A nomination and selection process for new leadership of WHO will commence in approximately two months' time (July-August). Under new procedures, the 32 members of the Executive Board and all 191 Member States will be invited to nominate candidates. Next January the Executive Board will nominate a new Director-General who will be considered by the 51st World Health Assembly for appointment to a term beginning 21 July 1998.

The specific criteria for candidates to be considered by the Executive Board for the post of Director-General are set out in Executive Board resolution EB97.R10, supplemented by World Health Assembly resolution WHO49.7. In addition, I believe that the next Director-General should be committed to the renewed Health-for-All strategy and to the achievement of its goals, particularly universal access to primary health care based on equity and social justice.

I further believe that this person should be widely experienced in, and sympathetic to, the many and varied health cultures and value systems in the world, and should be able to incorporate them harmoniously into every WHO programme and activity. The next Director-General must also be committed to WHO’s reform as a continuous process in the light of a changing world political, economic and social situation.

I have been fortunate in that, throughout the two terms of office which I have served as Director-General, many people have steadfastly supported my efforts to make WHO more effective and responsive to the changing needs of the governments and the peoples of all its Member States. Many of the things I set out to accomplish have been, or are being, realized, especially in our main mission of fighting against diseases and for the well-being of people, but also in preparing renewed Health-for-All policies for the next century and in the first thorough reform of WHO in its fifty-year history.

WHO deserves a smooth leadership transition, which will continue the on-going reform at all levels without disruption or discontinuity. I have decided not to stand in the way of a new generation which seeks to lead WHO and have taken the decision not to seek another term with only the best interests of WHO and its Member States in mind. More than one year remains of my last term, a crucial year for WHO and its Member States in preparing for a 21st century, which will put people and their health at the centre of global development.

—Hiroshi Nakajima, M.D., Ph.D.
Director-General

(Excerpted from his statement to the Executive Board & World Health Assembly, A50/DIV/4, 1997)
In this issue:

World Health Assembly: ..........2, 6, 9
Features:
  Health Corner: T. Strasser ..........3
  "I Went to Sarajevo": Jery Kilker ..........4
News & Views:
  Sunny Discounts ..................5

Lifestyles: .........................6
In the House:
  A Singular Impression ..............6
Letters:
  In Defence of WHO .................7
  SBS Offers Help ....................7
In The Press: 2 Women Among 7 Candidates ..........9

Quarterly News of the Association of Former WHO Staff
Health Corner

Living With Cancer

I am an early riser, and during that blessed hour between 5 and 6 a.m. I often pick up the latest copy of my preferred journal, the Scientific American, to do some quiet reading. A few months ago I stumbled on an article that impressed me by its humaneness and importance for everyday life. I cannot refrain from rehashing it to you, instead of taking up, as I did so often, one of the health-talks over a cup of coffee with my friend Albert. (We'll talk about it next time.)

The title of that article in the September 1996 issue of the Scientific American was: "Living with Cancer." It reminded me of the psychological difficulties I myself had as a young doctor and my embarrassment when having to tell occasionally to patients: "Yes, we have the diagnosis, it's kind of a malignant disease, let's call it cancer, but don't get upset, we'll do all we can, & cet." As a matter of fact, more often than not, this talk took place with a family member, spouse or child, than with the patient himself. Cancer was carrying some stigma, as if it had something to be ashamed of.

Well, this was so some fifty years ago. Things have changed. First of all, a considerable number of cancers can be cured nowadays. Second, in cases for which there is no definite cure, the disease can be managed in a quite satisfactory way to preserve what is called the "quality of life". Life expectation with the same disease may be considerably longer now than in the past. Psychological distress, usually — I should say, "normally" — unavoidable, can be much alleviated.

Let me quote, in the adjoining box, some of the "Guidelines for Coping with Cancer" by Jimmie C. Holland, chief of the psychiatry service at the Sloan-Kettering Cancer Center in New York, author of the article I am talking about. She emphasizes the psychological aspects of cancer. (Well, that's her field!)

The paper stresses repeatedly the importance of supportive relationships. "The family is usually the most important source of psychological support for a cancer patient." (Of course, that presupposes that you do have a family.) "Having a physician who is knowledgeable, accessible and compassionate is also invaluable", says Holland. She concludes: "The days in which cancer patients had to suffer alone and in silence are over".

