BEHOLD, Q.N.'S JUBILEE ISSUE

After the creation of AFSM, a casual conversation took place about a newsletter for WHO former staff. Alain Vessereau, the Association's founding father, asked me to accept responsibility for a publication to keep colleagues informed and in touch. It was to be bilingual, and to appear regularly. That simple chat was all that was needed to bring out a slim, eight page “Pilot Issue” dated 1989-90, which eventually became the Quarterly News, published four times a year. The Jubilee issue now in your hands is 24 pages long.

Some 30 issues later, perhaps inevitably, “re-organization” entered. Under the chairmanship of Rajindar Pal, a three-member editorial board was established and Terms of Reference were adopted. To ensure smooth functioning, the terms of QN separated authority and responsibility for each of its three organizational levels

Excerpts of news of more than passing interest follow:

INTRODUCING OURSELVES: (Pilot issue—1989-1990) —This bilingual publication aims at providing news and views of general interest: both good and bad. Our aim is more than to just fill pages with words, but to provide reporting that is straight-forward and understandable.

CO-HABITATION: THE FIRST TIME: (QN 3 – Autumn, 1990) – For the first time ever former staff took part in the AGM of the Staff Association. Our resolutions requested the D-G to make available to us office space and that our contribution for 1991 would be 20 Swiss francs or the equivalent in another currency, with additional voluntary contributions welcome.

MORE AND BETTER: (QN 4 – Winter, 1991) – It soon became apparent that AFSM filled a real need. Some of the most favourable responses came from ex-colleagues outside the Geneva area. Even more significant was the response from widows and widowers, who feel that at least AFSM represents a helping hand for them in resolving problems.

NOW, 2 YEARS LATER: (QN 9 – Spring, 1992) – It is a time-honoured, and indeed a much respected, custom for experts to put their talent at the disposal of former employers, becoming, in some cases, a $1-a-year consultant.

— the AFSM Executive Group, the QN Editorial Board and the Editors.

Then, when the present Administration suddenly withdrew the services of WHO French translators, volunteers stepped forward. That development and the growth of the newsletter has evolved into an “editorial staff” of Francophones and Anglophones that assists the Editor. Now, serving chairman, David Cohen, has increased membership on the editorial board to four, the fourth being earmarked for a Francophone. (All those contributing are listed in the ‘Acknowledgements’).

This issue, No 50, seems an apt time also to revisit the QN pages of our yesteryears.

—Peter Ozorio
Editor

That being said, we must make clear to our serving colleagues that we have no designs on their jobs, nor is it our intention to obstruct promotion.

WE LOSE APPEAL: (QN 12, Winter, 1992-1993) — The ILO Administrative Tribunal has dismissed the appeal of three former staff who had challenged WHO’s decision to raise health insurance premiums by basing them on 30 years’ “notional” service irrespective of the actual time of employment.

PILLORRING THE PENSIONERS: (QN 14, Summer, 1993) — We should not be against the hiring of U.N. retirees, but we should be against them occupying established posts, thereby blocking the advancement of serving staff or the recruitment of fresh talent.

D-G’S RESPONSE IS “NO,” BUT ....: (QN 16, Winter, 1993-94) — The D-G has said “no” to proposals made last October by AFSM to work out what was described as “new” and “fair” premiums to the health insurance fund that would have lowered payments for many former staff. But he held the door open, slightly, for a review of rates. AFSM pointed out that premiums for former staff are calculated on pre-tax income.

PRINCIPLE AND PEOPLE: (QN 19, Autumn, 1994) — When AFSM was established in 1989, an emphasis was placed equally on: 1. Ties. We pledged to maintain...
among ourselves, with WHO, and, last but not least, with our serving colleagues. 2. Support. We pledged to support former staff and families, committing ourselves to the principle of defence of their interests.

For those outside the area, our links are maintained mainly through this newsletter.

PENSIONS AND TAXES: (QN 23, Autumn, 1995)
There is therefore not the slightest doubt that a general exemption of U.N. pensions from national taxation would be accompanied by at least a proportionate reduction in the level of our pensions.

$12,000 LIMIT PLACED ON U.N. PENSIONERS: (QN 23, Autumn, 1995) - The General Assembly has placed a yearly limit on what the United Nations may pay pensioners employed as their consultants.

HARDSHIP CASES: (QN 20, Winter, 1994-95) - AFSM has reiterated its request to hear from colleagues "who are having real difficulty in keeping up with their health contributions." It is anxious to collect factual data to demonstrate the extent of the hardship in the increased level of contribution.

SOME 300 PENSIONS "SUSPENDED" IN 1995: (QN 24, Winter, 1995-96) - A beneficiary assumed, wrongly, that the envelopes he had been receiving from the U.N. Joint Staff Pension Fund contained nothing more than yet another statement of "periodic benefits." When he did get around to opening the mail, what he found was a second request for a Certificate of Entitlement, which meant his pension was a step away from being stopped.

THE PAIN IN SPAIN: (QN 25, Spring, 1996) - In a letter dated 14 May 1980, Hacienda, the responsible ministry, reasoned that as pensions have the "same character as earned income" they were tax-free. However, a new interpretation was given in March 1990. As the convention between the U.N. and Spain does not specifically list "pensions" as an exemption, they are, after all, not exempt.

