A New Meaning of “Dependency”

LONG-TERM CARE NOW AT CERN, U. N.

2001 may well be the turning point in the struggle over recent years to provide international civil servants with improved long-term care. More specifically, long-term care is the kind that derives from the condition all of us dread — dependency. While colleagues of all ages may need long-term care, it will benefit us, the former staff, most.

In our days, “dependency” generally referred to a spouse, children or others who were financially dependent upon us and for whom the Staff Rules provided an allowance. The word has taken on a grimmer meaning today — that of incapacity brought about by chronic illness, falls, or, with the increase of life expectancy, by just plain age when the body simply gives in, and we no longer are able to function independently in daily life.

In separate but similar actions, the health insurance first of CERN, and then of the U.N. Staff Mutual Insurance Society (which covers UNOG, UNHCR and WMO) has equated dependency with long-term care in a way as never before, while defining, for the first time ever, the conditions that make up dependency.

Whether partial or total, dependency is defined as an inability to fend for ourselves in performing six daily, basic tasks, namely: 1. Getting in and out of bed. 2. Moving about indoors. 3. Washing and bathing. 4. Going to the toilet. 5. Dressing and undressing. 6. Eating and drinking.

Though a nuclear research agency, CERN became a pioneer in a social field by extending health coverage to take dependency into account beginning from 1 January. “A medico-social commission evaluates the level of dependency according to the ability to perform daily tasks and how individuals communicate and relate to their surroundings,” says Vince Hatton, board president of the CERN Health Insurance Scheme.

The U.N. introduced new benefits on 1 July, contingent upon a “medical and social profile.” A person is determined as partially dependent when unable to perform three of the tasks, and totally dependency when none can be done, with the degree of dependency checked at regular intervals.

cont. p2
Long term Care (cont)

CERN “encourages home care for those who develop a high level of dependency,” its newsletter CHI Bull says, over care in an institution, which is more costly and generally less preferred by those ill. In addition, its maximum reimbursement for paramedical care, as for instance, physiotherapy, kinesitherapy, ergotherapy, and nursing care, has been increased (even as a daily allowance has been added for care in a nursing home).

Its ceiling on reimbursement jumped from CHF 2,600 yearly to CHF 2,500 monthly in cases of total dependency.

What will it all cost? The contribution of serving staff to the health insurance will be increased by 0.6 per cent of their last basic pay, and earmarked for a separate account. And that of pensioners, from 1 to 1.3 per cent of their final basic pay, indexed to pensions, also earmarked. This is estimated to cover two-thirds of long-term care costs, with the remaining third to be borne by the agency.

CERN and the U.N. went it alone following the reluctance of some agencies to back an initiative by CCAQ (the U.N. Consultative Commission on Administrative Questions, whose Secretary then was Roger Eggleston, formerly WHO) that would have established coverage with a commercial insurer for all international civil servants.

While at WHO ...

“Long-term care (at home or in an institution) is reimbursed at a rate, and for a duration, approved in advance by the Staff Health Insurance’s Surveillance Committee at HQ, according to guidelines established that ensures all cases are dealt with in a fair and equitable manner.

“For those who qualify, reimbursement of costs is made at a degressive rate for 6-month periods (i.e. 80 per cent for the first 6 months, 60 per cent for the next 6 months, and so on). There is a maximum base amount of $80 per day on which reimbursement is applied. If care is provided in an institution, the cost of accommodation is not reimbursed.”

—Ann Van Hulle
Coordinator, Staff Health Insurance

Although that initiative “must now be considered a lost cause,” says Anders Tholle, Chairman, AAFI/AFICs, a resolution adopted at its General Assembly in May nonetheless called for “improvements of insurance coverage and benefits for long-term care.”

Evidently, it is an idea whose time has come, at least in CERN and the U.N.

Features

A New Boy's Assurance

The Pension Fund has a “Cushion”

For the past several weeks, financial markets have undergone a crisis marked by a sharp decline in equities and high volatility in stock prices. This situation raises many concerns on the part of participants and beneficiaries with regard to the repercussions of these developments for the Pension Fund, whose assets are invested in financial markets.

