A Modest Proposal:  

**FULL PENSIONS FOR ALL AT AGE 70**

With India cited as an example, a modest proposal has been made that colleagues who elected to take a lump sum on retirement, and thus to be satisfied with reduced pension, should be entitled to a full pension after 10 years. By that time, the U.N. Joint Staff Pension Fund would have recovered what it disbursed in the lump sums, and thus should restore full pensions to them, suggests M.L. Sharma, formerly UNICEF, New Delhi.

“I believe there are a number of sovereign states (unnamed, unfortunately), including India, which, on retirement, let their employees commute up to one-third and then restore full pension after 10 to 12 years. It would be worthwhile for staff and former staff associations to pursue this point for consideration by the United Nations,” he says in *Link*, the pensioners’ newsletter for the UNICEF Pension Group, India.

Retiring after 30 years of service, in December 1982, our colleague – in common with many others – elected to take a one-third lump sum payment, which effectively reduced his pension by a third. Through paying out just two-thirds of the full amount permitted, he reckons that the pension fund had by December 1993 recovered the $73,451 that he had received as lump sum. From that date to December 1997, according to his calculations, he has received $34,373 less than what he would have had with a full pension.

That has led the newsletter to the acid conclusion that the “one-third option is a profit-making device, for the pension fund,” and especially in times of preventive medicine (which WHO preaches) good food and housing, all of which lead to longer lives.

Despite the lament that “we become losers in cases where we had availed ourselves of the one-third option,” there is less concern on the part of our UNICEF colleague with the pros and cons of the commutation. Rather, the greater emphasis is placed, as it should be, on the proposal he modestly puts forward – that all of us who make it to our seventies should receive a full pension.

**UBS: GONE TO “L”**

UBS, which took over SBS with pledges of being more friendly, has dropped long-standing contractual arrangements, imposed new charges, and, with the exception of two money machines, shut down its offices in the main building, having gone now to “L” — the annex, that is.

According to the serving staff’s *Spotlight* (No. 13), the bank’s main office in Zurich abolished what it characterised as the “islands of privilege” of international agencies (which QN’s Wise Old Owl had long thought of, innocently, as “customer courtesy”) and introduced a monthly administrative fee. Not on all customers to be sure, just on those with less than CHF 10,000 in all accounts. Those with less will be hit for CHF 6 or, if banking is done by e-mail, CHF 2 a month. No more statements mailed to homes though.

While going to “L” may be a little trying for most serving and former staff, it is going, in all likelihood, to be somewhat hellish for visitors – guests, experts, delegates – to find. It is far from the centre. In addition, lining up in close, lightless quarters is very probably not as pleasant as in the open space of the previous environment — even to collect per diem.

In short, tellers are now no longer available routinely to help fill out payment or standing orders, or with the transfer of funds. Now a CHF 2 charge is made for withdrawals at the windows of less than CHF 5,000. And so even though “advice” desks have been established, UBS banking has, in general, become virtually do-it-yourself, through bancomat and multimate machines, and less friendly. Small wonder is it that there is a sense of nostalgia for the old ways.

At a recent meeting of representatives of the staff, UBS, and the Admin., the last named is reported as saying that “those not in agreement with the proposed changes should change banks.” The words were underlined in the staff’s *Spotlight*, as they are here.
W
hen I was married at the age of twenty-tw
two and relishing an active sex life, I assumed that this was a pleasure that
my middle-aged parents rarely, if ever, enjoyed.
Now, well past seventy, Rosalynn and I have
learned to accommodate each other's desires more
accurately and generously, and have never had a
more complete and enjoyable relationship.

Studies at Duke University confirm what we
have experienced: many men and women maintain
sexual interest and activity as they grow older,
even throughout their seventies. Masters and
Johnson's research revealed that eighty-year-old
men are perfectly capable of experiencing orgasm
and can have frequent and enjoyable erections. In
fact a healthy man who has self-confidence and
an accommodating mate can enjoy satisfying and
imaginative love play throughout life.

There is another fact that is quite sobering,

the transcendent goal for a Christian is emula-
tion of the life of Christ. A basic belief of
 Judaism is that people are defined by the
ability to make an ethical choice based on a covenant
relationship with God. Supreme ideals for Moslems are
comprehension of the Koran, growth in self-awareness,
and compatibility with the world around us. Confucius
emphasised contemplation, self-revelation, and good
living in every stage of existence, with self-discipline
and beneficence to others as common aims. He taught
that in youth we must guard against lust, in middle
age against strife (aggressive acts to reach personal
goals), and in old age avarice (clinging to what we
have, including life itself). The Japanese emphasise the
seasons of the year and tend to equate them with the
seasons of life, with each bringing its unique attractions.

