Dear Colleagues,

The present issue is different from the previous because, for the first time since the existence of the News, our editor, Peter Ozorio, to whom the Committee as a whole wants to pay homage for his skill and professionalism, wishes to have a little break: be assured, he will not be absent for long. However, we did not want to deprive you of your journal – so this is why the President, the Editorial Board and other members on the Committee, have decided to publish this issue, of course shorter, but at least, avoiding a too long break between publications.

ELECTIONS OCTOBER 2002

Elections took place during October 2002, and a new Committee was formed (cf. QN N° 50). And already, it is time to think about the next General Assembly, the third in our Association’s history; it will take place on 16 October, as usual at WHO Headquarters, Room C, at 13h30. As from now, please send us your suggestions, ideas and remarks: they will be most welcome.

AFSM’s membership continues to rise, particularly life membership, which indicates that our Association is in good health. The last two years have allowed us to reorganize the work of the Committee and to broaden our participation in a variety of social activities, such as the International Day of Older Persons, which took place on 17 October 2002, the WHO Annual Solidarity Fair, and other projects, as well as looking after a certain number of individual cases: problems of pension and health insurance, etc. Our main concern is now the problem of long-term care which, we hope, will be resolved within the next two or three years. Our Annual Reception, which took place on 5 December 2002, page 3.

AGEING IN GOOD HEALTH

This was the title of the Seminar held on 23 April 2003 at the ILO, at the instigation of the Association of Former Civil Servants (AAFI/AFICS).

Three lecturers took part: Dr David Cohen, President of our Association, who dealt with the present conceptions of ageing, and the measures to take to slow it down.

1. prevention through annual checkups and screening measures
2. healthy, varied and well-balanced diet
3. elimination of smoking, reduction in alcohol consumption
4. physical exercise at all ages
5. intellectual and social activity

Dr Alexander Kalache, Coordinator of the Ageing and Life Course Section of WHO, then asked the audience how they experienced the ageing process and requested that they share their personal experiences. The ensuing debate was lively and interesting; in the audience was Mrs Charlotte Lamunière, the eldest member of AAFI/AFICS, centenarian in perfect physical and mental health, who intervened actively.

QN pays a special homage to Dr Carlo Urbani, WHO expert in Hanoi, who died on 29 March 2003 from Severe Acute Respiratory Syndrome (SARS), after having alerted WHO and the world about this new and severe disease.

(cf. Page 6)
A HEALTH INSURANCE IN GOOD HEALTH

The report of the WHO staff health insurance for 2002 has recently been finalized. It is an interesting and useful document to assess the position of the health insurance from the viewpoint of its functioning and of its financial position. In a system such as WHO's, an autonomous scheme, it is important that we, the participants, be aware of our responsibility in these two domains. A few points should be underlined.

**Demography**

The health insurance participants are either serving staff members or retirees, without any difference between the rights and duties of either category. The same applies to their dependants. At the end of 2002, those covered by the insurance were more than 22000.

However, if there is no theoretical difference between the two categories, their health problems are of course not identical, those of retirees being, on an average, more costly than those of serving staff - hence the need for a degree of solidarity between the generations. In this respect, it is a worry that the proportion of serving staff vs. retirees is decreasing. From 2.30 in 1993, it was 1.25 in 2002. This is due, in part, to the personnel policy of WHO which has reduced the number of permanent posts in favour of short-term staff who, until recently, were not subject to the same insurance rules. Now, most of them may participate in the insurance under the same conditions as the regular staff.

**Contributions, benefits**

While contributions have provided an income of $32 800 000, the amount of benefits was $28 387 000, an excellent balance which allows the surplus (about $4 million) to be used in order to safeguard the future.

However, this result covers situations which are not identical. Regarding the serving staff, one has known for a long time that there are Regions where expenses per participant are higher than in others, because the cost of care is higher. In these cases, Regions provide a complementary payment in order to compensate the actual deficit.