Let me add a few words why I selected this topic for the newsletter. At our age — I mean, the age of retirement — cancer is common. A number of readers may be concerned about these problems, either personally, or because of a family member. So why not talk about cancer?

My immediate reason for drafting this feature tonight is the following anecdote. I met this morning a dear-old friend of mine, who had a small skin cancer operated a few weeks ago. Of course, she knows that this particular type of cancer is perfectly curable; yet she felt the need to share some of her worries. I had the feeling that our short talk, just standing in this beautiful April sunshine, did serve as a relief. So, let's talk about it....and all the best.

Guidelines for Coping

- Do not believe the old adage "cancer equals death". Today many cancers are curable; others can be controlled for long periods, during which new treatments may become available.
- Do not believe that you caused your cancer. There is no evidence linking specific personalities, emotional states or painful life events to the development of cancer.*
- Do rely on strategies that helped you solve problems in the past, such as gathering information, talking to others....
- Do not be embarrassed to seek counsel from a mental health professional. It is a sign of strength, not weakness....
- Do find a doctor of whom you can ask questions and with whom you feel mutual respect and trust. Insist on being a partner with him or her in your treatment....
- Do not keep your worries a secret from the person closest to you. Ask this person to accompany you to visits to the doctor when treatments are to be discussed.

(Personal note. If you are a smoker who contracted cancer, it's the fault of society that encouraged or permitted you to smoke; but if you are a healthy smoker, stop now. It's never too late.)

—Tom Strasser, M.D.
(formerly CVD)
I flew to Sarajevo to spend some ten days over Christmas 1996 with my wife, Inge, then on the staff of the Mission in Bosnia and Herzegovina (UNMIBH). As December was her last month with the United Nations, I wanted to be with her in this unusual place.

Travel arrangements were surprisingly simple. A telephone call to the Bosnian mission confirmed that visas for Americans were not necessary. Passage was more problematical. Crossair cancelled all its flights that I had been booked on so I flew Croatia Airlines, a first for me.

The shooting had ended, and a fragile peace was beginning, but the evidence of war remained. Shattered buildings, like upturned broken egg shells, were everywhere. As we started our descent, the first intact structure we saw was the highway interchange passing through notorious “Sniper Alley”.

Our taxi sped past towering smokestacks, enormous satellite antennas, the U.N. headquarters, and clusters of 25-story apartment towers. The front line had been just behind single-family homes, where mortars lobbed shells into the valley, killing civilians.

A police sirens wailed and blue lights flashed. A police car approached followed by four armoured personnel carriers. A soldier, standing in the hatchway, held up his arm, stopping vehicles. This was my introduction to stability in Bosnia — armed might, protecting a fragile civilian authority.

The Sarajevo sidewalks are graphic reminders of why the valley floor is named “Sniper Alley.” Each spot hit by a bullet, and where a person died, has been memorialized with a large, red splotch of paint. Most people ride the recently-restored tram service, but a curious person, like myself, prefers walking to see small details: posters, building inscriptions, people’s faces.

A Christmas concert in the cathedral sharply contrasted with the destruction about us. The sanctuary was filled; an orchestra entered from the sides; a children’s chorus from the rear. The conductor raised his baton briskly and the glockenspiel sounded the first few bars of a Christmas medley.

After the concert we walked into the old market quarter, then stopped for coffee at “The Imperial” cafe. Smoking is more widespread here than in Western Europe. Middle-aged women stood with trays piled high with cigarettes, like the girls in old Hollywood movies. The war has blotted out awareness of other ways of death.

Sarajevo, a Muslim city, is recovering. Its famous mosques are everywhere and are being restored. Private homes, small food shops, boutiques, news kiosks, restaurants, are being repaired. Basic public services are operating.

Leaving Sarajevo was difficult emotionally and physically. Inge had been there for nine months, long enough for many friendships to form. Flying out commercially was not possible because of weather conditions, so we left via Zagreb on a U.N. flight.

It is hard to believe that these two cities were once part of the same country. Zagreb, physically untouched by the war, is a bastion of conservative Christian Europe. Sarajevo is an ethnic mix but also the furthest extension of Islam into Europe. Are these factors part of the explanation why they fared so differently?