Let us begin with the facts. Stock prices in most markets have plummeted as they have not done since the crash of 1987, nearly 15 years ago, returning to their levels of early 1998, thereby eliminating virtually all the wealth created over the past three years. Much of this loss followed the attacks on the United States on 11 September 2001. Nonetheless, these tragic events and their strong impact on many economic sectors took place in a period when growth had already slowed considerably and when concerns had already arisen about the possibility of recession. After peaking in the spring of 2000, stock markets took a downward turn, which accelerated in the second half of September.

The total value of the Pension Fund’s assets followed the same pattern, moving in a favourable direction until March 2000, when these assets reached record values, and then gradually falling. The assets’ market value declined by 6.1 per cent in the first three quarters of 2001. While the Fund has not been immune to the unfavourable experience of the stock markets, it has been affected to a much lesser degree.

The explanation for the Fund's resistance to the decline lies in the fact that only some of its investments...
are in equities (about 54 per cent), while the rest are in bonds (28 per cent), real estate (5 per cent) and money market securities (13 per cent).

The question now is whether the negative performance over the past year and a half could affect the Fund's capacity to pay benefits. The answer at this time is unambiguous: the Fund has the means to meet its obligations. In the short term – this year and for the next few years – the amount of the contributions collected is sufficient to cover most of the benefits payable, while the difference can be made up, if necessary, with the liquid assets held by the Fund. In other words, cash flow is normally ensured by the regular inflow of contributions.

But the Fund is not content merely to balance its income and expenditure for the current year; it builds up reserves for the future. The amount of reserves which the Fund requires is calculated periodically by its actuary and verified by an independent Committee of Actuaries.

Owing to the strong upturn in the markets in recent years, the value of the Fund's reserves has exceeded the amount deemed necessary and has created a surplus. This surplus, valued at 0.36 per cent of pensionable remuneration in December 1997, greatly increased to reach 4.25 per cent in December 1999. This surplus is not used to cover expenditures.

The surplus merely serves as a cushion, it enables the Fund to: (a) cover the cost of favourable changes in life expectancy beyond the assumptions already established by the actuaries; (b) finance, without raising contribution rates, the improvements which the Pension Board decided to introduce in certain benefits; and (c) cover wide variations in the value of financial assets, which can occur in a situation of major, lasting financial crisis. In this last case, full use would be made of reserves as a cushion before the Fund's long-term viability could begin to come into question.

It is precisely because its management is so strongly oriented towards financing the benefits which it will have to pay over many years that the Fund, with its short-term cash position assured, has a long-term vision of its financial performance. The amount of its obligations is calculated every two years and is then compared to the value of its financial assets. The last calculation took place in December 1999; the next one will take place in December 2001.

By way of illustration, an analysis carried out by the actuary last year concluded that the Fund could bear a temporary loss of 40 per cent of the market value of its financial assets without detriment to its short- and long-term viability. Of course, no one can predict what the value of the Fund's assets will be at the end of 2001, but, on the basis of the current valuation and in comparison to the one carried out in 1999, which served as a basis for the actuaries' calculations, it may be concluded that the surplus has decreased but has not disappeared. To date, it has fulfilled its role as a cushion in a satisfactory manner.

—Bernard Cochemé
(Formerly selected Chief Executive Officer, U.N. Joint Staff Pension Fund)
Geneva
(Excerpted from UN Special, Nov. 2001)

HELP! WHO NEEDS IT?

The AFSM stands for solidarity among former colleagues. Within its limited means and, with the possibility of offering support, we, the undersigned, will try to help members in need.

We would like to know who you are, where you are; and if you need help.

If you have concerns, drop a note to our attention, care AFSM, room 4141, WHO. Mark your envelope: Help!

Rosemary Bell (Self-Help), Amelia Maglacas, Nedd Willard (Exec. Group)
Business Biennially

A CHANGE OF MIND

The 2nd AFSM’s General Meeting in October began with a bang. No sooner had participants settled in than they reversed a decision made a year ago, voting 56-7, with 5 abstentions, to hold bi-annual instead of annual meetings. It was a response to the conclusion by our Executive Group that meetings to transact business were not essential yearly — given e-mail, bulletins and the QN as channels of information. The 3rd General Meeting will take place therefore in 2003, with elections scheduled for next year.