Their ultimate objective is to improve one's ability,
particularly during one's later years. The slogan of
sumo wrestlers is a summation of this philosophy: "To
be great is to be equal to the task."

I think that, regardless of our culture, age, or even
personal handicaps, we can still strive for somethin
exceptional. Why not expand our sights instead
restricting our lives and accepting the lowest common
denominator of a dormant existence? Faith, either in
God or in ourselves, will permit us to take a chance
on a new path, perhaps different from the one we now
follow. It may be surprising where it leads.

— Jimmy Carter,
39th U.S. President (1977-81)
Excerpted from The Virtues of Ageing, 1998. The
Ballantine Publishing Group, New York. Price: $9.95

MOVED

The SHI offices are still on the 2nd floor but the box where you deposit health claims does not face
the main lifts (elevators) as before. It is now located by a column at the right of the lifts as you get off,
(at least where QN's Wise Old Owl last looked). The offices themselves are further down the corridor; its
displacement are part of a grander move that held serving colleagues in thrall for days in July.
“Silence, Action”

As the commands rang out, cameras rolled, catching the actor, Daniel Auteuil, strolling up to a shelf of WHO pamphlets and stuffing them in a shopping bag. Extras, some in colourful garb, ostensibly representing staff and visitors, passed by each other while making believe that they were going about the business of health.

The French star was playing the role of the multiple-murderer Jean-Claude Roman, who in real life had played a role too — that of a medical doctor in WHO. Though he was not, he managed to fool his family and friends into believing otherwise for 18 years. He maintained the deception by cluttering his car and home with printed material bearing WHO’s logo. The scene was filmed just outside the WHO library in front of the Brazilian painting, as serving colleagues, the genuine kind, watched fascinated and pleased at the unusual workday.

Planned to be released around Spring 2002, the movie is based on the book The Adversary: A True Story of Murder and Deception by Emmanuel Carrere. It is being made by Films Alain Sarde, produced by Jean-Jacques Albert, directed by Nicole Garcia, and also stars Geraldine Pailhas as the wife, and Emanuelle Devos as the mistress. Bernard Fresson was responsible for some 40 technicians plus truckloads of equipment, which journeyed from Paris for the three-day shoot.

Though a victim of unwanted publicity in 1993, when the murderer had been wrongly identified in the press as a staff member, WHO, with the blessing of the D-G, opened its doors to the film-makers this June for scenes of this bizarre story to be shot inside and outside the building — in effect, this time, welcoming publicity.

WHO’s Edifice Complex

In the beginning, WHO headquarters was, as Jean Tschumi, the Swiss architect conceived it, just two blocks, pure and simple -- an oblong shaped secretariat comprising 11 floors, with the cafeteria on the top, and a box-shaped chamber for the Executive Board. So it was in May 1966 at our official opening.

But then through the years, even as the number of fixed-term and career staff dwindle, HQ, like Topsy in Uncle Tom’s Cabin, just “grewed” in the shapes of Annexes V, X, L and M, while the cafeteria was moved to its present location, somewhere infinitely more down to earth. During the three years of this Administration, prefab offices have been built in one of the pools (causing QNi Wise Old Owl to wonder whether the architect has turned over in his grave), with more construction to come.

In parking lot P-4, just beyond the main entrance, a two-storey edifice will arise in October, cleverly planned on stilts, so as not to lose the 100 parking spaces on the ground. Annex ? In addition, the cafeteria is being extended, and its terrace too, financed by the caterer, Eurest, becoming eventually a “conservatory” — too late for use this summer but in good time for the next.

During the construction work, the Administration announced, its get-tough parking policy of “ticketing” will be suspended.

Dates to remember

The Executive Group has decided to hold AFSM’s 2nd General Meeting at 13h30 on Tuesday, 30 October. Colleagues are asked to mark this date on their calendars, and to make certain their dues are current to vote. Dues also cover costs of the QN.

And that the next annual reception will be held on Thursday, 6 December 2001, earlier than last years. More details to come.
Zbigniew Bankowski, S-G Emeritus of the Council of International Organisations of Medical Sciences, WHO, Geneva, has been awarded his country’s highest honour, the Cross of the Order of Polonia.