The next day we returned to the tranquillity of the Swiss-French border. Though my visit was short, I know from what I saw that those in Sarajevo yearn also for an enduring peace.

—Jery Kilker
(formerly Hq & LUN, New York)
Pensions

**CATCH-22**

Believe it or not, it happened.

This is the case of a colleague who joined the United Nations after 1990 and thus was entitled to work till age 62. All well and good — except for the fact that her post was abolished when she reached 60. If you think she is now on pension, think again. The Pension Fund couldn’t pay it because the age of retirement had been changed. So, no job, and for two years, no pension.

Health Insurance

**FRAUD AWARENESS**

In the prevailing atmosphere of reform it was bound to happen: the publication of a U.N. guide for auditors to “enhance” their consciousness of fraud — including attempts to defraud health insurances.

The 29-page “Fraud Awareness” is also being distributed to senior management of specialized agencies, at the request of its authors, the U.N. Panel of External Auditors,

“Unfortunately, attempted frauds, particularly with travel claims, education grant claims, staff health insurance claims, contracts, and imprest accounts,” a covering memo from WHO’s Comptroller explains, “continue to emerge from time to time within WHO.”

**SUNNY DISCOUNTS**

What is special about the recent agreement for discounts with the Sun Store Pharmacies is that it not only includes medications reimbursed by the Staff Health Insurance, but as well, according to a circular from that office, “products which are not covered by the insurance” — such as soap, tooth paste, deodorant, indeed, anything sold in their shops.

The agreement is with both WHO and the United Nations and applies to all Sun pharmacies in Switzerland, which at last count was 26. It allows a 10 percent discount on medicines, and if supplied to those in nursing and convalescent homes, 15 percent.

To benefit from the lower prices, show either a WHO health insurance card, a WHO retiree card, or a AFSM card, says Dr R. Pal, chairman of the Association, in urging colleagues to take advantage of the saving both to themselves and to their health insurance plan.

(Tell QN about your experience and we’ll tell others.
—Editor)

**CINEMA DISCOUNTS**

Getting an AVS green card that allows a discount for the cinema in Geneva is not as bothersome as some may fear. Thanks to information provided by Inge, wife of Jery Kilker, this is how to go about it:

Go to the [Federation des Syndicats Patronaux](#), which is located at 98 rue de Saint-Jean. Bring along some sort of identification and a photo, pay a one-time fee of 10 CHF, and the receptionist right in the lobby will do the rest, with a smile. It should be all over in less than 10 minutes. And to make it even easier, there is parking in the building itself, around the back.

The card, which is titled [Groupement des Cinémas Genevois](#), is issued to men over age 65 and to women over 62. Contrary to what some expect, those who live in neighbouring France are also eligible for it. If you are a movie-goer, you will save 6 CHF on a 15 CHF ticket. Your price: 9 CHF.

**EMS DISCOUNT**

If you need to mail documents abroad in a hurry, a good way to do so is through [EMS](#), a service of the Swiss post office. What makes it attractive is that the PTT at HQ gives a discount of 30 percent for WHO people, which includes former staff.

A mailing to the United States, by way of example, generally takes three working days. For the U.K. however, it is as speedy to use “priority” mail, and costs one-tenth less.
LIFESTYLES

ANYTHING BUT RETIRED

Ivan Gyarfas, formerly chief (yes, chief), CVD is now back in Budapest with his wife Margit, and running the public health component of the World Bank’s six-year, $25 million health programme for Hungary. His unit comprises three professional and two administrative staff; his budget is larger by far than anything he had managed at WHO.

A veteran of eleven years of service, he left WHO in April 1996 on account of the rules.

GOOD LUCK

...to plucky Tove Engman, on her return to her native Denmark to seek laser treatment for failing eyesight. “I cannot stay put and let it happen,” she said in a letter to the Association’s Chairman, in explanation

why, at age 88, she left Durban, South Africa, her home for half a century.

In encouragement, the chairman responding, recalled his own similar, successful treatment in Geneva.

CONGRATULATIONS

...to Sami Shubber, formerly senior legal officer, and wife Suzie, on the marriage of daughter, Zaki, to Selim Fahmy. The RSVP to the reception at the Perle du Lac in Geneva on 21 July—the longest day of the year, the summer solstice—allowed for a response by e-mail!