However, participants also agreed by consensus to call less formal meetings in the years between, to discuss issues of the day. It was Solomonic recognition of the view expressed, and implied, that 24 months might be an absence a little too long — given our demographic age structure. Among other highlights of the meeting:

David Cohen gave a tour d’horizon of AFSM’s work in his first chairman’s report. His reminder of the annual reception on 6 December drew a daring suggestion that speeches be cut short to allow more time for conversation among ourselves [(John Fraser). And to a practical proposal that ID badges with large type be worn by all, to compensate for our failing memory and eye-sight (Nedd Willard).

Roberto Masironi, Treasurer, presented accounts for 1999-2000 showing income exceeding expenses by some CHF 7,000, largely as a result of an increase in Life Memberships. He also reported 949 life and annual paying members all told, but also 670 not paying at all. While a few are unwilling to pay, others, mainly those abroad, cannot do so, being unable, to get 20 CHF to remit. To facilitate payment two colleagues repeated suggestions previously carried in QN (Michel Fevre, Rajindar Pal). Another called for increased AFSM activities to encourage payments (Amelia Maglacas).

Esko Ahlroth, presenting the first report on our new website, said that about 100 colleagues are connected to the internet and that they will be canvassed to determine if the site should be maintained, and if so how to improve it. Installed by Jens Jorgensen late last year, the website, as a start, receives between three to five “hits” daily.

Members of the Executive Group, Samy Kossovsky and Alain Vessereau reported on health insurance; R. Pal and Sabih Djazzar on pensions. Ann Van Hulle, Co-ordinator, Staff Health Insurance, Elizabeth Bellchamber, AAFI/AFICs, and Christopher Gareth, Manager, UBS at WHO, were guest speakers.

Participants, estimated at some 80 in number, ranged from the junior pensioner (Dev Ray) to the senior (Marguerite Haller, age 94, our doyenne). The International Conference of Volunteers kindly provided the services of two interpreters free.

Jean-Paul Menu (now a member of the management board, Médecins sans frontières, Swiss branch) chaired the meeting with a “fair but firm” hand ensuring that it ended at 5.30 p.m. — four hours after it started counting 30 minutes or so for refreshments and collegial gossip in the corridor.

FULL PENSIONS: THE EXAMPLE OF INDIA

Effective from 1986 and as a result of a petition by three retired employees, the Indian government agreed to restore full pensions to civilian employees who took a third lump sum payment on retirement, and, consequently, a reduced monthly pension.

Pensioners became entitled to a full pension “at the age of 70 or after fifteen years, whichever is later,” which the country’s Supreme Court’s judgement characterised “as an act of goodwill, and to extend to them some measure of relief in the evening of their lives.”

In addressing the financial implications of its decision, the court noted that: “It may be that this would give rise to an additional burden on the Exchequer but it would not be heavy and after all it would bring some relief to all who have served the Nation with great sacrifice.”

Though litigation took some four years, the main argument advanced by the petitioners, “that there has been a substantial improvement in the life expectancy of the people of India,” (and adds QN’s Wise Old Owl, among us too), eventually carried the day in court in the world’s most populous democracy.
This case was cited recently by M.L. Sharma, formerly UNICEF, New Delhi, as a precedent of a Member State that the U.N. Joint Staff Pension Fund might follow, while urging staff and former staff associations to campaign for the “restoration of the commuted portion (of pensions) after 10 to 12 years.”

His proposal, reported upon in QN 44, Summer 2001, (“A Modest Proposal: Full Pensions for All at Age 70”), drew a mixed response from colleagues, as shown below.

Paying for 27 Years

The “Modest Proposal” in QN 44 provokes me to wonder whether it is not time to look at our pension fund in the light of the new century.

I joined WHO in 1952 and retired in 1973. The pension fund holds funds in trust and believing that the funds are our property, I took a third in a lump sum in order to buy a house, while agreeing to pay it back by drawing a pension reduced by a third. This seemed an easier way of ensuring my liquidity rather than by borrowing from my bank, but it has turned out to be more expensive.

Even though I have now been paying the fund a third of my pension for 27 years and the borrowing has been repaid, the debt remains unchanged. The reduced pension I receive has exceeded in real terms the sum advanced originally. Though lacking the actuarial expertise to evaluate the size of its profit, I can say it has been a good bet for the fund.

One wonders what the fund is doing with the

No Justification

Regrettfully, the writer of the QN article (“A Modest Proposal”) seems unaware fully of the rules, either of the U.N. Joint Staff Pension Fund or of the government of India. These are the facts:

India: Government employees may commute one-third of their full pension when they retire. The commutation is for 120 months, or 10 years; but the restoration of full pension takes place only after 180 months, or 15 years.