THE CASE OF THE MISSING MONEY: (QN 27, Autumn, 1996) - Noticing that 154,000 Swiss francs did not appear to his credit, a colleague from WPRO, a staff member for 23 years, queried UBS, only then to discover that it had been transferred to Thailand - to a newly-opened account in his name. It was done, the bank explained, upon his instruc-

tions in a letter. Responding, the colleague declared that he had issued no such instructions, and that consequently the signature was a forgery.

THE MORE THINGS CHANGE....: (QN 34, 35, 1998) - If this issue of QN has a theme, it is about change. WHO has a new D-G, Gro Harlem Brundtland, and the changes she has invoked are momentous, arguably the most significant in our fifty year history. Our old WHO will have a new way of doing things. WHO's old divisions and units have given way to "clusters" (leading one wag to diagnose cases of "clusterphobia.")

THE CLOSING OF THE GENDER GAP: (QN 36, Spring, 1999) - Recent changes in the U.N. Pension Fund, although affecting all spouses, essentially represent a break for divorcees - the women who hitherto had no claim on the U.N. pension fund after the deaths of their ex-husbands.

Effective from 1 April 1999, thanks to amendments (mainly to Article 35), they are now entitled to the "survivor's benefits" despite their divorce.

"TOO OLD" - IF NOT AGEISM, THEN WHAT?: (QN 37, Summer, 1999) - Sadly, it seems that at least in one Management Support Unit ageism exists. According to the "Serpent Enchaine", the serving staff's publication of revelations, "An MSU rejected a half-time contract of six months for a long-serving former colleague - even though he was vigorously supported by the technical unit, and was on extra-budgetary funds. Too old, he was bluntly told."

STILL OUT IN LIMBO: (QN 39, Winter, 2000) - Pity our Russian pensioners! Despite promises by the government, self-professed "sympathetic" over three years ago, their claim for restoration of their U.N. pension, which had been signed away - against their will - to the former Soviet Union, remains unresolved.

AFTER 20 YEARS OF DEFICIT, A SURPLUS: (QN 41, Summer, 2000) - Representatives of former staff associations in Geneva declared that, should the U.N. go out of business today, the fund could continue paying pensions both to former and serving staff. Their mood of exuberance is understandable as a report said that the fund "had previously experienced a deficit for some 20 years."

FOUND GUILTY OF GENDER BIAS: (QN 43, Winter, 2001) - On 31 January, the ILO Tribunal, in Judgement 2004, found WHO's Administration guilty of gender bias against a male colleague in Washington, D.C. N a first.

FULL PENSIONS FOR ALL AT AGE 70: (QN 44, Spring, 2001) - With India cited as an example, a modest proposal has come from UNICEF, New Delhi, that colleagues who elected to take a lump sum on retirement, and thus to be satisfied with a 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.

LONG-TERM CARE NOW AT CERN AND U.N.: (QN 46, Autumn, 2001) - 2001 may well be the turning point in the struggle over recent years to provide international civil servants with improved long-term care. While colleagues of all ages may need long-term care, it will benefit us, the former staff, most.
**Response Modest, but Virtually All Like QN**

Surveys of readers inevitably bring in a disappointing response, at least numerically — unless there is much to grumble about. The QN Readership Survey, announced in QN43 (Winter 2001) followed form, drawing but a modest 71 responses, or just under 10 per cent of total membership. To put on a smiley face though, that could be because most readers seem happy enough with the newsletter. As the analysis published in this Jubilee issue shows (see box), responses indicated support of the efforts of the QN team.

In response to **Question 1**, almost 90 per cent of respondents said they read QN “fully”. Re **Q. 2**, virtually all found contents either “very good” or “good,” though one thought it just “so so”. As to the related **Q. 3**, 98 per cent rated the layout, “very well done” or “well done,” while one thought it “mediocre.”

Re **Q. 4**, 80 per cent preferred four issues a year, confirming QN’s publishing schedule of the past decade. The crucial matter of periodicity is linked first to regular contact with AFSM membership, and then, inevitably, to costs, which, as reported previously, run to about 1,500 CHF each issue for editorial assistance and layout. As for **Q. 5**, only 1 per cent thought the newsletter “marginal” to AFSM’s mission.

Almost 75%, or 53, of the responses came from Anglophones; the rest from Francophones, with one response in Spanish. Predictably, the majority were from the Geneva area, including neighbouring France, but 11 were from the U.K. and others from Austria, Canada, Germany, India, Israel, New Zealand, the Philippines, South Africa and Spain. Details:

The difficulties encountered by colleagues overseas in paying membership dues also were singled out. **Respondent 25** (ex-WPRO) suggested that AFSM ask regional offices to accept dues for transferring to Geneva (an arrangement already established, for SEARO —Editor). **Respondent 47** (also ex-WPRO) made the point that pensioners overseas have no way of sending Swiss francs to Geneva. They would like to but how to do it?

The most frequent grumble was of QN’s late arrival, which, mea culpa, has been due in part to editorial workload but also to the postal service. Through a quirk in mailing, those in France, for instance, receive copies at least three weeks after colleagues in Switzerland. **Respondent 11** complained that the QN43 January-March 2001 issue only arrived at the end of May (demanding “mais y-a-t-il moyen d’accelerer afin de recevoir les nouvelles plus tôt?”) **Respondent 16** asked: “Why do I not receive it regularly? Am I not a member?”

