient pas vraiment populaires auprès des autres institutions, qui avaient l'habitude de prendre les décisions et d'élaborer les projets à l'échelon central. Dans les États Membres, notre personnel régional et de pays, qu'il y ait ou non des représentants de l'OMS, dépendait très largement des représentants résidents de l'ONU.

La nature humaine ayant ses faiblesses, il y a inévitablement eu des disputes inutiles entre les représentants résidents de l'ONU et les fonctionnaires de l'OMS. Mais, lorsque je me suis rendu en Afrique et en Amérique latine à l'époque où j'étais Directeur au Siège puis, durant mon mandat de Directeur régional pour l'Europe, j'ai eu de très bons rapports avec les représentants et le personnel de l'ONU. Beaucoup d'entre eux comptent encore parmi mes amis.

Beaucoup de représentants résidents de l'ONU étaient capables d'élaborer une programmation par pays, un plan intersectoriel pour traiter avec les personnes chargées des questions financières et de la planification au sein du gouvernement. En même temps, ils arrivaient à élargir les programmes de budget ordinaire de l'OMS et de l'UNICEF en les coordonnant avec les activités financées par le PNUD. Parfois, du fait de son statut d'organisation bénévole, le cas de l'UNICEF était plus compliqué que celui de l'OMS.

Grâce au soutien des bureaux régionaux et à une collaboration réussie avec les représentants résidents de l'ONU, les représentants de l'OMS ont su amener, au niveau local, le PNUD, le PNUAP et le PNUE a fournis les fonds dont les gouvernements avaient besoin pour leurs projets environnementaux et
sanitaires. Il y a eu beaucoup de gaspillage, beaucoup d'erreurs, mais, les guerres, les révolutions, les famines ... en sont en grande partie responsables. A ces occasions, le personnel de terrain de l'OMS a été amené à travailler directement avec la Croix-Rouge, les organismes s'occupant des réfugiés et l'aide humanitaire (l'ancien Congo belge, la Bosnie, ou encore l'ex-Yougoslavie sont à cet égard de très bons exemples), leur personnel ou leurs conseillers dans des domaines comme les soins de santé, l'épidémiologie, la vaccination, la nutrition, ou encore la salubrité de l'eau.

Beaucoup de fonctionnaires de l'OMS se souviennent de catastrophes, mais aussi des succès qui ont concouru à l'amélioration constante de la situation sanitaire. Bénéficiant de la présence de l'ONU et appartenir au système des Nations Unies a apporté une certaine sécurité.

Les plus grands succès de l'OMS -- l'élimination de la variole par exemple -- et, à mon avis, l'institution des bourses d'études, ont été relativement indépendants du soutien direct de l'ONU. Mais, là encore, l'OMS a apporté sa contribution à l'idéologie onusienne. Toutefois, une bonne partie du travail effectué à l'échelon des pays a été exécutée en collaboration avec l'UNICEF et le PNUD.

Ainsi, il n'y a pas eu autant de progrès que nous l'espérions quand l'Organisation a fait ses premiers pas, mais assez pour justifier l'œuvre initiale de l'ONU. En tout état de cause, nous avons au moins été aux quatre coins du monde.

Conclusion

Les anciens de l'OMS qui repensent au travail qu'ils ont effectué durant ces quelque 50 dernières années ont toujours su qu'ils travaillaient pour l'ONU ou étaient un élément de cette famille tout aussi gigantesque que complexe qu'est le système des Nations Unies. Peut-être ont-ils constaté avec tristesse que, pour les besoins du développement et de la paix, le monde ne disposait pas de réglementation internationale plus efficace. Ils ont aussi connu beaucoup des aspects négatifs de la conjoncture sociale mondiale. En revanche ils n'ignorent pas que l'efficacité des Nations Unies dépend des États Membres. Ils ne savent que trop bien que, dans beaucoup trop d'États, les services de santé ont une action limitée du fait de leurs déficiences et de leur inefficacité.

Mais, je suis sûr qu'ils sont fiers d'avoir contribué à faire progresser le monde vers la santé pour tous. Et, je sais que cela n'a été possible que dans le cadre des Nations Unies et dans l'esprit de sa Charte.