Surely a sign of the times.

(A blessed event, a marriage, a family achievement? Share it with us, and we’ll share it with others.

— Editor)

World Health Assembly

A SINGULAR “IMPRESSION”

Representatives of serving staff, in a circular giving “impressions” of the 50th World Health Assembly, have criticized the promotion of those who “invoke the help of governments or delegates in furthering their careers.”

The reference is to both the delegate from Zimbabwe, who spoke in sub-committees A and B (see excerpts below), and to those who a Spotlight, distributed on 29 May 1997, described as favoured, “easily identifiable individuals.”

Among cases the Staff Association cited were “the decision to promote a colleague on a personal basis to the grade (D2) of a post for which he had unsuccessfully applied—at a time when the Staff Committee has been informed that all personal promotions had been suspended,” and the appointment of a temporary consultant to a fixed-term post as director.

These appointments bring up to 41 the number of Directors at Hq., or “double the number ... recommended by the Group of Directors and Programme Managers,” the circular said. Of the total, 31 are graded D-2, and 10, D-1.

Earlier, in a letter dated 15 May, defending the independence of the international civil service, the Staff Committee had asked the D-G “to stand firm” against “political pressures.”

It asked him to “remind” Member States of Article 37 of WHO Constitution, which requires them “…to respect the exclusively international character of the D-G and the staff and not to seek to influence them.

EASILY IDENTIFIABLE

“An African staff member who had had a long, successful career in WHO, who was much respected by all staff members and who had enjoyed the support and confidence of senior management at headquarters and of the six Regional Directors, had been rejected for no apparent reason by the D-G for the post of
Director, Division of Personnel, in which he had at the time been immediately junior to the Director. The post had been given to a candidate from the United States.

"Furthermore, although the D-G had announced ... in 1996 that a Special Adviser for African Affairs had been appointed, he was actually employed on a temporary basis, with no career prospects...

At the last three WHA's (his delegation) had complained about the overt blatant racism demonstrated at the highest levels of the Administration... which appeared to persist."

—Dr Timothy Stamps
Chief Delegate, Zimbabwe
(Excerpted from document A50/A/ISR/6)
9 May 1997

HIGHLIGHTS

Some 1,200 delegates from 191 countries met for two weeks in May in the World Health Assembly under the presidency of the health minister of India, Shri Salem Iqbal Shervani. Among highlights:

- A basically no-growth budget of $842.7 million for 1998-1999 with delegates calling for a 3 percent shift from administrative costs to priority health programmes.

- The release of the “World Health Report 1997: Conquering Suffering, Enriching Humanity”, that the D-G said “concentrated on chronic conditions, including cancer, diabetes and cardiovascular diseases which cause more than 24 million deaths a year.”

— First-ever resolutions on cloning and the internet. Delegates declared that “the use of cloning for the replication of human individuals is ethically unacceptable and contrary to human integrity and morality”. And that the advertising of medical products on the internet may present a risk to individuals.

LETTES

IN DEFENCE OF WHO

(On 3 May the International Herald Tribune carried an editorial titled “Good Riddance”. On 30 May, the paper published this rebuttal from a reader identified simply as a Geneva resident.)

Your editorial attacked the outgoing director-general of WHO, saying he had brought the agency notoriety for bad management and a deterioration of its programs. However, since his tenure began in 1988:

- WHO-led programs have reduced new cases of polio by 90 percent and leprosy by 82 percent.

- These plus measles, neonatal tetanus, lymphatic filariasis, Chagas disease and river blindness are on the verge of being wiped out globally.

- In 1990, for the first time 80 percent of the world’s children were vaccinated against six major childhood diseases, and this level has been maintained or improved every year since then.

- Between 1980 and 1995, life expectancy worldwide increased by almost five years.

- It was a WHO team that extinguished the frightening outbreak of Ebola fever in Zaire in 1995. WHO developed the DOTS therapy for tuberculosis, which is beginning to roll back this recrudescent disease, shamefully neglected in the 1980s.

These and other WHO achievements are documented in the 1997 World Health Report and on the WHO Internet home page.