There were bouquets a-plenty though. **Respondent 19** noted, though cautiously: “So far, so good.” **Respondent 27** (ex-EMRO) said: “The QN gives me great pleasure and is a window on happenings, past and present.” **Respondent 49** wrote: “Please keep it up. We all need it.” **Respondent 60** wrote: “QN is sympathique and fun reading — and important for former staff.” And **Respondent 46** (Corunna, Spain) said in Spanish: “My thanks to all those devoted people who enable this publication to continue, as it is...”

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**Results of Readership Survey**

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<th>Question</th>
<th>Fully</th>
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<th>Not at all</th>
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<td>1. I read the QN:</td>
<td>87% (62)</td>
<td>13% (9)</td>
<td>0</td>
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<td>2. Contents are:</td>
<td>Very good</td>
<td>Good</td>
<td>So so</td>
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<td>49% (35)</td>
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<td>3. Layout is done:</td>
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<td>Well</td>
<td>Mediocre</td>
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<td>41% (29)</td>
<td>58% (41)</td>
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<td>4. I prefer QN:</td>
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<td>3 times</td>
<td>2 times</td>
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<td>80% (57)</td>
<td>15% (11)</td>
<td>4% (3)</td>
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<td>5. For AFSM, QN is: Essential</td>
<td>Necessary</td>
<td>Marginal</td>
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<td>59% (39)</td>
<td>40% (26)</td>
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Quarterly News of the Association of Former WHO Staff
Gro Harlem Brundtland, a former prime minister of Norway, took office as D-G on 21 July 1998 and promised radical reform for WHO. She restructured it, prioritised its activities, and launched new health campaigns. WHO made a comeback to the global political stage. But in a few important ways, WHO is still struggling. A new D-G takes office next July, leaving the future of the reforms uncertain.

Two months before taking office, the new D-G made her first speech to the World Health Assembly. She promised major organisational reform. She laid out four strategic directions for WHO: reducing the burden of disease, particularly in poor countries; reducing risks to health; creating sustainable health systems; and “developing an enabling policy and institutional environment in the health sector.”

The most important pledge she made — a pledge that some will judge her term by — was to create “one WHO”. We must be able to say, she said, WHO is one. Not two — meaning one financed by the regular budget and one financed by extra-budgetary funds. Not seven — meaning Geneva and the six regional offices.

The first three months of her leadership saw massive upheaval aimed at giving WHO a leaner structure. She reduced 50 programmes to 35 departments and grouped them into nine (now eight) clusters at headquarters. The new D-G and her executive directors became a tight, government-style cabinet. But there has also been a constant reshuffling of the D-G’s cabinet — only one original cabinet member remains. The D-G argues that this was necessary to get the right mix of people, but many WHO staff say the changes created instability in the organisation.

She galvanised important health campaigns with new partners from both the public and private sector. In the months before taking office, she decided on two campaigns, the Tobacco Free Initiative and Roll Back Malaria, a public-private partnership that Brundtland called a “pathfinder project.” She established a new unit, Evidence and Information for Policy, which produced the World Health Report 2000, released in June 2000, measuring the performance of countries’ health systems and ranking them into a league table. The report was explosive. Many countries objected to their ranking; the report’s methods were savagely criticised and its relevance to developing countries was questioned.

Was a ranking a valuable exercise? It succeeded in igniting an important debate about what makes for a good health system and why various countries perform so differently. But its release was handled poorly, and many WHO staff I spoke to complained of an unhealthy atmosphere at headquarters in which internal dissent about the report was stifled.

Progress did Brundtland make towards streamlining activities at headquarters with those of the regions? One stumbling block was the long-running autonomy of the regions. The D-G has little authority over the regional directors because she does not elect them. Reform of WHO’s regional structure would have to address this structural problem.

I visited WHO’s headquarters the week after her announcement not to stand for a second term. There was widespread speculation about whether there might have been other reasons for her departure. There was a feeling that while she boosted staff morale when she took office, she squandered their initial enthusiasm by becoming increasingly isolated, uncommunicative, and hidden behind her cabinet.

In summary, the D-G injected a strong sense of direction into an ailing bureaucracy by focusing its efforts on a few priorities. Through high profile global
health campaigns, she put WHO back on the global map. Donor governments have a renewed confidence in WHO and have steadily increased their extra-budgetary donations.

But her managerial changes have had a mixed reception from WHO staff, and she has failed to extend her reforms beyond headquarters. Her vision of “One WHO” has not yet been realised. She centralised WHO, concentrating its focus on Geneva. This tactic helped launch new alliances, such as Roll Back Malaria, but WHO is not comfortable in its partnership role and these alliances have not yet had a major impact on the world’s poor.

—Gavin Yaney
Deputy Physician Editor
(Excerpted from the British Medical Journal, 2 Nov. 2002, the first of five articles)

(Who's rebuttal to this article will be published in Q51. —Editor)

NEWS & VIEWS

PENSIONS

ALL ABOUT THE 1.5% REDUCTION

The “elimination of a 1.5 per cent reduction factor of the initial adjustment of basic pensions.” — phrase from a report by FAFICS (not to be confused with AAFI/AFICS) following its council meeting held in Rome in July 2002.