What about these retirees, who are deemed to cost a lot to the insurance? And this seems true since the benefits they receive exceed their contributions by more than $600 000, which confirms the persistence of the deficit regularly shown for this category of participants. In fact, a more precise analysis shows that if in AMRO/PAHO retirees' contributions cover only 71% of benefits, this rate is 102% for the headquarters retirees, and still higher for those in other regions. In other words, in the latter cases, retirees cost less than what they contribute. One should remember this if measures are proposed in order to reduce the "retirees' deficit"

**Long-term care**

The annual report also focuses on a question of concern to retirees: a better reimbursement of long-term care (LTC). It mentions that a working group is reviewing the improvements which could be added to the present conditions in effect since several years. Although this is a complex problem, it is reasonable to believe that appropriate decisions will be taken in the near future.

**Administration**

It would be unfair on our part not to mention that if WHO participants are enjoying a satisfactory health insurance system, they owe it essentially to the team who administer the scheme. To appreciate the magnitude of their task: in 2002, for the whole of WHO, except AMRO/PAHO, 38 467 reimbursement claims were submitted.

The insurance secretariat is also permanently trying to reduce costs, for instance through the negotiation of preferential agreements with health care providers or prevention measures.

*Alain Vessereau Representative of the retirees on the Surveillance Committee*
WORLD HEALTH DAY IN 2003
Healthy environments for children

This year, on 7 April, WHO’s World Health Day was dedicated to healthy environments for children. Children are the most sensitive population group in any country. They will be tomorrow's adults. WHO warns that the impact of healthy - or unhealthy - environments: soil, water, air, is greatest on the young developing organism. Most of the dangers lie in pollution, biological but especially chemical pollution from industrial by-products and by heavy metals: Lead, Cadmium, Mercury and other elements. High Iron or Arsenic levels in water affect mostly children. In developing countries people often drink water which has been used upstream for washing and industrial discharges, including mine operations. Besides excesses of toxic elements, deficiencies of essential trace elements are also a cause of widespread ill health in infants. There is no need to recall the adverse effects of Zinc deficiency in mental retardation and stunted body growth, of Iodine deficiency in goitre and cretinism, of Fluorine deficiency in dental caries, of environmental Selenium deficiency as a contributory factor in Keshan disease in Chinese children and, of course, of other forms of malnutrition. But also before birth, warns the WHO, environmental risks at the initial stages of foetal development can cause irreversible damages. Iodine and Iron deficiency in pregnant mothers carry catastrophic effect on the newborn. The World Health Organization calls for the establishment of a worldwide political and action-oriented framework to mobilise means and strategies to protect the environment. Further details on healthy environments for children can be found by contacting WHO at email whd2003@who.int.

Roberto Masironi, Vice-President Committee
(doc. UNESCO/WHO)

Committee 2002-2004 (continued page 1)

was an unequivocal success, and we hope that it will repeat itself in 2003.
Whilst the essential of our activities has been in the Geneva area, we are trying to strengthen our ties with the Regions to encourage them to participate, and, hopefully, we can, in future issues, have an article on "News from the Regions". We also intend to publish objectives of WHO, and, with this issue, we are beginning with World Health Day and other matters. We shall try to reactivate the Internet site, which has broken down, but for that we must have a volunteer and would be pleased to hear from anyone who would be willing to do this.

David Cohen, President AFSM

⇒ We shall develop the theme of Ageing in good health in a following issue

Ageing in good health (continued page 1)

After a well-earned coffee break, the conference recommenced with a much appreciated talk by Dr Norman Sartorius, former Director of the Mental Health Division of WHO, with much laughter from the audience. His talk concerned above all the mental aspect of ageing and measures of an intellectual and social order; he also insisted on the necessity for older persons to take care of their physical appearance, in order to maintain the respect of their families and friends.
After many and varied exchanges from the audience, the conference closed and a hearty buffet lunch, during which discussions continued, ended this very interesting seminar which lasted from approximately 10 a.m. to 3 p.m.

David Cohen

⇒⇒⇒ Save the date: 16 October 2003, at 13h30, Room C, WHO HQ, Geneva

Our next General Assembly

Send your suggestions, remarks, etc......, if you want them to be included in the Agenda
The Group started out as a group aiming to encourage those who had retired from the World Health Organization in the Geneva area. The first meeting took place at the First-Class Buffet of the Gare Cornavin (since disappeared!) on 25 June 1993 and it was agreed to meet informally for coffee and/or lunch on the first Friday each month. It was organized by two members of the Executive Group of the Association of Former Staff Members.