—Martha DeWitt
(Geneva)

BANK OFFERS HELP

(Re: “The Case of the Missing Money”, Quarterly News No 27, Autumn 1997)

(The following was sent to the WHO Comptroller on 21 April 1997, with a copy to us. —Editor)

We are pleased to inform you that a mutually satisfactory settlement has finally been reached.

Although Swiss Bank Corporation has emerged from the unfortunate occurrence without blame, we
think it is important to raise once more the question of security for WHO staff members in Regional Offices and elsewhere.

On our side, we undertake to do everything feasible to safeguard the interest of your staff, but we would also like to rely on the help of WHO, particularly in order to promote more use of the diplomatic mail (pouch) with regard to correspondence to or from our bank.

We should be very pleased to enter into discussion in order to further improve security, and should welcome any suggestion on your own part.

—M. Spettel, Director,
—R. Crestella, Branch Manager
WHO, Swiss Bank Corporation

NOT SO “SLIGHTLY”

(Re: “Life Membership,” Quarterly News No. 27, Autumn 1997)

We are told that the Executive Group decided, without warning, that from 1 January 1997, only 50 percent of annual membership payment will be credited towards life membership. We are also told that “this means that the credit accorded is slightly less.” “Slightly” is still 50 percent!

I would be grateful to know the Executive Group’s reasons for a) making the change and b) not giving a period of warning to those so recalcitrant as not to have signed on for “life” earlier.

This would also be a good occasion to tell us of the amount the AFSM has in the bank at present and of planned expenditure.

—Rosemary Bell
(Setsy-Haut, France)

(Re Finance: The financial statement, duly audited, is published yearly, and attached to the Staff Committee’s annual report.

(Re Life Membership: An adjustment of the credit given was preferred to an increase in annual dues, though the question of dues is still under consideration. Our fee of 20 CHF yearly is very low and has been unchanged since the founding of our Association in 1990. [AFICS/AAFI charges 30 CHF, and 300 CHF life membership]

Colleagues were informed of the change in life membership, which took effect in January 1997, in a general circular on fees dated 1 December 1996. (In retrospect, perhaps that should have been followed up directly with me.)

—J. Chang-Wailing,
Treasurer

WHO MEMORIES

I worked as a WHO doctor in the former Belgian Congo (1960-62) and since then have taken a close interest in WHO. Recently I have been receiving, indirectly, copies of the Quarterly News.

I read with much interest “A White Smock Under the Boubou” by Dr Daniel Flahault and L’Organisation mondiale de la Santé by Dr Yves Beigbeder. These two books complement each other and are highly important; they represent the very precious history, reminiscences and memories of WHO.

May I suggest that it should be among the responsibilities of your Association:
— to promote and maintain a record of WHO activities, and of the experiences of its former staff
— to publish each year a bibliography of books about WHO
— to sell these books at your office, where we can buy them more easily rather than having to track them down and order them from suppliers in different countries whose addresses, prices, currencies and exchange rates we do not know.

That would provide the former staff with a most useful service. How about it?

I hope you will publish this letter to have the views of former colleagues.

—Dr G.G. Lambertini
(Rome, Italy)

(These suggestions have been also passed to the Executive Group. — Editor)

INVITATION TO FITNESS

Former staff are as welcome as serving staff to take part in the programmes of WHO’s Fitness Centre that has been operating since 1992.
World Health Assembly

WANTED: SURGERY

Even by U.N. standards, the WHO is extraordinarily top-heavy with about 50 staff at head of department level and above. This number could be cut by half, according to a group of middle managers who have drafted their own WHO reform proposals.

“However, one reason there are so many high-level posts is the need to satisfy regional sensitivities. There are really seven WHO’s,” says a Geneva-based Western diplomat. It isn’t in most countries’ interests to change the system, even if they recognise the problems.

Officials point out that the WHO’s regular budget is roughly the same as that of a medium-sized hospital in a Western country. Its total resources are only a third of the World Bank’s planned spending on health this year.

“While its goals are impeccable, the WHO itself can do only so much directly to bring them about”.

—Frances Williams
(Excerpted from the Financial Times, 6 May ’97)

2 WOMEN AMONG 7 CANDIDATES

WHO ended its annual World Health Assembly with seven candidates already declared in the race for director-general next year.