You may well ask, whatever does that mean? You are in good company if you don’t know. In fact, truth be told, few do. What should stop your eyes from glancing over the phrase is the single word “pension.” Actually, that opaque bit of officialese prose is a reference to our livelihood—pensions. What, precisely, is it all about?

Some two decades ago, to meet the deficit in the actuarial balance in the U.N. Joint Staff Pension Fund, a 1.5 per cent reduction in pensions was imposed upon the new pensioner, not on retirement, but on the first adjustment of pension that followed.

Much has changed since then. Three recent valuations by the Committee of Actuaries have shown surpluses of 0.36 per cent in 1997; of 4.25 per cent in 1999; and of 2.92 per cent in 2001, the last year for which figures are available. That has resulted in a tripartite Working Group (governments/participants/pensioners) to recommend, after a two-year “fundamental review” of pensions benefits, that the 1.5 per cent reduction be stopped.

LONG-TERM CARE

U.N. FIELD STAFF PETITIONING FOR COVERAGE

The initiative to provide long-term care to international civil servants is gathering impetus, albeit slowly but surely. After about a decade of deliberations and discussion, the breakthrough came in mid-2001, when coverage was extended to colleagues in the U.N., Geneva, through its Staff Mutual Insurance Society (which covers UNOG, UNHCR and WMO) as well as to CERN, the European Nuclear Agency.

Now, Anders Tholle, President of AAFI/AFICS, formerly U.N. peace-keeping, and his colleague Gualtier Fishère, formerly UNDP, are circulating a petition asking that long-term care be extended to U.N., UNDP and UNICEF staff who have served in the field.

Addressed to Secretary-General Kofi Annan, the petition seeks signatures from those who have served with the U.N. Field Service, U.N. Peacekeeping and UNDP, as well as in duty field stations of other agencies. Similar representations are being undertaken by serving colleagues also.
The petition for retirees, which originated from Geneva last October, appeals for reimbursement of the cost of long-term care in the home as well as in clinics or hospitals; in short, it seeks benefits "similar to those adopted" by U.N. Geneva for retirees "who have opted for after-service health insurance with the Van Breda plan." As yet there is no closing date for the petition.

Van Breda, a commercial insurance company in Antwerp, provides health insurance to U.N. field staff though not staff at New York HQ, where, oddly, no long-term care is offered at all by any of the insurers (among them, Blue Cross-Blue Shield, and Aetna). Van Breda recently proposed coverage for long-term care at an increase of 1.5 per cent in contributions to the health insurance that it manages for UN-UNIDO in Vienna. According to staff sources, the Vienna administration is hesitant about the proposal, citing costs, while 94 per cent of UNIDO staff have favoured it, following a referendum. Van Breda already provides insurance for FAO, WIPO and WTO which includes long-term care.

"We are anxious to collect the signatures of the maximum number of former field staff for a petition to the S-G," the two sponsors have declared. "Throughout WHO, be it in Geneva or the regions, there are many who have served in the field and who have remained in touch with colleagues from U.N., UNDP and UNICEF covered by Van Breda. Tell them about the petition. Every signature counts."

Copies of the petition are available from the sponsors at their e-mail address: <tholle@cytanet.com.cy> or <Gfulcheri@aol.com>.

LIFESTYLES

Two women elected to Executive Group

Two women now serve on AFSM's 15-member Executive Group following elections last October - Geneviève Martinod a newcomer, joining Averil Foster, who was re-elected. Earlier, in July, a "special appeal" was made for female colleagues to run for office. While three new candidates put themselves forward, only one was elected, a sign that the membership-at-large had not been entirely attuned to the call for a "better balanced" committee of the sexes.

(The appeal did inspire a letter to QN49, however, applauding efforts for gender equality but also urging Anglophone colleagues of any nationality, who constitute a small minority on the Executive Group, to stand. They are, along with women, the writer said, both "untapped riches" of talent and much "needed for our common good".)

Two other newcomers elected to the Executive Group were both male, Daniel Flahault, formerly Ombudsman, and Dev Ray, a veteran of staff affairs while on active service. The other successful candidates were those who had served previously. Yves Beigbeder repeated as AFSM's top vote-getter, with 290 votes, two votes ahead of David Cohen, now re-elected Chairman. Others elected and their votes follow:

Roberto Masironi (275, now Vice-Chairman, formerly Treasurer); Alain Vessereau (274); Daniel Flahault (269); Averil Foster (268, now Treasurer, formerly Vice-Chairman); Dev Ray (267); Roger Fontana (263, re-elected Vice Chairman); Stan Flache (261); Samy Kossovsky (241, re-elected Assistant Treasurer); Rajindar Pal (238); Geneviève Martinod (237).

AT 16TH REUNION, 271 ADULTS, 1 BABY

By their very nature, reunions are attended by folk just like us, who've shared common experiences — except that AFSM's 16th reunion last December was brightened by the presence of baby Quentin Thollier. Comfortable in his stroller, the littlest guest, who is the grandson of colleague Gabrielle Pierre, formerly Admin (Visas), exuded the peace that's so badly needed in our times.