From the beginning, the idea was to provide an opportunity for those wanting to keep in touch but also to lend a helping hand (or ear) to a former colleague or family seeking sympathy or help. This was eventually reflected in adopting the title « Self-help Group » and a list of people willing to provide assistance was drawn up and circulated. Requests for assistance have, happily, been few – surely reflecting the high standard of care available in Geneva and « France voisine » - but we have been able to be of practical help in several instances.

Over the years we have moved several times – to the Hotel Savoy (which was closed for modernization and re-opened their restaurant as a Brazilian bar (a bit specialized for us), the Hôtel Suisse (which closed its restaurant), then we went to the Migros restaurant at Balexert (a bit too far from town for some), we had a period at the Bagatelle (they decided to close for modernization,,). We have now made our home at the Bar de la Gare, directly behind Cornavin where the management has kindly agreed to reserve a long table for us every first Friday. It is pleasant, informal and easy to get to by public transport or by car.

On 4 December 1993, we informed everyone of Ed Sackstein’s plans to arrange for a meeting place for former staff of any part of the UN system, with the encouragement of AFICS. These lunches started on 16 March 1994 and developed into the twice-monthly lunches at the Café du Soleil, several of our Group are regulars at the Soleil, others preferred to stay with the all-WHO Group.

Also in December 1993 we had the first of a number of « special » lunches, though we have since avoided the crowded end-of-year time. These have proved to be very popular and quite a lot of fun, judging by the animated conversations.

Since the Self-help Group started, the undersigned have ceased to be members of the AFSM Executive Group but we have been most appreciative of the continued support of the Executive Group and for their decision to provide a credit for small expenses. We also are very grateful to Marianne King who does all the hard work of reproducing letters and getting them mailed.  

Margaret Baker and Rosemary Bell

Discussion Groups

AFSM is investigating interest among its members to participate in discussion groups around themes of interest to WHO. For example, they can be structured around

- Performance of Health Systems
- Violence and Health
- Cancer prevention

all subjects of recent reports from WHO. If you are interested in participating in such discussion groups - to be held in WHO, Geneva - either personally or through electronic communication, please send a message to Dev Ray at AOMS or e-mail dev.ray@wanadoo.fr. Depending on response received, the modalities of such discussion groups will be determined.  

Dev Ray, Committee AFSM

⇒ Send your suggestions for the General Assembly on 16 October 2003

Page 4  Association of Former WHO Staff
REGIONAL ASSOCIATIONS

AMRO (PAHO) and SEARO have already well-established Associations of Former Staff Members. During February this year, we wrote to the Regional Directors of AFRO, EMRO, EURO and WPRO that it would be of great value if Associations of Former Staff Members could be formed in these Regions. Copies of our letter have also been sent to the Chairmen of Staff Associations in these Regions. So far, we have had a reply from WPRO stating that that Region greatly appreciates the value of having such an association and is certain that much good will come out of this. On behalf of the Regional Director, it sends us its best wishes in all our undertakings.

Both PAHO and SEARO publish quarterly Newsletters. PAHO celebrated its Centennial Anniversary last year and in its December 2002 issue reported on the reception for former staff arranged by the Regional Director. AFSM organized a Symposium and published pictures of Public Health Heroes. AFM / SEARO published the ICSC report for the year 2002 and the U.N. Secretary-General’s message on the International Day of Older Persons. The Editorial discussed the Inter-Actions with pensioners and active colleagues.

M. Imtiaz Mohamed, a life-member from Pakistan, sent us an e-mail stating his intention to create a local Association. A good decision!

Rajindar Pal, in charge of Regions

⇒ As from now, we shall try to publish information about Regional Associations in each issue.

New Members

A very warm welcome to the following new members who joined the Association during the period November 2002 to April 2003. Their support is much appreciated and we look forward to serving their – and all members’ – interests in the future.

If you have not already renewed your subscription for 2003, or are not yet a paid-up member, but would like to do so, please do not hesitate to contact us.