U.N.: International civil servants may also commute a third, with the figure arrived at by multiplying the one-third amount with a factor that varies by age. The factor ranges from around 16 at age 55, to around 14 for those retiring at the normal age, 60. As the U.N. fund does not provide for restoration, there is no justification for comparing this fund with India’s.

If the individual mentioned in the article, who received around $73,000 in 1982, had put the money in banks or invested in safe securities, this figure over 20 years would have grown to $500,000.

—R.D. Sikka
(formerly SEARO)
New Delhi, India

Man-made Rules

It gives me immense pleasure that the proposal I had submitted has prompted some colleagues to ponder the merits of the case and that it could be followed up with U.N. Joint Staff Pension Fund — at least such is my wishful thinking.

Admittedly, there are benefits in investing the one third sum yourself but don’t forget the risks; in addition, the statement made that $73,000 becomes $500,000 is far fetched. Nowhere is this applicable unless one is prepared to speculate and gamble. Of course, we know the rules of the U.N. and India are different but our attempt is to seek reconsideration; can’t man-made rules be considered afresh?

India provides for upward revision of pensions when there are structural changes in the grade held by the person on retirement. In addition government retirees benefit from a “dearness” allowance tied to the cost of living index. The government’s step towards restoration is an act of goodwill. We, the U.N. pensioners, seek the same — some relief in our sunset years, having laboured and toiled during our youth. If and when the fund is reconciled to restoration, that would...
Meeting her at the General Meeting last October for the very first time, and while shaking hands, she asks almost immediately: "How old are you?" But even before you recover from your surprise, she adds: "I am 94." There large — or, in her case, petite — as life, is Marguerite Germane de Haller, née Martin, born 9 July 1907 in Berne, and thus speaking "several versions" of German, as well as English, French, Swedish, Spanish.

Her WHO career began relatively late, in 1949 at age 42. She was recruited as a secretary bicycling to work from Chêne-Bougeries. Absorbing herself in technical subjects such as trachoma, and parasitic diseases, she won promotion to the administrative ranks, to a high GS grade. Her research provided the basis of many an article by professional colleagues for the now defunct, and lamented, World Health magazine. She was extended several times to her retirement in 1969.

Apart from two hip replacements and cataract removals, she is sound in body and in mind as well. Her hand-writing is a pleasure to read. She speaks of her family with enthusiasm: there are at least three streets named Martin in Geneva; Frank Martin, her uncle, is a composer of repute. A violinist herself she once played in the Swiss Romande orchestra. She came late to the automobile age too, passing her permis de conduire in 1952, at age 45, but still drives today around the neighbourhood.

She lives by herself independently in her apartment on rue Vermont; now surviving her husband by some three decades; she shops twice a week, with her trusty shopping cart in tow; and does housework: vacuums, dusts, but she says, with a sparkle in her blue eyes, "I never do windows." Voilà, active, sprightly, cheerful — AFSM's doyenne.

Anything but Retired

Just turned 82, Lalit Thalpalyal, formerly information officer in New Delhi, New York and Geneva, admits he finds himself literally running from pillar to post to do what he's involved in since retirement in 1981 and upon his return home to India.

"Well, first of all," he says by way of explanation, "the body — aptly described by a Christian mystic as 'Brother Ass' — now needs more attention and has to be hauled occasionally to doctors of different disciplines. Next, there is the mind, always hungry, which must be fed. Then, more and more, friends and relatives are entitled to sick visits — all of which takes time."

In truth though, most of his waking hours are spent writing and producing plays — in a pocket theatre built on the first floor of his house in Sahibabub, about 45 minutes from the capital. Here he holds weekly rehearsals and presents plays or musical soirees five or six times a year, and, in the summer, organises a children's theatre workshop, all of which is made possible financially through a trust replenished by admirers, as well as from grants from India's Theatre Arts Academy.