The annual rite brought together 271 persons (250 a year ago) to renew friendships, and also to hear words of welcome from two speakers. Responding, somewhat humourously, to the "ban" on lengthy addresses. Chairman David Cohen limited his remarks to essentials — a warm welcome to all; a thank-you to those who helped AFSM, notably serving colleagues in printing, mailing-distribution; to an announcement of a Baltic cruise in summer 2003 (see details, p. 7) and to a tribute to Gérard Dazin. In recognition of service beginning with AFSM's first committee, he was presented
with an engraved Caran d’Ache pen, the Chairman specifying for his letter-writing as our colleague possessed neither e-mail nor computer.

**Dennis Aitken,** Chef de Cabinet, representing the D-G, referred to her presence then in Burkina Faso for the closing ceremony of the Onchocerciasis Control Programme. He subsequently congratulated former colleagues who had “worked hard one way or another” to help eliminate river blindness in the 11 African countries that were afflicted. As a highlight of work in 2002, he single out the Framework Convention on Tobacco Control, in essence a treaty, to be ratified proposed by WHO (see page 11).

Among the other invited guests were **Maryan Baquerot,** Executive Director, Admin; **Isabelle Nuttal,** President, WHO Staff Association, **Anders Tholle,** President, AAFI/AFICS; **Jean Hanus,** President, former GATT staff; members of the Joint Medical Service, and of WHO’s mailing and printing units.

The cost of catering was 4,444 CHF (3,450 CHF at 15th reunion), financed in part by donations at the door, which amounted to 1,374 CHF ( vs 1,645 CHF); and WHO’s regular contribution of $500. Stated differently, the costs were higher in 2002 and donations lower than in 2001. At the 14th reunion, catering cost 2,000 CHF, and donations amounted to 1,300 CHF.

**LIKE FATHER, LIKE DAUGHTER**

With evident pride, **Joe Chang-Wailing,** formerly WHO Ombudsman, recently spoke of his daughter, Catherine receiving a Diplôme de Médiateur from the Université de Lumière, in Lyon. Already a practising barrister at law, she follows father’s footsteps in the delicate and difficult art of bringing people together — a talent badly needed in these querulous times.

(A family achievement, a blessed event? Tell QN and we’ll tell others. — Editor)

**WHO LEADS, U.N. Follows**

In a separate but related development, S-G Kofi Annan announced last October, “with pleasure,” the appointment of the first ombudsman for the United Nations, thus, in effect following the example set decades ago by Halfdan Mahler, D-G Emeritus.

For colleagues at the U.N., observes QN’s Wise Old Owl, it’s better late than never. To be noted: in our times, the Ombudsman was elected by popular vote from an agreed upon list of candidates who campaigned for the job. Today, the post is by appointment of the chief executive, with no direct staff participation.

**BALTIC SUMMER**

Another former Ombudsman, Daniel Flahault, is again the driving force behind a proposed cruise, announced at AFSM’s annual reunion in December for this summer on the Baltic, again on the “Costa Romantica.”

Planned is a seven-day voyage with visits to Visby (Sweden), Stockholm, Helsinki, St. Petersburg and Tallinn (Estonia). The port of departure and return is Copenhagen, respectively on 15 and 22 June.

The price for a minimum of 20 reservations varies: for inside cabin, lower deck, 1,360€, for upper deck, 1,480€; for outside cabin, lower, 1,750€; for upper, 1,920€. The cost of return fare, by air Geneva (or Paris, or other major French cities) to Copenhagen is included.

The organiser, just elected member of our Executive Group, broke new ground for AFSM in managing its first cruise two years ago, in the Mediterranean, which attracted serving as well as former colleagues - not only from the Geneva area. Venez nombreux, he says for this new adventure. A few cabins may still be available.
Ernest M. Ungureanu. During a lifetime devoted to fighting malaria, he could count among his foremost achievement the discovery of a new method of preparing insecticides, enabling them to be kept in frozen or dried form—a method accepted by some 100 laboratories around the world. He joined WHO’s Division of Malaria, Geneva, in 1963.

Before that he worked as an entomologist in Romania, at the Institute of Hygiene, carrying out research into malaria control, after studying natural science and biology at Iasi University. A League of Nations scholarship in 1946 took him to the Malaria-therapy Unit in Horton, England, as well as to the London School of Tropical Medicine. Awarded a WHO fellowship in 1956, he worked at the Italian Institute of Malariology, Rome.

Even while retiring from WHO in 1974 he remained a consultant, accepting assignments to work in countries at the request of Regional Offices and serving also as a member of malaria expert committees. On his return to Romania he was given the Chair of Parasitology, Faculty of Medicine and Pharmacy at Iasi University, where he had been a professor earlier.

Colleagues appreciated his skills, and his passion for the long-term goal of malaria eradication. We will long remember his tall and distinguished mien, his serenity and his warm human qualities.

Born in 1912, he died, aged 90, in Iasi on 13 July 2002. His daughter Viorica, a professor of philology and specialist in eco-philosophy at Iasi, continues her father’s work.