S. K. ANAND (L);
M. IMTIAZ (L);
A. M. KASCAR (A);
B. DAZO (L);
P. LECCIA (L);
C. LARSEN (L);
E. FARHI (L);
A. GROENENDYK (L);
H. M. KAHSAY (L);
M. A. EDDISON (L);
M. MERCIER (L);
J. KASONDE (L);
M. B. SEDEUILH (L);
J. BLAND (L);
J. DOWD (L);
L. BURMAN (A);
J. DEOM (A);
J. BAINBRIDGE (L);
B. Grab (A);
J. LECLERCO (A);
V. KOLM (A);
J. IACONI (L);
B. MONTANT (L);
J.L. HERRMAN (L);
D. SAIDI (A);
A. GESER (L);
E. MOTTIER/ SOUZA (A);
J. FERNANDES (L);
R. HELMER (L);
M. CHAMBOST (L);
T. STIBBE (L);
R. GRAF (A);
A. CUMMINGS (L);
J. CEFFA PAYNE (L);
J. A. BANNERMAN (A);
M. BROWN (L);
M. SCHMID (A);
M. VIGNET (L);
L. KEREBEL (L);
P. LECLERC (L);
R. VILLARS (L);
S. M. MITCHELL (A);
V. LEPAKHIN (L);
W. GRAY (L);
J. BURON (L)

(L = LIFE MEMBER;  A = ANNUAL MEMBER.)

⇒ Very soon, we are going to publish a new directory, updated, including addresses etc. of new members.

Averil Foster, Treasurer

⇒ Send your suggestions for the General Assembly!
Pensions

Reply to a frequently asked question

Certain pensioners, having taken a lump sum at the time of their separation from the Organization, are of the opinion that after a dozen or so years, they should receive a full pension, like those colleagues who did not take a lump sum at the time of their departure. It appears that this opinion stems from a practice adopted for Indian civil servants.

Unfortunately, we have not been able to verify the reality and the circumstances of this practice, but, after investigation and discussion with AAFI/AFICS and enquiring of Mr Gilbert Ferrari, Chief of the Geneva office of the United Nations Joint Staff Pension Fund, the suggestion seems to be unacceptable.

Below, a summary of the explanations we could obtain:

1. this facility, which is proposed by the Fund at the time of separation, is a choice to be made once and for all by the future retiree, according to his or her interests;
2. the lump sum option is chosen when the future retiree needs to make an investment, such as the purchase of a flat, or other commodity;
3. at the same time it should be understood that in the case of death, the pension paid to the surviving spouse is the same, whether or not one has taken the lump sum; all this has been taken into consideration in the actuarial calculations of the Fund;
4. it should not be forgotten that the Fund bases its calculations on a life span average, actually 83 years; therefore, it is the money economized on the pension of retirees who unfortunately die soon after they retire which contributes in part to pay the pensions of those who are lucky enough to live longer.
5. one can also add a tax argument - those who take the lump sum have a tax advantage, since their declared revenue is less;
6. those persons who, happily, live a long time, will benefit from a pension which will far exceed that which their contributions to the Fund gives them the right.

It would appear more useful and consistent with the interest of all the retirees to ask our Health Insurance to accelerate the extension of our existing coverage of long term care, including the taking over of dependency, which needs to be improved, since, because of surveys and actuarial enquiries, it is being delayed for a long time.

David Cohen.

Severe Acute Respiratory Syndrome (SARS)

We all know about the sudden SARS epidemic, which is still spreading, while research has not, for the moment, obtained enough results. About 7500 cases have been diagnosed up to now, which led to 570 deaths. However, the fight against the disease has started, and we must congratulate the WHO teams led by David Heymann, Gunael Rodier and others from WHO HQ and WPRO for their efficiency and speed with which they have taken action (see on page 1 the tribute paid to Dr Carlo Urbani, who died on duty). WHO now advises doctors and nurses to protect themselves better, by wearing in certain cases gloves, smocks and goggles, when they treat patients with fever and respiratory problems. These new recommendations go beyond preventive measures against SARS and concern all patients having these symptoms, and constituting "alert cases", i.e. individuals having respiratory or fever symptoms. These precautions will also better prepare hospitals worldwide to other epidemic surges of unknown illnesses and improve the fight against known nosocomial affections. In Hong-Kong, precautions carried out against SARS have lowered the number of intestinal infections in hospitals. Congratulations, WHO ! It appears that the epidemic is now under control in China.