Front-runners at this stage are said to be Mrs Gro Harlem Brundtland, former prime minister of Norway, and Dr Nafis Sadik of Pakistan, head of the United Nations Population Fund.

The other candidates are Sir George Alleyne of Barbados, director AMRO Dr Fernando Antezana Aranibar of Bolivia, Actg D-DG; Dr Arif Bataineh, former Jordanian health minister; Dr Uton Muchtar Rafei of Indonesia, director SEARO and Dr Ebrahim Samba of Gambia, director, AFRO,

Formal nominations open in July. The final selection will be made by the WHO’s 31-member executive board in January 1998 for approval by the Assembly in May.

Donna Shalala, U.S. health secretary, said that Washington had not taken a position on any of the candidates in a “very strong field” and was concentrating on the reforms it wants the new director-general to pursue.
At the World Health Assembly, Washington failed to push through a 5 percent budget cut for 1998-99, securing only an accord to keep the regular budget at the present $842.7 million for the next two years rather than the $846.1 million proposed.

The U.S. hopes to see its own contribution fall to 20 percent next year, because of a general review of country assessments.

—Frances Williams
(Excerpted from the Financial Times, 11 May '97)

TAIWAN REBUFFED

China scoured a diplomatic victory over Taiwan by ensuring that its request to participate as an observer in the World Health Assembly was not placed on the agenda. On 5 May, the opening day of the 50th Assembly, WHO's General Committee unanimously rejected a proposal by Senegal made in April to allow Taiwan observer status.

Following this, at the afternoon plenary session, Nicaragua declared its support for Taiwan which led to a sharp political debate. Several countries including Gambia, Grenada and Swaziland, which were in favour of placing Taiwan on the agenda, came up against the heavyweights who lined up with China, among them India, Pakistan and Argentina.

In a forceful intervention, China declared that the proposal to let Taiwan attend was "a political matter on which there could be no compromise. Taiwan is a Chinese province."

In the vote that followed, the General Committee's decision was confirmed 128 to 19, with 5 abstentions. China had the support of the leading European countries, but the United States abstained.

(Excerpted from Agence - France - Presse, 5 May 1997)

The Journal de Genève carried the following announcement paid by Taiwan, which said in part:

"Taiwan is entitled to full membership. Nevertheless, based on pragmatic considerations, and realizing the importance of taking an approach with less political implications, it is applying only for observer status."

A LESS-GENEROUS JAPAN

Foremost among the world's aid-giving countries, Japan will in future be considerably less generous towards developing countries, because its programme of budgetary austerity obliges it to make severe cuts in the amount of foreign aid.

"Official development aid cannot stand outside our efforts aimed at curbing expenditure," declared Finance Minister Hiroshi Mitsuzuka at the recent annual conference of the Asian Development Bank in Fukuoka.

Speaking later to the press, he was more specific. From now on, the total amount of aid will no longer be calculated according to the growth rate of the national economy, "but in a way aimed at giving satisfaction to the recipient countries."

Since 1991, official aid from Japan has regularly been the highest in the world. However, compared to the country's economic power, foreign aid still represents only some 0.21 percent of the gross national product, a proportion considerably less than that offered by France or the countries of Northern Europe.

—Pierre-Antoine Donnet
(Excerpted from Agence-France-Presse, 12 May '97)

MEDICINES FOR IRAQ

The first lot of medicines—intravenous solutions weighing 8.5 tonnes—has been delivered by WHO to the three governorates of northern Iraq (Kurdistan).

Distribution, which began on 29 May 1997, will cover 660 hospitals and health centres. Under the U.N. Security Council resolution "Petroleum for Food and Medicine," medicines worth US$ 28.2 million and medical material worth US$ 6.4 million will be provided the country.

"Together with the distribution of food by the World Food Programme, this should allow the health and nutritional consequences of the U.N. embargo, to which Iraq has been subjected since 1990, to be mitigated," a WHO press release (No. 44) says.

Acknowledgements: The Executive Group thanks those who have made possible this issue, especially Peter Ozorio (Editor), Rajindar Pal (Chairman), Yves Beighder, John Bland; and serving colleagues Jim Duppenthaler, the translators; also Marianne King. Layout by Humphrey Matthey, Glasgow.

The opinions of the Newsletter are those of the authors, not necessarily of AFSM.