—Rajindar Pal
(formerly VBC)
Versoix, Switzerland

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## RIP

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Compiled by Rosemary Bell from the AAFI/AFICS Bulletin and other sources.
IN THE HOUSE

D-G TO-BE IS 2ND FROM WPRO

Long-time political adversaries, the two governments of the Korean peninsula patched up their differences at WHO's Executive Board to nominate the same candidate for the sixth and next D-G — Dr. J.W. Lee, from Seoul. Currently director of the programme Stop TB Now, he will take office in July, following pro forma confirmation by the World Health Assembly, and three months after his 58th birthday on 12 April this year.

According to press reports, the vote nominating him was a cliff-hanger. He broke a tie and then defeated Dr. Peter Piot (Belgium), Director of UNAIDS, by 17 to 15 votes on the seventh ballot. He had the “edge because he came from a developing country,” Reuters quoted a European delegate as saying and because the D-G, Dr. Gro Brundtland, “was also a European.” He is the second, after Dr. Hiroshi Nakajima (Japan), from WHO’s Western Pacific region.

Associated Press reported that the nominee “benefited from a smooth and well-funded campaign backed by the South Korean government, and a solid block of Asian support on the Executive Board – even picking up the vote of North Korea, one of its 32 members. South Korean officials, said to number 96, “jumped for joy as the results were announced,” Reuters also reported.

After the vote, the D-G-to-be told the Korea Times he would try to improve North-South relations in the peninsula by “rooting out epidemics plaguing the North.” Another aim stated would be to move “75 per cent of WHO’s resources and staff” out of Geneva by 2005, a proposal not without implications for colleagues serving at HQ.

Three-other short-listed candidates were eliminated in early voting — Dr. Julio Frenk, Minister of Health, Mexico (formerly WHO Executive Director recruited by the D-G herself); Prof. Ismail Salaam, ex-Minister of Health, Egypt; and Dr. Pascoal Mocumbi, Prime Minister, Mozambique. The last named, “with a medical degree and top political connections should have been a popular choice,” in the view of the Economist, as first D-G from AFRO.

The D-G in-waiting has been a staff member for 20 years, joining WPRO in 1983. He became director of the Global Programme for Vaccines and Immunizations in 1995, and director of WHO’s tuberculosis programme in 2000. He received his MD from Seoul National University, and his MPH from the University of Hawaii. Married, he has one son. A WHO announcement said that he speaks English and Japanese, in addition to Korean, reading Chinese and French as well.

In a procedure unknown in our times, all candidates were interviewed by WHO’s EB the day before the vote, which took place on 28 January. Among qualities required to lead was “sufficient skill in at least one of the official and working languages.”

In a joint statement released earlier, in December 2002, Lancet and the Rockefeller Foundation declared that the WHO directorship “carries more influence on human life than any single presidency or prime-ministerial position.”

LETTERS

(Readers like letters. Keep them coming and short. Identify yourself by your last WHO office. – QN)

HAPPY JUBILEE

Peter Ozorio, the Editor of Quarterly News, should be congratulated on the occasion of the publication of our periodical’s 50th issue. He needed a lot of energy and devotion to carry out this difficult task, not forgetting his competence as a journalist.

Our thanks are also due to those who have contributed to this publication over the years — to colleagues who have submitted texts, to the translators and revisers, notable Jean Leclercq, Michel Fèvre and John Bland, as well as, of course, Marianne King, the faithful and dedicated editorial assistant.

Quarterly News has created a precious and necessary link between the Association’s members throughout the world and has kept former staff informed about their organisation’s activities. By encouraging colleagues to send in Letters to the Editor, it is also a forum for an exchange of views.

We must also thank Alain Vessereau, first President of AFSM, who in 1989, with the support of the...
headquarters Staff Association, founded our Association which then gave birth to QN. He was followed by Stan Flache, Rajindar Pal and, now, by David Cohen.

Our Association plays an important role in the domain of Staff Health Insurance; two of its members represent it on the Surveillance Committee. The Association also has two representatives on the WHO Pension Committee.

The Executive Group meets once a month to follow the progress of the Association’s activities and to decide new ones, for instance in the cultural field. The Group is also concerned with social questions, and it supports the Self-Help Group which provides assistance to members who need it.

A General Assembly is held every two years and a friendly reception every year, while the list of WHO retirees with their addresses is published annually.

Bon courage, Peter, for the next 50 issues!

—Yves Beigbeder
Member, QN Editorial Board

FROM EMRO: SEASON’S GREETINGS

On this pleasant occasion, I send to former colleagues — especially those who have served in EMRO, where I have worked for more than 37 years — Season’s Greetings from my wife, Leila, and myself, wishing all a happy Christmas, good health and happiness for the New Year.

I take this opportunity also to indicate my pleasure at receiving the QN, which remains the major link with former colleagues, conveying to us news of interest.

I am pleased to inform you that I have sent to you through the WHO Pouch (Beirut/EMRO-Cairo/Geneva) a cheque for US$100 as a contribution to support QN.

—K. Mneimne
(formerly WHO Regional Adviser, EMRO)
Beirut, Lebanon

(QN colleagues much appreciate your support.—Editor)

REACTING TO QN49

(Re: QN49. July-September 2002)

QN 49 arrived in Rio de Janeiro early December. Some comments:

Re: “To Worry or Not to Worry,” disconcerting to read about the fluctuations of the pension fund.

