Dear Colleagues,

You have received, and we hope, appreciated QN51: here now is QN52: you will have the opportunity, at the General Assembly on 16 October or otherwise, to let us know if you wish to continue with the new style of the Journal, which gives importance to WHO objectives, as our Statutes recommend. We call for your suggestions, remarks, constructive criticism, letters, for it is in this way that our Journal can develop and improve. Your articles will be welcomed. The Readers’ Corner is a very important element which we would like to develop.

Many thanks for your contributions. David Cohen, President of the Committee

GENERAL ASSEMBLY of 16 OCTOBER 2003
PROVISIONAL AGENDA

13h30: Welcome of the participants

1. Opening of the Assembly: introduction
2. Election of the Chair person of the Assembly; election of the polling officers
3. Adoption of the agenda
4. Report of the President AFSM:
   ➢ Functioning
   ➢ Orientation
   ➢ Information: Quarterly News
   ➢ External relations
5. Financial report, budget; election of auditors
6. Pensions: current status
7. Health Insurance and the retirees.
   Long term care
8. Amendments to the statutes, membership dues
9. Taxation in Switzerland and in France
10. Social activities: Self-help Group; other activities
11. Regional AFSM branches
12. Action to promote selected WHO objectives; meeting with the Director-General
13. Others
14. Conclusion and closure of the Assembly

Coffee-break around 15h-15h30

Following the horrible and savage terrorist attack against the United Nations in Bagdad, AFSM wishes to express its profound pain and sadness, its anger also, that one can strike peacekeepers around the world in such a way.
We offer our condolences to the families of Sergio Vieira de Mello, Nadia Younes, Jean-Selim Kanaan as well as to the families of all the other victims of this odious massacre.
We convey all our sympathy to the Secretary General and assure him of our total commitment in these painful circumstances.

Summary of this issue on page 12
The new DG's priorities

On taking office on 21 July 2003, Dr LEE Jong-wook (Republic of Korea), the new Director-General, has presented his programme for his term of office.

A specialist in infectious diseases, Dr Lee has worked for WHO for 20 years, first in the Western Pacific region, then at Headquarters as head of the WHO Global Programme for Vaccines and Immunization, then as Director of Stop TB.

He has given a renewed emphasis to the HIV/AIDS Programme, setting an ambitious but precise target: to provide three million people in developing countries with antiretroviral drugs by the end of 2005. "My objective", he said, "is to allow people in poor countries to have access to medicines".

The new department of AIDS will be joined with the tuberculosis and malaria clusters under the supervision of Dr Jack Chow. He will probably continue Dr Brunndtland's policy which was to open WHO to business. He believes that developing new diagnostic tools, finding new TB drugs and a malaria vaccine can only be done through private-public, rich countries-poor countries partnerships.

Dr Lee would also like to bring to a successful end the Polio Eradication Programme before the end of his mandate in 2008. He has appointed Dr David Heymann as his representative for this Programme, under his own oversight. Before this appointment, Dr Heymann was Executive Director for Communicable Diseases. He successfully led the team which stopped the SARS outbreak.

Dr Lee wants to enhance the Epidemics Surveillance System, to avoid to be taken at short notice as with SARS.

Following the adoption of the Framework Convention on Tobacco Control, Dr Lee has urged countries to sign and ratify the Convention.

Dr Lee has also announced plans for a new Health Leadership Service programme for public health officials. Talented young professionals from developing countries will be selected for a two-year programme of training in epidemiology and immersion in the work of WHO at all levels. This programme has been modelled after the US Epidemic Intelligence Service.

As one of his predecessors, Dr Halfdan Mahler, did when he took office in 1973, Dr Lee plans to transfer new resources to regions and countries, in order to achieve results in countries. Dr Lee intends to pay more attention, not only to health officials and policy experts, but also to community-based organizations that truly represent the poor.

Finally, the new DG has renewed the top echelon at Headquarters. (Y. Beigbeder, D. Cohen Sources: Press releases WHO/59, 60, 62, Interview with Dr. Lee of 21 May 2003 and press articles)

Agreement on generic medicines is saluted by WHO, but criticised by certain NGO’s

During a regional conference held in Johannesburg on Monday, 1 September, Dr Lee saluted the agreement ratified by the General Council of the WTO on generic medicines. This agreement will allow those countries with little or insufficient capacity for pharmaceutical production to directly import generic medicines.

"On this new basis", said Dr Lee "we can continue to work so that every person in need of these medicines can access them at a reasonable price".