D. Cohen, D. Ray
DISTINCTION

AOMS/AFMS member awarded a high level national recognition

I think most members knew Giovanni Cereda, who worked for many years in the Library. Always smiling and ready to help colleagues, he was also very active in the Geneva Italian community.

In recognition of his long lasting hard work in favour of this community, the President of Italy has just awarded Mr Cereda the title of Knight ( Cavaliere) of the Italian Republic.

Let me add that he has been for a long time an active member of the WHO Football Club as well as the Italian one in Geneva.

We wish to express here to our former colleague Cereda our best greetings.

Roger Fontana, Vice-President AFS

Obituary

Our very good friend and former colleague, Imre Soos, died on 13 June 2002 in a car accident, which caused his wife Maggy nine months' hospitalization and rehabilitation, besides the excruciating pain of her husband's loss. Imre is also survived by his daughter, Agnès, a medical doctor.

Imre was recruited to WHO from the Hungarian Ministry of Foreign Affairs in Budapest, where he was spotted as a good candidate by the late Dr James Deeny.

Imre first came to Geneva headquarters as a Personnel Officer in 1968. He was reassigned to WPRO in 1973 as Regional Personnel Officer, then back in Geneva in 1978. He then served as Regional Personnel Officer in AFRO, EURO and EMRO. He retired from WHO in 1996 and returned to Hungary.

Imre was a hard-working and competent colleague, appreciated for his amiable temper and good spirits. He was also a good chess player, an asset for the WHO chess club in its yearly rounds with local Swiss clubs in the Coupe du Léman. I still remember our playing chess continuously in the train returning to Geneva from Vienna, when we played in the WHO team in the InterAgency games, many years ago.

A warm-hearted person and a devoted family man, Imre will be remembered fondly by his many friends in WHO. We wish Maggy better health and assure her of our sympathy in her loss.

Yves Beigbeder, formerly PER, Committee AFSM

When closing this issue, we learned of the death of Maryan Baquerot, which occurred suddenly on 13.05.03 following post-surgical complications in hospital.

M. Baquerot was Executive Director, General Management, at WHO Headquarters since 1 July 2001, after being Director of Administration of UNOG since 1994, with an interruption of six months in Kosovo as Administrative Director of the UN Mission in Kosovo (UNMIK): He was previously Chief of Personnel in UNHCR.

Several ceremonies have been held in his memory, during which speeches were given by Dr Gro Harlem Brundtland, Director-General, Dr Isabelle Nuttall, President of the Staff Association, Dr Bernard Kouchner, former Minister of Health in France and former UN High Commissioner in Kosovo, Sergio Vieira de Melo, UN High-Commissioner for Human Rights, M. Morjane, deputy High Commissioner UNHCR and others. All these personalities paid tribute to his great human qualities and to his sensitivity, often hidden under somewhat brusque manners.

Mr Baquerot worked for the United Nations since 1975. We offer to his family and his friends our very sincere condolences.

The Committee AFSM
List of deaths occurred since last announcement

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Compiled by Rosemary Bell from friends, messages, and the AAFI/ AFICS Bulletin (which functions in a similar manner – we cannot obtain direct access to the information for reasons of respecting the privacy of former staff).
Past Directors-General

The recently concluded Health Assembly confirmed Dr JW Lee as the sixth Director General of WHO in its 55 years of existence. It may be appropriate to briefly recapitulate the past based on a submission by Socrates Litsios to the Lancet Debate on the DG (9 November 2002). The observations are mine.

Brock Chisholm, a Canadian psychiatrist and a member of WHO’s founding body, was the first DG. He promoted mental health work and demonstration areas to “demonstrate to governments and the world in general the economic value of well-planned and far-sighted measures to improve the health of population”. He, however, served only one term.

Marcelino Candau, a Brazilian malariologist, “reigned” for the next four terms of five years each. Candau put more emphasis on more narrowly defined health objectives including malaria eradication. At the end of his fourth term, he stated in the Annual Report for 1972 that “much of the developing world has had imposed upon it a manpower pattern that is foreign to it and that is unlikely to function properly in the conditions obtaining there.” It probably referred to the Basic Health Services model which emphasized placing health staff at the periphery.