Re: “His ‘Biological Warfare’ Crisis,” I wonder if Rajindar Pal, an alumnus of the LSHTM (London School of Hygiene & Tropical Medicine, NOT School of Hygiene & Tropical Medicine, London), studied in the same Entomology Dept I did, and under the same prof, Dougie Bertram!

Re: “WHO Denies Studying Blondes.” I think WHO should study blondes — they are an important natural resource.

—Jack Woodall
(formerly HST)
Rio de Janeiro, Brazil

CRYING WOLF

(Re: “His Biological Warfare,” QN 49, Spring 2002)

In the early seventies when I served in New Delhi as information officer for SEARO, an item in a local paper caught my attention — something about an experiment alleging that WHO was using India as a guinea pig linked to American interest in biological warfare.

This turned out to be a reference to the Genetic Control of Mosquito Project located on the outskirts of the city. I decided to pay it a visit and that proved reassuring, although I had never seen so many mosquitoes being bred or confined to cages. The plan was simple. The head of the project carefully explained that all the male mosquitoes had been rendered sterile. While even sterile mosquitoes can mate with eager females, the result did not produce progeny. Even more reassuring was the fact that male mosquitoes do not bite, only females do.

But the newspaper item and others that followed stirred up a storm and questions were raised in Parliament as described in QN 49 by our colleague Rajindar Pal, formerly Chief VBC and Project Manager. To counter the adverse press, my strategy was to invite journalists and WHO or foreign experts to visit the project and see what was going on. Unfortunately, perhaps due to the Cold War, this had become a very hot political potato. The Government of India, with an eye on elections, stated that this was a WHO project. WHO reacting in a less than forthright way, claimed that the project was at the request, and under the control, of the Indian Government.

And so, as the buck was passed back and forth, the press coverage got worse. Even reputable journals in the U.K. had picked up the story without checking
and too easily accepted the false claims. They were later to apologise. WHO headquarters prohibited me from inviting anyone, especially journalists to visit the lab. Then, buckling to pressure, the first trial was cancelled and soon after the project itself closed down. The attempt to control mosquito populations without pesticides is now just a memory of the few who care to remember.

Today, with real biological weapons for warfare on the increase, well funded, and stoutly defended in a country I know well, there would be good reason to cry wolf in a loud voice. Instead, doors that should remain open for inspection are closed.

—Nedd Willard
(formerly Information Officer, SEARO)
Geneva

"THE RIGHT LEADER"

The future health of billions of people around the world hangs in the balance as nine candidates jockey for votes in a largely ignored but desperately important election for the post of D-G, WHO. When its Executive Board meets in January to interview candidates and nominate one person, it will be presiding over a crisis in global health.

Prime ministers and presidents alike agree that health is now central to human development. The most obvious visible expression of this is the way in which health targets dominate the U.N.’s Millennium Development Goals.

WHO has been a weak partner in initiatives that influence global health. Its work on sustainable development has been too little, too late. It has failed to drive home the advantages won for public health during the WTO’s negotiations at Doha in November, 2001. Country-level work has been neglected. In sum, there has been no sense of urgency in WHO’s leadership, no sense that it is the only global agency to advocate on behalf of the world’s poorest people.

The right leader will be a person with strong public health instincts and a demonstrable commitment to campaigning for global health equity. A leader, in other words, who is prepared to irritate enough governments to ensure that he or she serves only one four-year term.

—Richard Horton
Editor The Lancet,

U.S. COLLEAGUES
"DISCRIMINATED" AGAINST

For its citizens abroad the United States makes an invidious distinction between “earned” and “unearned” income which does not appear in the domestic U.S. tax code. Thus Americans who are retired and live entirely on unearned income (Social Security, investments, IRAs etc.) do not receive an exemption and must pay U.S. tax as well as taxes in the country in which they live.

I would love to know why the Americans insist on discriminating against their retired citizens who choose to live abroad.

—Gerry Thompson
Verbier, Switzerland
(Excerpted from letter to IHT, 23-24 Nov. 2002)
— it spouts fine words on combating ageism but imposes ageist policies on its staff. While ministers have the right to work as long as they want, their civil servants are compelled to retire at 60.

But the European directive will leave state retirement ages unchallenged. Groups like the Third Age Employment Network are pushing for the scrapping of the state retirement age, but the Confederation of British Industry is insisting that it stays. Employers are apparently addicted to the right to sack able workers for no reason.

But before anyone gets taken in, we should look at other countries. Both the U.S. and New Zealand have abolished compulsory retirement ages on the ground of discrimination. Companies such as Sainsbury's, Nationwide and B&Q have abolished compulsory retirement, giving everyone the right to work as long as they want.

—Anthony Browne

(Excerpted from The Times of London, 9 Oct. 2002)

WHO’S TOBACCO TREATY

The Bush administration persists in siding with R.J. Reynolds and the other cigarette giants in international tobacco control negotiations convened by WHO.

Smuggling allegations based on information compiled by the 10 countries’ law enforcement agencies suggest that RJR knowingly sold large volumes of cigarettes to mobsters, because criminals can be helpful in gaining access to some markets and they pay more than legitimate partners.

A lawsuit also claims that RJR obliged the mobsters by removing marks from its products to prevent them from being traced; the firm and its affiliates frequently switched bank accounts to cover up their actions. Of course, the suit may fail, and RJR’s reputation may recover its former level. But that level is still pretty low.