So far he has written, in Hindi, nine full-length plays, 28 short plays, including ten for children. Among...
themes are those of pure humour; and a political satire, "which takes a caustic look at the functioning of parliamentary democracy in a country I know best." Another explores the travails of the moral man in an immoral society; yet another focuses on the problems of the girl-child. What is common in his works is the absence of cynicism or the sense of doom; all celebrate life. Here is the gist of three plays that won national awards:

— Chimteula Baba, (or The Miracle Worker): The main characters arrive at a pilgrim lodge near a shrine where they expect to meet a holy man, who is reputed to answer prayers and solve questions. He never appears and yet all find themselves answered, discovering hope and faith. The play was staged in Geneva and Baden, while he was in WHO service, by the Indian Association.

— Panne ki Angoothi (or The Emerald Ring). Finding no meaning in his miserable life, the main character is about to end it but is frustrated by a well-intended passerby. He hates the meddler but goes all out to save him, because he has been falsely accused of murder, and in the process finds reason to live. Though with elements of a whodunit, it is about change.

— Swapna aur Satya (or Illusion and Reality), explores the eternal question why, if there is a God in heaven, is the world in such a sorry mess.

Jacques Leroy: I had the privilege of being his friend for a good half century, sharing passions which stretched from aviation (Ah! those reports from Farnborough!) to literature, music, gastronomy and politics. All of which often led to ardent discussions, hearty laughs that resounded through the WHO corridors. His passing on 9 October 2001, at age 80, is a great loss to his friends.

In his first profession, "spoken" journalism (he was commentator and reporter for the BBC in London, from 1944 to 1959), he reported jazz news, which could be heard in Geneva. Then, until 1965, he served as senior interpreter for NATO in Paris and Brussels. Later, destiny (of which I was the tool) led him to WHO and service in WPRO from 1965 to 1971 and thereafter at HQ till 1980.

Did he speak English better than the English? Well, the only reproach the British could make of him was that he was incapable of a mistake. However, he liked to play with his own language, punning and with overflowing humour, sometimes even British!

Annie, his wife, supported him unfailingly. The Leroy's were extraordinary generous towards their friends. I will never forget the lovely table francaise they served in London, a young married couple of modest means, while there were still wartime restrictions. I will also remember their closeness with their children and grandchildren in Geneva.

I remember him as a perfect international civil servant, and I am pleased to pay tribute to some of his many gifts, though briefly, for those who did not know or suspect them.

— Jean-Paul Darmsteter (formerly Information Officer, Radio) Geneva.
RIP (These colleagues have passed away since the last announcement)

ALVEZ-DINIS, Fernanda 14.10.01
ANDERS, George 20.12.00
ARRIAGADA, Elba Mila 30.08.00
BURGESS, Robert C. 15.11.00
CHU, In Ho 01.08.00
DAOUD, Es-Sayed Hassan 13.12.00
DI PIETRO, A. 30.12.00
DIORDJEVIC, Ljubica 09.12.00
DULY, Joyce 08.01.01
DUMBLETON, Cyril W. 11.11.00
ENGMAN, Tove 18.04.01
FAN, Shih Feng Li 02.01.01
FERMOSELLE-BACARDI, J. 24.12.00
FREDERICK, Arthur 31.01.01
GALANG, Honorio N. 15.12.00
HOFFMANN, Dieter F. 30.12.00
IBRAHIM, Munir Wasfy 21.01.01
KAPOOR, Krishnan K. 10.01.01
KNEZ, Dragutin 02.12.00
LOPEZ SCAVINO, Armando 14.01.01
LOVEDEE, Elfra M. (uncertified) 14.02.01
NKODIA, Emmanuel 19.12.00
PENBERTHY, F. L. 03.07.01
POTI, Sankaran J. 09.11.00
POZZIZI, Luciano 01.12.00
SHARMA, Uma Devi 01.21.01
SHEIKH, Mohammad Islam 20.10.00
SPASSE, Marianne T. 13.02.01
SWENSON, Oke 10.05.01
TAHA, Momed Taha El Hass 01.01.01
TOLSON, Jerome F. 07.12.00
VALENZUELA, A. V. 12.09.00
VIJ, Ram P. 08.12.00
WENZEL, Annemarie 16.12.00
WEEKS, Yvonne 09.11.01

Compiled by Rosemary Bell from the AFICS Bulletin and other sources

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. In writing, please give your former title and unit to help with identification—Editor)

Exempting Pensions

(Re: “Full Pensions for All at 70,” QN44, Spring 2002)

We were most interested in this “modest proposal” for full pensions at age 70 by our UNICEF colleague, M.S. Sharma in New Delhi, and hope that it will be followed up. If so, perhaps something positive will come of it in a few years’ time.