This agreement, which was opposed by the majority of the major pharmaceutical companies, was reached after stormy discussions behind the scenes. It will allow those countries which do not have the possibility to produce medicines themselves, to import them directly as generics in emergency situations (at the moment AIDS, tuberculosis and malaria).

According to NGO’s OXFAM and Médecins sans frontières, however, the complexity of the necessary administrative steps will limit the range of this agreement.

As it stands, however, it constitutes an enormous step forward.

HEALTH INSURANCE
WHAT ABOUT LONG TERM CARE?

When closing this issue, we received a letter from Mrs Ann Van Hulle, Coordinator, Staff Financial Services, who was replying to my asking her to let the retirees know the present position of the Health Insurance on the question of Long term care: you will find this letter on pages 11 and 12: this item will be treated at our General Assembly of 16 October; Mrs Van Hulle will then answer all your questions.

(cf. pages 11 and 12)
World report on the implementation of fresh water resources

First evaluation of world water resources by the United Nations system: Water for man, water for life
(A summary report prepared by Laura Ciaffei, a member of AFSM, from a UN brochure)

Several among UNESCO’s Satellite Centres carry out projects including analyses of trace elements and other constituents in drinking water and river waters, in water quality, irrigation, pollution etc. Such centres include Hungary, India, Japan, Kenya, Lithuania, Mali, Morocco, Mozambique. They would certainly be fully active in this present UN international year of fresh waters, and be interested in reading the following report.

“Water is not indispensable to life: it is life itself” said Saint-Exupéry.

For 25 years the problem of lack of water has been the concern of many international organizations in preparation for the Water Forum that was held in Kyoto on 22 march 2003, the World Fresh-Water Day. The global report on the implementation of water resources is the most complete and the most up to date analysis of the world freshwater situation. The investigation has been co-ordinated by UNESCO and DESA (Dept. of Social and Economic affairs) of the United Nations. Actually, all the specialized agencies and the commissions of the United Nations dealing with water - 23 of them - have been working together for the first time to supply all the data which appear in the report, and to evaluate the progress towards objectives that relate to water in areas of health, nutrition, ecosystems, cities, industries, energy, risk management, economic evaluation, sharing and governance of resources. World renowned water experts warned against a water crisis which will deepen in the years to come due to the population increase and the lack of available water. Several countries are already in a situation of crisis. Of the 180 countries listed in the report, the poorest in water are Kuwait (with a water availability coefficient of 10m3 per person/year), the Gaza strip (52m3) and the United Arab Emirates (58m3). At the top of water availability are (excluding Greenland and Alaska): French Guyana (812.121m3 per person/year), Iceland (609.319m3) and Guyana (316.689). Not only the quantity, but also the quality of water and the willingness of countries to improve it must be considered. In the list of countries with a more or less satisfactory water quality, the lowest values are found in Belgium, Morocco, India, Jordan, Sudan and in several African countries due to the small amounts of and the modest quality of their ground waters.

The ten best results in the water quality classification are instead found in Finland, Canada, New Zealand, United Kingdom and Japan. At present, about two million tonnes of waste are discharged daily in the world rivers and lakes. One litre of waste water pollutes about eight litres of freshwater. According to the calculations cited in the report, in the world there are 1200 km3 of polluted waters, which corresponds to more than the whole water volume of the ten largest river basins in the world. Pollution is, generally speaking, of three types:

a) pollution due to toxic substances, especially mercury, which finds its way into fish so as to become a very dangerous item in the human food chain;

b) pollution causing water eutrophysation generated by phosphates and nitrates of household origin, from agriculture and industry. This brings about proliferation of seaweed and aquatic plants, with disappearance of pollution-sensitive vegetal species and the appearance of a small number of pollutant-resistant ones. It causes also a major deficit in dissolved oxygen in deep waters resulting from excessive consumption of this element by bacteria decomposing the seaweed mass.

c) bacterial pollution linked to domestic waste regardless of whether it is purified or not. More than 2,2 million people die every year of water related diseases, almost one million from malaria, and over 200 millions are affected by schistosomiasis (bilharziasis). These diseases can be prevented through securing better access to safe water to one billion and a half more people by the year 2015. The report insists on the role that politicians must assume in this area. It is indeed political inertia which exacerbates the water crisis, concludes the report in http://www.wateryear2003.org
Highlights of adoption of the Framework Convention on Tobacco Control at WHA 56.
A summary report by R. Masironi