Halfdan Mahler, a Dane and a tuberculosis specialist, was the third DG (1973-88) and was the first to be elected from among the long term staff of WHO. He promoted the concept of Primary Health Care (PHC) based on a concept of socially acceptable methods and technology accessible and affordable to the community. Mahler advocated a social revolution in health for countries to overhaul their own health programs and a new WHO to emerge based on learning, with mutual respect, from one another’s experience (technical cooperation). Although PHC soon caught the imagination of countries, health activists and institutions, it was hijacked by proponents of selective PHC and the country programmes continued with vertical approaches. Mahler was prescient of the need to downsize HQ – a need that is currently glaring – by engineering a Health Assembly resolution. During his time, the regional offices became stronger.

Hiroshi Nakajima, a Japanese physician and a staff member, was elected in 1988. His period was marked by controversies and hostile coverage by the western media. Although no particular unifying theme emerged during his stewardship, he did not forsake the ongoing directions of WHO. However, after ten years of somewhat lacklustre leadership, the staff and health professionals were eager to welcome the current DG –

Gro Harlem Brundtland, previous Prime Minister of Norway and a woman. She has succeeded in raising the awareness of health in the political world but, as some critics have remarked, her leadership has been marked by non-acknowledgement of past achievements of the Organization, a desire for change (“making a difference”) for the sake of change and no unifying theme to harness the different levels of the Organization. Her leadership of five years has been notable for its persistent campaign against tobacco, promotion of macroeconomics for health and partnerships with commercial interests. During the five years, the HQ has grown phenomenally.

The tasks confronting the new DG are complex – how to establish a proper balance between country oriented activities and research, how to keep different parts of the Organization healthy instead of an overgrown HQ and how to motivate staff around a unifying theme or direction. The 20 years he spent inside the Organisation must have given to him an intimate understanding of WHO. Dev Ray, Committee
Historical archives and research resources at WHO

The following article has been received from Mrs Carol. Modis, of the WHO Library:

Introducing a new staff member

Ineke Deserno took up the position of Head of Records and Archives at the World Health Organization in Geneva, Switzerland in October 2002. Ineke is a professional archivist and records manager. She completed her masters degree in History at the Katholieke Universiteit in Nijmegen, the Netherlands and a post-graduate degree at the Rijksarchiefschool in the Hague, the Netherlands. She also completed a Certificate in Advanced Studies in electronic records management at the University of British Columbia in Vancouver, Canada. Before coming to WHO, she was an EDRMS Project Manager at the International Olympic Committee (IOC) in Lausanne, Switzerland and Electronic Records Archivist and Associate Archivist at the United Nations High Commissioner for Refugees (UNHCR). Ms. Deserno is an active member of the International Council on Archives (ICA) and ARMA International.

The WHO Records and Archives Unit develops policies and guidelines; maintains and makes available record keeping and archives tools; provides advice and training to staff at Headquarters and to the other offices on records and archive management issues; and promotes research use of WHO archives.

WHO records and archives constitute a major source of information for both current organisational management and future users and researchers, and include heritage records of the WHO itself, its activities as well as crucial data on disease eradication programmes. In addition, the archive includes interesting photos, stamps, awards medals and other memorabilia. For any questions about the WHO historical records archives, contact Ineke at: +41 22 791 2028 or desernoi@who.int.

The WHO print archives are held by the WHO Library. Publications, documents and videos are kept in the Library Historical Resources room. Some of the items are indexed in the WHO Library database at: http://www.who.int/library; many of the bibliographic references include links to the full text of the documentation. Some basic historical documents are presented full text on the Historical Resource page of the Library web site at: http://www.who.int/library/historical. Have a look at this page on the Internet and read the proceedings of the First World Health Assembly or have a look at rare books on the plague from the library collections. For further information contact the library at: +41 22 791 2062 or library@who.int

We are very happy to note that WHO HQ has now a real Service of Archives: we forward our sincere congratulations to Mrs Ineke Deserno and wish her much success in her so important and useful task.

Have contributed to this issue: Design, & lay-out: David Cohen; articles and translations: Yves Beigbeder, Rosemary Bell, David Cohen, Michèl Fève, Roger Fontana, Averil Foster, Roberto Masironi, Carol Modis, Rajindar Pal, Dev Ray; Alain Vessereau Proof readers: Geneviève Martinod, R. Bell, A. Foster, Dev Ray Our congratulations to the Printing service.