In our case, after working for WHO for over 30 years, both of us have good pensions, paying what seem to be punishing taxes in the U.K. - up to two months’ of our joint income annually. We understand though that some countries exempt pensions from tax.

—Alfred Beers & June Hargreaves-Beer
Rolands Castle, Hampshire, England

(The following are some notable exemptions to income tax, according to “Taxation of Pensions:"

- Austria agreed to exempt U.N. pensions when IAEA moved to Vienna; since then extended to all other U.N. pensioners.
- Hungary does not tax U.N. pensions (but does other income).
- India also does not tax, as a result of a ruling by its High Court holding pension to be deferred salary, and thus exempt.
- Singapore exempts also.
- Chile treats pensions originating abroad as non-taxable (while other income is).

There is more in this 13-page document published by AAFF/AFICS, Palais des Nations, CHI211, Geneva 10. Fax 41 22 917 0075. —Editor)
AFSM Working Group

Recently, on a visit to a biotechnology fair in Hanover, I found a company (Ratiolab) producing suitable laboratory instruments as well as a number of disposable devices. I am certain that it would be possible to convince the industry that selling medical devices in large amounts at realistic prices, particularly if the design is simplified, would be worthwhile.

May I suggest that AFSM establish a working group to study how to make medical devices more rational and affordable to the developing world. It is my hope that colleagues, particularly those with experience in laboratories, essential surgery, maternal and child care, would be interested in participating in this project.

—N.T. Racoveanu
(formerly Chief, Radiation Health)
Hanover, Germany
(The suggestion has been passed on to a number of colleagues by the Chairman, AFSM. — Editor)

Eulogy Inspiring

(Re: “In Memoriam — Joe Hazebun,” QN 44, Spring 2001)

The excerpts published of the eulogy delivered by Brendan Daley, Chief, Accounts, was indeed inspiring, touching on the right spots in Joe Hazebun’s career. I was sad to learn of the death of a close friend, with whom I worked for many years in WPRO.

I have lost contact with the Hazebuns and would be grateful if I could reach them.

—Charles Ross-Smith
Seaforth, NSW, Australia
<rosssmith@ozemail.com.au>

(AFSM’s directory of members lists this address: Chemin Lochette 16, CH 1293, Bellevue, Switzerland.
— Editor)

Come to Cyprus

I invite colleagues to visit Cyprus any time of the year but especially winter. A group visit can and will be organised. If this happens I will be with you during your stay.

—Christodoulou Glykerios
Nicosia, Cyprus

Greetings from Pakistan

I shall be grateful if the Quarterly News after issue No. 43 (January-March) 2001, is sent me as it has not been received. Kindly ensure other copies are also sent regularly.

—Imtiaz Mohammad
c/o WHO Representative
Islamabad

Here’s to the Ladies

Last September I participated, as an STC, in an EMRO Workshop on Quality Assurance (a.k.a Quality Control) of Laboratory Diagnosis in Malaria. This is an important plank in the new raft of initiatives supported by the WHO Roll Back Malaria Programme. It has also been a subject close to my heart, since the days of the malaria eradication programme in the ’50’s and ’60’s — unfortunately, an enthusiasm not always shared by the policy makers of the day.

The workshop was attended by participants from 16 countries in the region and included seven ladies, plus another who was the organiser from EMRO. I was delighted, particularly by the contribution made by the women, who are — sexist though it may be these days to say so — often extremely talented at, and suited to, this exacting field of work. The outlook for improvements in the reliability of malaria diagnosis in the laboratory is, indeed, promising.

—David Payne
(formerly CTD)
Penarth, Wales

In the Press

Tobacco Triumphs in Switzerland

Discreet but efficient lobbying by the tobacco industry has resulted in only slightly restrictive laws against smoking in Switzerland, according to a WHO-financed study. Entitled “The Tobacco Industry and its Successful Influence on Switzerland’s Smoking Policy,” the study was carried out by C.Y. Yol Lee and Stanton Glantz, two American experts, based on confidential documents obtained in the United States following lawsuits brought by smokers suffering from cancer.

The authors state that 10,000 Swiss die every year because of smoking and that the tax on tobacco there is the lowest in Western Europe. The laws dealing with smoking, marketing and sales are “weak” and have little practical impact on the tobacco industry. And there is virtually no protection for non-smokers against passive smoking, whether in public places or at the workplace.