It was bestowed upon him, at age 76, for achievements during a 37-year long international career, first with WHO from 1963 to 1975, and thereafter until 1999 as S-G, CIOMS, which is dedicated to assuring ethical standards in research. The presentation was made on 1 March by Ambassador Krzystof Jakubowski of Poland’s U.N. Permanent Mission.

Born in Warsaw, he is a graduate of his country’s Medical Academy of Lublin. With his wife, Eda, he is now, his friends say, contending with the unscientific and ethical challenges of grand-parenting in Geneva.

William Gunn, formerly chief of WHO’s emergency relief operations, has received a doctorate Honoris Causa from the University of Palermo, Italy, the WHO Collaborating Centre on Burns and Fire Disasters, which he now directs. He was cited for “exceptional contributions to the sciences of disaster medicine and to the teaching and dissemination of humanitarian medicines.”

Among his notable achievements were the creation of the WHO Emergency Health Kit, and the compilation of the Dictionary of Disaster Medicine and International Relief, both basic to the fight against what he calls “man-conceived disasters,” which include crimes against humanity that are accountable only before an international court of justice.

The awards ceremony took place in the 14th century Rectoral Hall in November 2000. That month also, he was elected first president of the International Associations for Humanitarian Medicine, established in 1999. It is the successor to the Brock Chisholm Memorial Trust founded in 1984. Among members: D-G Emeritus, Halfdan Mahler, and two Nobel prize winners, Sir Joseph Rotblatt and Prof. Prof. L.Cavalli Sforza. (For details consult internet: http://medbc.com)

Since becoming a pensioner in 1997, Socrates Litsios, formerly senior scientist with the programme for the control of tropical disease in Geneva, took to his trusty Word 97 processor and to researching in New York and Paris, simply because, he told QN, he had been “driven more and more by the desire to understand the historical roots of modern public health.”

Last April, after 18 months of labour, he published a 250-page account, richly illustrated, of the origins and spread of contagious diseases from the times of Hippocrates to Louis Pasteur, including “others who lacked medical qualification but whose influence on medicine was considerable,” he says. Among them, the writer, Daniel Defoe, and the religious leader, Cotton Mather.

At the suggestion of his wife Susan, an artist, the book is titled Plague Legends for, indeed, it is about mankind’s killers — plague in Marseilles, 1720; diphtheria in the American Colonies, 1736; yellow fever in Philadelphia, 1793; and, among other devastating outbreaks, typhus in 18th century England and the world’s first cholera pandemic in the 19th century. Son Steve, also a professional artist, designed the book’s cover. The draft was sent for peer review to Jack Woodall, formerly HST, now in Rio de Janeiro, and others.

The publisher is Science and Humanities Press, Chesterfield, Missouri, U.S.A. Price: $24.95, 36 illustrations. It can be ordered through <www.litsios.com> The author’s first book, The Tomorrow of Malaria, published in 1996 while he was still a serving staff member, is also available at a discount price of £ 9. To contact the author himself: <litsios@bluewin.ch>.
Toma Strasser: “Albert” lost his coffee partner when Toma (Tom) Strasser, who was born on 8 November 1922 in Sombor, Yugoslavia, passed peacefully away on 9 March 2001 in Geneva, after resisting plasmocytoma (a blood cancer) for close to 15 years.

During the Nazi occupation of his country, he escaped from an internment camp in 1944 to join the army. Earlier, in 1940, he had matriculated at Belgrade University in 1940, and so, at the end of World War II, he resumed studies there, obtaining his M.D. in 1950, his Ph.D. in 1960, and becoming a professor of medicine from 1963 to 1969 specialising in cardiology. He then joined WHO as Medical Officer in the cardiovascular unit, where he organised studies in such fields as community control of hypertension and rheumatic fever. I recommended him to replace me as chief in 1973, but for political reasons it was not to be.

Retirement from WHO in 1982 in no way limited his activities. In 1983, with Franz Gross, he founded the World Hypertension League and was its Secretary General until 1995; he was also Secretary General of the International Green Cross from 1985 to 1995. In addition, he served frequently as a WHO temporary adviser, and was, as well, professor at the Institute of Social and Preventive Medicine, Geneva University, and full professor at Novi Sad University, Yugoslavia.