GENEVA: Here is an historic piece of news: on 21 May 2003 the World Health Assembly at its 56th session adopted the Framework Convention on Tobacco Control (FCTC). The 192 Member States of the World Health Organization unanimously agreed on the FCTC, aimed at curbing tobacco-related deaths and disease. This is the first international treaty negotiated under the auspices of the World Health Organization. It is indeed the first time that WHO has made use of article 19 of its Constitution which authorizes the World Health Assembly to adopt international conventions and treaties relative to any issue of competence of WHO. Negotiations started more than 3 years ago and took 6 sessions of the International Negotiating Body (INB) intertwined over these years with 35 preparatory regional sessions to arrive at an acceptable text which was submitted to the Assembly. The major concern was that certain delegations, particularly the USA, Germany and Japan, would insist during the Assembly on "reservations" that would make the Convention flexible for them but unacceptably weak to all other delegations. The main US objection was that prohibition of advertising would infringe upon the constitutional rights of free speech. Luckily they desisted from their objections. The Convention could thus be accepted unanimously by acclamation.

The FCTC was open for signature at WHO headquarters until 22 June 2003 and since then it is now at the UN Headquarters in New York until 29 June 2004. It must be signed by at least 40 Members States to become official. This number has already been reached. Each Member State must then ratify it to make it national law. The Convention requires countries to implement

Measures relating to the reduction of demand for tobacco: (Price and tax measures; Non-price measures; Protection from exposure to tobacco smoke; Regulation of the content of tobacco products; Regulation of tobacco product disclosures; Packaging and labelling of tobacco products to ensure that tobacco packaging does not misrepresent its harmful characteristics by using terms like "mild" or "light"; Education, communication, training and public awareness; Bans (or at least strong restrictions if the national constitution does not allow bans) on tobacco advertising, promotion and sponsorship; Demand reduction measures concerning tobacco dependence and cessation).

Measures relating to the reduction of the supply of tobacco: (to strengthen legislation to clamp down on tobacco smuggling and illicit trade in tobacco products) prohibit sales to and by minors; provision of support for economically viable alternative activities).

Protection of the environment: (Protection of the environment and the health of people from exposure to tobacco smoke in public places).
The Convention requires signatories to ensure that everyone is informed of the addictive and harmful nature of tobacco.

The full text can be requested as WHO document A56/INF.DOC/7 of 21 May 2003 or can be downloaded from [http://www.who.int](http://www.who.int) by clicking on Tobacco-free initiative (TFI).

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Dr Gro Harlem Brundtland receives from the German Medical Association the Goethe Endowment for non-smoking:

At a ceremony in WHO on 9 July 2003 Dr Brundtland was honoured with a silver bust of the great German poet and philosopher Johann Wolfgang Goethe in recognition of her successful work in tobacco control. The award has been given in the past to several Universities and other institutions, including the American Medical Association and the International Olympic Committee. Goethe was adamant against smokers. He said: “Smoking is a wicked impoliteness. It is an impertinent, antisocial act. Smokers poison the air for miles around and suffocate respectable citizens who cannot defend themselves by retaliating in kind. Who would ever enter the room of a smoker without feeling ill?” These are strong words that convinced the German Medical Association to choose Goethe as an inspiration for non-smoking activities.

Send your remarks, suggestions, criticism: they will be welcomed
**Social & cultural News**

* Self-help Group in Geneva

The Self-help Group met on 4 July 2003 to mark our ten years of existence – the sun certainly shone on us! We were 23 who met in the Restaurant Le Lacustre, which is on the edge of the water at one end of the Pont de Mont Blanc. We had had to make many last-minute changes of plan with the result that there was really no choice of menu – and everyone smilingly accepted (the organizers would like to take this opportunity of saying “Thank you for your understanding!”). We were seated inside, which limited the view of the lake, but we were grateful for the shade and the décor of the restaurant helped induce a pleasant illusion of being on a boat.

We shall be continuing to meet on the first Friday of every month from 11.00 for coffee, with those interested staying on for lunch, at the Bar de la Gare, directly behind the station underneath the Hotel Montbrillant. All former colleagues are welcome!

We maintain a list of volunteers willing to offer help or sympathy to those in need. Fortunately for all of us, such occasions have been quite rare. However, if you would like to be added to the list of potential helpers, please let Margaret Baker or Rosemary Bell know.

The Group is grateful to the Executive Committee of the AFSM for their support and especially for the help given by Roger Fontana.

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Rosemary Bell  Les Moulins  
Ch de la Montagne  
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**Views of the luncheon of the 10th anniversary**
* Baltic Cruise *

On the 15 June 2003 our AFSM group of 34 representing 10 different nationalities met in the port of Copenhagen, where the COSTA ROMANTICA, an impressive cruise-ship of over 55 000 tons, modern, luxurious, was awaiting us, shining white under its Italian flag.