The tobacco lobby has made “a major effort to prevent the introduction of any effective anti-smoking legislation in Switzerland,” say the authors. Its lobbying was almost “invisible,” often channelled through other media.
The tobacco industry was particularly active in 1979 and 1993 during referendums seeking to ban alcohol and tobacco advertising. The tobacco companies and their allies used economic and political arguments such as the negative effects on jobs and taxes. Despite favourable opinion polls before the voting, both initiatives were rejected.

The creation of a “pro-smoking electoral committee” ensures that the tobacco industry “remains well-informed about the political agenda and can easily influence the political process.” Cigarette manufacturers have also developed relations with cantonal and commune authorities, hotel organisations, heads of aviation companies and the management of Swiss Federal Railways so as to resist smoking bans in restaurants, hotels, aircraft and trains.

(Excerpted from the Tribune de Genève, 12 January 2001)

**SWISS LOAN FOR NEW UNAIDS BUILDING**

An architectural competition was launched in mid-September for the design of a new headquarters for UNAIDS to house some 200 staff, but able to accommodate twice that number to meet the expected soaring expansion of WHO.

A loan of CHF 4 million will be granted to the Building Foundation for International Organisations. A private foundation is created jointly by Federal and Genevese authorities, it will in turn make a loan to WHO, on particularly favourable conditions: the debt is interest-free and repayable over 50 years.

Once the studies end, which is foreseen for 2003, Switzerland will unblock a more substantial loan of between CHF 55 and 60 million for construction work, which is expected to be completed in 2006.

UNAID’S staff are housed in three storeys at the World Council of Churches and in an annex of WHO. However, WHO itself is growing rapidly. Despite a regular budget of some CHF 720 million, WHO has had no problem in persuading its member states to stump up additional funds for targeted and time-limited projects. Introduced in 1998 by the D-G, Gro Harlem Brundtland, such extrabudgetary financing is today equivalent to its regular budget. And it rises by 20 per cent yearly.

—André Allamand

(Excerpted from the Tribune de Genève 23 August 2001)

**ALZHEIMER VACCINE PASSES TEST**

An experimental vaccine designed to fight Alzheimer’s disease appears to be safe in humans and is showing an immune response according to scientists with Elan Pharmaceuticals, who are developing it together with colleagues in Wyeth-Ayerst Laboratories.

The scientists report that they have concluded the first phase of testing designed to assess safety, and will now take the vaccine into phase two clinical trials by the end of 2002.

Alzheimer’s is a degenerative disease of the brain that inexorably attacks nerve cells, causing impairment and loss of memory and mental functions. Worldwide, 22 million people are expected to develop the disease by the year 2025.

The vaccine, called AN-1792, was studied in 100 patients with mild to moderate Alzheimer’s disease in the United States and the United Kingdom. “The product showed that it was safe for patients and we didn’t see any significant problems with it other than sore arms,” Dr Ivan Lieberburg, chief scientific and medical officer of the Elan Corporation, told CNN.

“A significant proportion of the patients were able to demonstrate an immune response. Their antibody levels went up and that indicates that this was having an effect,” he said. The scientists did not indicate any cognitive or memory improvements in the patients but said they were reacting to the vaccine as mice did in previous experiments.

Two years ago, Elan researchers reported that mice immunised at a young age were protected from Alzheimer’s. In animals that already had the disease, the disease was halted and in some cases reversed.

“For people who have well-established disease, the vaccine can do nothing to return dead brain cells and certainly can’t return memories, although it could potentially arrest the disease at whatever stage the individual is in,” according to Dr William Thies, vice president of medical and scientific affairs at the Alzheimer’s Association.

The next phase of testing will include 375 Alzheimer’s patients at multiple centres in the United States and Europe.

—Rhonda Rowland

CNN Medical Correspondent

(Excerpted from a news report Aug. 2001, San Francisco)

Acknowledgements: The Executive Group thanks those who have made possible this issue especially Peter Ozorio (Editor); Yves Beigbeder, Ned Willard and Rajinder Pal (Editorial Board); David Cohen (Chairman); Michel Pêvre, Jean Leclercq (French translations); John Bland (English); also Marianne King (Editorial Assistant). Layout by Humphrey Matthey, Glasgow.

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