Toma’s quiet demeanour belied his capacity for hard work, his generosity and his firm character combined tolerance with an uncompromising spirit. He was much saddened at the undemocratic turn of political events in Yugoslavia, and also at what he saw as the declining morale among former colleagues at WHO, but found compensation in books, writing, hunting for mushrooms, and in his expanding family -- now with three grandchildren. It was for them that he wrote six volumes of a personal memoir, which included a history of the Strasser family and «Les écrits de mon père,” the notes of his father, a general practitioner, which he translated from Hungarian. He finished the last of these («Ces objets qui nous parlent») only in January this year. I am greatly honoured and deeply moved that he dedicated these precious writings to my wife and myself.

While a serving staff member, he was not above the fray in staff-management relations, serving on many a committee, and speaking eloquently on behalf of colleagues at the staff’s annual meetings. After retirement, he began a column for the Quarterly News, beginning with its first issue a decade ago. The «Health Corner» now is silent. Who will take care of “Albert?”

— Zdenek Fejfar
(former Chief CVD, 1959-1972)
Prague, Czechoslovakia

RIP (since the last announcement)

ARGELIES, Jean-Louis R. 01.07.99
BALSAMELLO, R. 07.11.00
CAPPER, Karen V. 22.12.00
CHASLES, Pierre 09.06.93
CHOUMARA, Roger 05.09.00
CHUKE, Paul Okwuwili 29.09.00
DELUERMOZ, Roger 09.06.01
DHIR, Sukhdev Chand 25.10.00
PARID, Mohyeddin E. 02.10.00
GUALLAR LATORE, Maria (no certificate)
HAZZARD, A. 11.01.00
JOHTHI, Kattam 28.09.00
KARDAS, Besude 17.02.00
KORPAL, Kala Vati 11.10.00
KUPKA, Karel 26.05.01
LINDQUIST, Anna-Lisa 02.09.00
MCCHRISTIE, Alfred E. 26.10.00
MERCIER, Antoinette 29.01.01
MITROO, J. 20.09.00
MOUMBELA, Dominique 25.10.00
NAIR, Krishnan P.K. 18.09.00
PARTHASARATHY, Nadipuram 10.09.00
RISODA, Amal Kumar 09.05.00
SALEEB, Alfred R. 14.11.00
SUZUKI, Takeshi 12.10.00
VARANGOT, Pauline V.A. 22.09.00
VELJOVIC, Ksenia 03.11.00
WOUDENBERG, Antoine P. 17.10.00

—Compiled by Rosemary Bell from the AAFI/KUPKA, Karel 26.05.01 AFICS Bulletin and other sources.
Joseph Hazbun: Only a few days before his death on 12 May 2001, Joe told me in surprising detail about his 41-year career with WHO — Syria in 1958, where it began; four years later, in 1962, Khartoum, Sudan; then 1967, Phnom Penh, Cambodia; followed by Vientiane, Laos, in 1973; the Solomon Island, where he spent ten years; and Vanuatu, five more years.

In 1990, he came to Geneva to work with what is today called EHA (Emergency Humanitarian Action), focussing on Africa and the Middle East, especially on his beloved Palestine. Retiring in June 1996, he promptly came back for four years without recompense to concentrate on the Palestine Self-Rule areas and the U.N. programme for Iraq. He once told me that he received far more from the people he served in developing countries than he could ever dream of giving them.

Truly a man for all seasons, he was a Christian, an Arab and a Palestinian of Jordanian nationality. He had the trust and confidence of peoples of different races and creeds; his friendships knew no religious barriers. Joy was the quality he conveyed to others. He was reliable, painstaking, utterly incorruptible, and he had the great uncommon gift of common sense. After his retirement, whenever he visited WHO, offices would empty as colleagues gravitated towards him to greet and be greeted by him.

A true humanitarian, he saw a straight line between the need and the action. He railed against bureaucrats and when they, or politics, got in the way he would declare simply “I will write to the U.N. Secretary-General” or, when particularly outraged, “I’ll go and break their legs.” Joe never lost his enthusiasm for the humanitarian cause, and right to the end, even after four decades of service, his freshness and enthusiasm were still infectious.

Our prayers are with his family, with Bertha, Tony, Eileen and Celine.

— Brendan Daley (Chief, Accounts, WHO)


Rodolphe Lucien Coigney: a French resistance hero who near the end of World War II helped persuade Heinrich Himmler, the SS chief, to release Frenchwomen held in the Ravensbrueck concentration camp, died on 6 June 2001 in New York, aged 89.