To combat the (tobacco) epidemic, WHO has sponsored negotiations on a global tobacco control treaty. The penultimate round finished last month; the next and final one will take place in February. Most of the participating countries support a range of sensible measures. Tobacco advertising should be banned, except in countries (as the United States) where this would be unconstitutional. Tobacco control measures should not be subject to challenge on trade grounds, because trade rules should promote the free exchange of goods, not bads, such as tobacco. Smuggling should be suppressed wherever possible. Cigarette packs should carry prominent health warnings, and misleading terms such as “light” and “mild” should be forbidden.

(Excerpted from The Washington Post, 26 Nov. 2002)

CELL PHONES: RISKS STILL UNKNOWN

WHO has clarified its position on the health effects of mobile phone use. Media reports that WHO “insists mobile phone emissions are safe” are a distortion of WHO’s position, according to a Note for the Press dated 10 Oct 2001.

While WHO states that “none of the recent reviews have concluded that exposure to the radiofrequency (RF) fields from mobile phones, or their base stations, causes any adverse health consequence, there are gaps in knowledge that have been identified for further research to better assess health risks.” WHO adds “It will take about 3-4 years for the required RF research to be completed and evaluated and to publish the final results of any health risks.”

(Note for the Press No. 14, 10 October 2001)

A SPECIAL ACKNOWLEDGMENT

The senior generation wishes to acknowledge with thanks the role of the junior in helping us to manage our home computers -- overcoming a hard-drive crash, the Bugbear virus, a breakdown in computer-printer and mastering (though never fully) the mysteries of new software.

Without the expertise of Alastair Bland (son of John), Olivier Gigon (grandson of Marianne King), François Leclercq (son of Jean), and T.J. Ozorio (son of Peter), this issue, and others, would never have seen the light of publication. So all hail to the kids!

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

The views expressed in QN are those of the authors, not necessarily of AFSM.


**Feature**

**LONG-TERM CARE : WHAT IS IT ?**

It has been a stock theme for columnists in recent years. We hear and read about it every day. Learned studies using highly sophisticated and, to say the least, far from pellucid technical terminology recurrently claim our attention. Yet the thing is simple.

Patients falling victim to an acute illness that nonetheless leaves sequelae, to a chronic disease, or to an accident resulting in serious functional impairment, may find themselves totally, or partially in varying degrees, unable to cope with what French social legislation calls the everyday tasks of life : dressing, washing, feeding oneself, following a prescribed course of treatment - conducting the basic activities of day-to-day living. Such a state of dependency necessitates outside assistance. It may improve, quickly or gradually, remain stationary or even worsen. The problem of the cost of the outside assistance and how it is to be met through insurance then arises. Such a situation may occur at any time of life, but its frequency increases with advancing age.

The steep rise in life expectancy during recent decades has been reflected in a steady increase in the number of elderly people with physical or mental defects —often both— requiring help from other persons.

Ospices for the aged were created a very long time ago. Living conditions for the inmates were usually far from pleasant. The community bore their cost, which was relatively light as mean longevity was low and death generally came during the active period of life. As a rule, moreover, particularly in rural areas, the different generations in a family lived together, the young taking care of the old. In many developing countries that is still the case. In industrial countries things are very different, and the means adopted to cope with the resultant growing problem vary widely from one country or social group to another.

There exist cases where the handicaps suffered from offer no prospect of improvement and clearly necessitate special management. What are known as “établissements médico-sociaux” (medico-social establishments) cater for such needs. They provide help with the routine activities of life such as washing, dressing and feeding oneself, together with nursing and medical care. The way the costs are defrayed varies widely.

For us retired WHO staff the existing provisions are inadequate. The Health Insurance reimburses the costs of admission to a medico-social establishment on a regressive basis. While some of us have big enough pensions to be able to cope without difficulty, the same does not apply to others who contributed for relatively few years or had modest salaries.

There are still more cases where admission to a medico-social establishment is not, from a strictly medical viewpoint, indispensable. The patient would be able to stay in his or her own home provided that regular assistance was available in the form of medical and nursing care and domestic help. Some welfare systems have woken up to the problem and measures to deal with it have been taken in some countries and even some international agencies.

Our Health Insurance does indeed take on the medical and nursing costs; it rules out of consideration any domiciliary assistance not definable as either medical or nursing services. Were it prepared to recognize such a state of affairs for what it is, namely a pathological condition calling for “long-term care” which it agreed to reimburse, referral to a medico-social establishment could in a great many cases be avoided. That would be pure gain. For the patients, the benefit to their morale from staying in their own homes is obvious : it can only be to their advantage and spare them the psychic and psychosomatic consequences that uprooting and placing in an institution all too often entail (plus the financial burden that those consequences represent for the Health Insurance).

The very learned technical studies I have referred to—which are still to be completed— seem to show that the financial requirements could be met through a modest increase in the contributions to the Health Insurance of all its partners. Certain organizations, in particular within the United Nations system, have begun to make arrangements on those lines. They need to be developed.

The ever-growing number of distressing and even tragic cases makes speedy action essential. Our AFSM is working actively for that.

—Samy Kossovosky
(formerly JMS)
(Translation: John Fraser, formerly TRA)