The spacious cabins were tastefully furnished and we were welcomed with a special treat - champagne, flowers, fruit - and an invitation to a reception given by the Captain.

After watching the casting-off and putting-out to sea, giant wind machines lining the shore, the COSTA ROMANTICA, was already heading out towards the western world. Saint-Petersburg, the culminating point of our cruise, situated at 60° latitude north, was reached in the season of the "white nights", a little after the celebration of the tricentenary of this extraordinary city founded in 1703 by Peter the Great to open up Russia towards the western world. Saint-Petersburg, magnificent, great, festive with its many freshly restored palaces, showing up its even more numerous dwellings badly in need of renovation! One is fascinated by the historical traces and reminders of a great people : the Winter Palace and Heritage, the Summer Palace, the Fort and the Cathedral of St Peter and St Paul, the canals and the banks of the River Neva, the Admiralty, the theatres, the battleship Aurora, St Isaac's and several other churches, Nevski Prospect and many other places that deserve a day's outing even if one had already seen them and that demand a longer stay by those discovering them for the first time.

Already time for the return voyage via Tallin, the charming capital of Estonia which we only glimpsed - not because of the length of our stay, which was adequate - but because of the memorable shower that took us, all by surprise, as we were walking in separate groups around the old town and its ramparts! Many were those who rejoined the ship completely soaked!

The 38 hours of our last leg in the Baltic gave us time to appreciate the articles on offer in the ship's boutiques, the various - often good - forms of entertainment provided on board and to make new friends and contacts within our "sympathique" AFSM group.

Hardly had we disembarked at Copenhagen on 22 June that the COSTA ROMANTICA was filling up with new passengers and setting sail for the Norwegian fjords, leaving us just time to say farewell to the Little Siren before catching our planes for Geneva, Paris, Warsaw and far more distant places.

* Dr Daniel Flahault, Committee AFSM
*International Day of Older Persons*

To celebrate the International Day of the Older Persons, GINA (Geneva International Network on Ageing) is organizing a round table conference, open to the public, which will be held on Wednesday 1 October 2003 at 17h00 in ILO, Room 2, 4 route des Morillons – Grand Saconnex.

In this rapidly ageing world, the Older Persons will play a progressively important role – due to their growing numbers and also because people are ageing with their physical abilities and faculties intact. The Older Persons represent a category whose experience and talents are now under-utilized. The demography of ageing should not predicate a conflict between generations but a sense of solidarity. Society must better define how the Older Persons can participate actively and on their own.

For more information contact: Dr Alexandre Kalache – President of the Executive Committee of GINA – Ageing and Quality of Life, WHO; Tel: (+41 22) 791 3405. E-mail: kalachea@who.int

*The University of Third Age in Geneva*

The University of Third Age of Geneva has appointed Dr William Gunn as its representative to WHO and to the UN System. He thus joins also the global Board of AUTA (Association des Universités du Troisième Age). Readers may recall that since joining the Organization, Dr Gunn has been in charge of WHO’s Liaison with the Faculty of Medicine and the University of Geneva, creating close professional and scientific ties between these institutions. All retired staff now have the opportunity to enjoy a relaxed university atmosphere by joining Uni-3, which provides a very rich and varied programme of intellectual and social activities in a congenial way.

An Invitation from Uni-3 Education is a life-long endeavour. Universities, social centres and organizations like WHO are becoming increasingly conscious of this human right and are responding in their different ways to meet the need. Education being a right, such right must not only be proclaimed but must also be given the structures and possibilities for it to be put into actual practice. Continuing education and education of the senior citizen is simply the continuation of this right, an extension in years, whether the person has had the advantage of advanced education in youth, or has been unfortunate in not reaping such benefits in earlier life.

The University of Third Age of Geneva (Uni-3) now provides an opportunity for everyone to continue -- or to begin -- enlarging one’s intellectual horizon in a multitude of ways, within an enthusiastic and dynamic group of some 3000 people of various tastes, interests and capacities, in our host city of Geneva. Sections include Art, Literature, Medicine, Law, History, Geography, Religion, Philosophy, Cultures in weekly conferences, workshops, discussion groups and ‘sorites’ at the University.

For a minimal subscription everyone will find some theme or activity of interest, or meet some person of empathy, in a refined, informal yet thought-provoking atmosphere as intensively or as relaxed as one may choose. You will be welcome.