Rudi was a medical adviser to General Charles de Gaulle’s wartime headquarters in London and was sent to work with the Relief and Rehabilitation Agency, which was set up to help the victims of Nazi occupation. Later, he headed the WHO liaison office in New York.

(N.Y Times, 23-24 June 2001)

A FIRST: THE S-G AT WHO

Last May for the first time ever, the U.N. Secretary-General (who was once a WHO staffer and who has now been elected to his second term) addressed the World Health Assembly. In an AIDS-focused speech, Kofi Annan outlined the structure of a multi-billion dollar Global AIDS and Health Fund to fight HIV/AIDS and "other infectious diseases that blight the prospects for many developing countries — starting with TB and malaria.”

In response, the Assembly, comprising delegates from 181 countries, adopted a resolution calling on WHO to “take an active part in the development and establishment of a global HIV/AIDS and health fund and to maintain close collaboration with the international community and the private sector...”

In a related resolution delegates urged WHO to “stimulate the development of drugs for diseases whose burden lies predominantly in poor countries.”

In a resolution on tobacco, delegates called upon countries “to be aware of affiliations between the tobacco industry and members of their delegations.”

The D-G, in commenting on contributions to the regular budget, said that “assessed contributions during the next biennium do not fully cover our regular budget so I am heartened by the obvious willingness of many Member States to contribute generously to miscellaneous income. In this way, they will ensure that the funds available for spending cover both the budget and the additions we need for priorities.”

(Excerpted from release WHA 54/6, 22 May 2001)
CHUMMIER & CHUMMIER

"Conflicts of interest". Those three little words cited so frequently by LEG in times past to reject donations from commercial sources, much to the chagrin of financially-stricken programme managers, are now passé.

Today, the operating phrase is, very definitely, "mutual interest" as WHO and the private sector team up to fight communicable diseases. The following are examples of the new palship so far this year in AIDS, sleeping sickness, malaria and tuberculosis.

- In June, Pfizer offered fluconazole free to least developed countries. The drug is used to treat fungal brain infections and esophageal candidiasis, common among AIDS sufferers.

- Also in June, Credit Suisse and its subsidiary Winterthur made the first corporate pledge to the "war chest" against AIDS that was recently created by the United Nations and the G-8 countries.

- In May, Aventis Pharma AG pledged $25 million over five years to support the fight against African trypanosomiasis, better known as sleeping sickness, mainly for production of pentamidine, melarsoprol and eflornithine, the drugs needed. In addition, Bristol-Myers Squibb agreed to fund the cost of bulk material needed for the production of 60,000 vials, approximately a year's supply, of eflornithine.

Again in May, Novartis, the Swiss pharmaceutical giant, agreed to provide Coartem at cost (10 cents a tablet), to countries where the malaria-carrying parasite has developed resistance to chloroquine. This new drug, which combines Chinese herb derivatives, is reported by WHO to have shown cure rates of 95 per cent.

- In March the Bill & Melinda Gates Foundation announced a $10 million contribution to develop new tests for the diagnosis of TB.

And in the same month, GlaxoSmithKline signed an agreement to develop a new treatment for malaria called LAPDAP, which is a combination of two antimalarial compounds.

(Excerpted from Statements, WHO/10 and 11; Press Release WHO/23, 26, 10 and 15)

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)

WASHING ITS HANDS: ILO & UNJSPF

(Re: The ILO Tribunal Dismisses, QN 42, Autumn 2000)

That the ILO Tribunal washed its hands of this sad case (Judgement 1940, re Sokolow) which has cost a WHO colleague his pension, is reminiscent of earlier Soviet jurisprudence. The ILO's reticence may well be based on the realisation that trying this case would involve the examination of the whole financial industry of the U.N. Joint Staff Pension Fund, which might well reveal anomalies and ambiguities enough to make a jurist happy for months.

So far as the UNJSPF is concerned, there is a lack of communication between itself and us, the pensioners, that would not be tolerated elsewhere. Since the end of last year I wrote New York four letters, addressing the last to its new Secretary, together with copies of my previous letters, in French, naively thinking that this would lead to them being read at the level to which they were addressed. Alas, the Fund's magisterial silence remains unbroken. It does indeed seem odd to treat a client's letters to a fin de non-recevoir in the manner of a White Russian prince faced with a dun.

There had been a delay in sending my monthly remittance, followed by the right sum being sent to the wrong bank but without any payment instructions; all this was making me uneasy. Luckily for me AFSM picked up the ball. Its Vice-Chairman, Roger Fontana, walked into the Fund's Geneva office where their helpful local representative gave their computer a shake. Out came all the information needed. It seems odd that no one at N.Y. Headquarters had thought of doing this. I can only conclude that they had loftier tasks than thinking about their customers.

—Kenneth Sinclair-Loutit (formerly EMRO) Rabat, Morocco

(Excerpted & edited from text dated 30 March 2001)
In July 1956 I was a member of an advisory team for malaria eradication assigned to Iran. We decided to stay at Tehran’s Park Hotel temporarily until we could find less expensive lodgings.

At the desk, an Iranian woman told me to register starting from my first name. As I began writing “Kyriacos”, I observed that her face changed completely and became reddish. Not understanding, I did not react at that particular moment. The next day the Director of the Iranian malaria service told me that my name meant the reproductive organs, male and female, in the Farsi language. No wonder my typist refused to type it until expressly ordered to do so. Soon, almost everybody in the malaria institute of Tehran was discussing my name. Even in the streets of Tehran, I was often recognised as the person with the unusual name.

A year later the story followed me to Taiwan and the Philippines where colleagues asked me about it. I do not know how it went so far so quickly in those days, which was long before e-mail. I write about it now as a humorous moment to share with my colleagues.

— Kyriacos Thymakis
(formerly EURO, SEARO)
Athens, Greece

(Excerpted and edited from text dated 11 April 2001)

A Practical Proposal

(Re: Of Members & Dues, QN43, Winter 2001)

I believe that the problem of payment of dues could be met, at least in large part, through better information and advice to retiring staff members. The letter they receive during the pre-retirement briefing should be modified to emphasise the advantage of making a life contribution of CHF 250 for Life Membership to AFSM, which at the time of terminal payments will not be felt punishing.

Transferring yearly dues at high cost simply does not arise when this is done, not to mention the advantage to the Association if a relatively sizeable capital can then produce some interest.

— Michel Fèvre
(formerly Chief, CRC, WHO)
Echeneves, France

IN PRAISE OF ALL

(Re: QN42, Autumn 2000)

I would like to thank:

• Roberto Masironi for his letter of 11 January in reply to my question concerning the investments of our pension fund which reassured me and my friends.

• Peter Ozorio for the excellent QN which I read with interest both in French and in English. It was a good idea to publish my letter and your reply. In that way you have replied to all of us who were worried at the idea that our fund had investments in the tobacco industry.

Those responsible for the U.N. Pension Fund and the Danish health workers who took the necessary action by liquidating the tobacco investments following protests from doctors, midwives and nurses.

• Ned Willard for the fascinating article “Big Tobacco Infiltrates WHO” How long is the report? Can it be printed in the next QN? How can we get a copy?

• Tom Strasser for his articles and the cartoons which make us laugh at the same time as being instructive. A good laugh, it is said, is good for one’s health!

— Gabrielle A. Farah
(formerly EURO)
Hellerup, Denmark

(The report is 240 pages long and therefore beyond QN’s capabilities. It would be available through WHO’s publication office. Recommended is the U.S. film “The Insider” which shows how confidential documents of industry were made public –Editor)
When WHO's D-G, Gro Harlem Brundtland took over three years ago, the sweeping of new brooms was promised. She had some experience in government. She was Prime Minister of Norway on three occasions. That was seen as being in her favour, but now some people are having second thoughts. In an organisation as protean as the WHO, her executive instincts may have gone too far. She is running WHO, as one observer put it, as if she were still a prime minister, insulated by a close-knit cabinet of advisers who try to muzzle internal dissent in order to stick to a strong party line.

That is a view echoed by several member states. Brazil and South Africa, for example, have expressed frustration at what they see as initiatives issued by the WHO's top brass without discussion with the countries supposed to implement them.

She has shaken up the WHO headquarters and put more than half the staff on short-term contracts. Her reform has been successful at reining in the powerful and largely independent units that once flourished within the headquarters. It has not, however, dealt with the deeper problem of the six regional offices that are supposed to translate WHO policy into local action, but which have often followed courses at odds with the centre's.

Her high-profile campaigns on malaria and tuberculosis seem worthy enough. Some people close to WHO argue, however, that they are just old wine in new bottles, and that apart from their snappy slogans, such as "Rollback Malaria" and "Stop TB", they have little to show for themselves. It is a charge that the D-G vigorously denies. She points, for example, to declines in the incidence of malaria in countries such as Turkey.

For the time being, her strategy is paying off, not least in financial terms. Big donors such as America and Britain are positive about the changes, and "extra-budgetary" funding (the money that countries contribute for special projects) has increased by 40 per cent since 1999.

Her campaign against tobacco is genuinely novel. This new direction brings new critics, and also accusations that the WHO is exceeding its remit. Tobacco companies have lambasted WHO's attempts to curb smoking through the creation of an "International Framework Convention on Tobacco control." This would set out principles and protocols to help countries tackle such issues as cigarette smuggling and advertising.

On the other hand, some non-governmental organisations, such as Health Action International in the Netherlands, worry about the opposite phenomenon: coying up to industry, rather than bashing it. They fret, in particular, about potential conflicts of interest arising from the WHO's overtures to drug companies to encourage them to lower their prices and improve access for people in the world's poorest countries, and which have borne fruit.

On top of that, the D-G took a pasting last year from some of her own experts, and from some WHO member states, over an attempt to rank the world's health-care systems. These people felt that the exercise, which led to such curiosities as Morocco outperforming Australia, was deeply flawed. Since then, further remonstrations have led to this year's league table being shelved.

Today, the D-G has moved health, and the WHO, off the sidelines and into the centre of the global debate on development. AIDS, malaria and TB are now the stuff of G-8 summits, special sessions at the United Nations and if Kofi Annan, the U.N.'s S-G has his way, of a $10 billion global health fund.

However, WHO is no longer the only global body involved in public health, nor is it the best endowed: the World Bank and the Gates Foundation have pretty deep pockets, and are muscling in on its territory. Nevertheless, though many people find the D-G's brusque bedside manner hard to take, few deny that her patient is in better condition than before she came. How long, and what shape, a full recovery will take is, like most prognoses, a matter of waiting and seeing.

(Excerpted from the Economist, 20 May 2001)
U.S. Contribution Reduced

The U.S. government has won a reduction of its budgetary contributions to WHO despite a warning by the D-G that some health programmes could suffer as a result. The deal, which Washington negotiated to pay off the $2 billion in arrears to the U.N., called for a reduction from 25 to 22 per cent in U.S. dues. WHO presented the first test case of whether the 3 per cent reduction would be applied to specialised agencies.

The proposal to trim the U.S. share of WHO’s $842.6 million, two-year budget by about $25 million set off a fight among the 191 country members attending the recent World Health Assembly. Cuba, China and Pakistan spoke out against the proposal. Cuba, which holds the rotating presidency of the Group of 77 developing countries, argued that the cutback would require 52 of its members to cover the funding gap.

Faced with the refusal of developing countries, the D-G substituted a plan that will force WHO to cover the shortfall from miscellaneous funding accounts, designed to cover currency fluctuations and unexpected staff costs, and arrears. That includes unpaid past dues from countries such as the United States, which is $33.4 million in arrears.

She told delegates that the flat budget “will be hard for us, and will limit our ability to address some of the newer imperatives that demand our attention.” Health agency officials said some rich countries, such as the Netherlands, pledged to try to increase voluntary contributions to offset the shortfall.

— Elizabeth Olsen
(Int’l Herald Tribune, 23 May 01)

Making It

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The proposal to trim the U.S. share of WHO’s $842.6 million, two-year budget by about $25 million set off a fight among the 191 country members attending the recent World Health Assembly. Cuba, China and Pakistan spoke out against the proposal. Cuba, which holds the rotating presidency of the Group of 77 developing countries, argued that the cutback would require 52 of its members to cover the funding gap.

Faced with the refusal of developing countries, the D-G substituted a plan that will force WHO to cover the shortfall from miscellaneous funding accounts, designed to cover currency fluctuations and unexpected staff costs, and arrears. That includes unpaid past dues from countries such as the United States, which is $33.4 million in arrears.

She told delegates that the flat budget “will be hard for us, and will limit our ability to address some of the newer imperatives that demand our attention.” Health agency officials said some rich countries, such as the Netherlands, pledged to try to increase voluntary contributions to offset the shortfall.

— Elizabeth Olsen
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For Life

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