Dr William Gunn

For more information contact: Université du 3e Age, 2 rue de Candolle, Case postale, 1211 Genève 4. Tel 022.705.72.57; Fax 022.705.74.28; Email: raymonde.wagner@uta.unige.ch
* **Other activities:** Outings/visits have already been organized by previous Committees for those living in the Geneva area (Red Cross and Red Crescent Museum, horticultural centre, wine cellar…), and the present Committee proposes again this year (30 October) a visit to the exhibition of the painter Paul Signac at the Pierre Gianadda Foundation, Martigny (Valais), followed by lunch. You will be kept informed.

**The annual reception** of Former WHO Staff, which was a success in 2002, will take place on 4 December from 17.00 hours; members of Staff in activity will be welcomed.

**AFSM’s Annual International Campaign of Solidarity (project)**

The AFSM Committee would like to propose to its members that it launches every year, from 2004, an **AFSM INTERNATIONAL CAMPAIGN OF SOLIDARITY**. This project will be put before the next General Assembly for approval.

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* **A bit of humour:**

The relaxed style, with no necktie, that English-speakers have dubbed "Friday wear", has its points.

Apart from the inestimable advantage of feeling more at ease than in formal apparel, tielessness may confer unexpected benefits. A team drawn from several American specialist departments has published in the *Journal of Ophthalmology* an article reporting the harmful consequences of knotting a tie too tightly: apparently, it provokes a rise in the pressure prevailing inside the eye, both in healthy individuals and in those with glaucoma.

A condition that may end in blindness, glaucoma is due to ocular hypertension, i.e. an abnormally high rise in the pressure exerted on the inner walls of the eye by a transparent liquid originating in the blood, the aqueous humour.

The team of American ophthalmologists recruited 40 volunteers, 20 with and 20 free from glaucoma and measured their intraocular pressure three minutes after knotting a tie tightly around their necks and three minutes after loosening it. The rise in pressure was significant in majority of persons in both groups and was equally marked in affected and unaffected individuals. The phenomenon seems to be due to compression of jugular vein, involved in the irrigation of the eye.

Both the detection and the management of glaucoma depend on precise measurement of the intraocular pressure. An excessively tight necktie may therefore distort the findings of and result in mistaken diagnosis of glaucoma. It might also lead to the erroneous conclusion that the condition of a genuine sufferer has worsened, or worn over a long period, increase the risk of complications in persons really affected.

Many will see this as an additional reason for leaving their tie in the cupboard or a justification for wearing it loosely knotted. The authors do not state whether they recommend that medical certificates be issued to people whose employers are fussy about dress.

*(D. Cohen, source: Paul Benkimoun, Le Monde 5 Aug. 2003)*

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**UNDERSTANDING ONE ANOTHER**

(Anonymous)

Between what I think,

What I want to say,

What I think I said,

What I said,

What you want to hear,

What you heard,

What you think you understood,

**AND**

What you understood,

There are at least nine ways

Of not understanding one another,

But, do let’s try, nonetheless

*(Contributed by Jean Brogolini in the June AAFI/AFICS Bulletin)*

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**AFSM events during Third Quarter 2003:**

1 October (with GINA): Int’l Day of Older Persons

16 October: General Assembly

30 October: Exhibition Paul Signac in Martigny

4 December: Annual Reception
Readers' Corner

"Dear Mr Vessereau,
In the last Quarterly News (QN 51) I read the article on "Health insurance in good health" with great interest.
It is stated there that retirees' contributions in AMRO/PAHO cover only 71% of the benefits against 102% for HQ retirees. This percentage may even be lower if you exclude all countries other than the US. It is an indication of the absurdly high prices of the American health system. Retirees in South America for example probably are closer to the HQ percentage.
I was stationed for about 12 years in South America (1970-1975, 1983-1990, in Brazil). The regional office in Washington in the 80's shortchanged us in Brazil intentionally in order to improve the picture for the SHI in the US. We were reimbursed in local currency about two months after submitting our bills. But at an inflation rate of 90% per month, the reimbursement was almost worthless then. Repeated requests for reimbursement in US$ were always rejected.
I think the WHO Staff Health Insurance is a great insurance and we should try to keep it that way'.
Best regards

Hans Bahnemann Lees, Germany

"Reference the article entitled « A Health Insurance in good health » on page 2 of the QN51, we congratulate our dear friend Alain Vessereau for highlighting a glaring anomaly that in the case of the retirees contributions/claims reimbursement AMRO/PAHO is continuously causing deficit on retirees' account. We hope that this matter will be taken up in the next joint meeting of the SHI Surveillance Committees next year and solution will be found similar to the one done in the case of active staff about two decades ago"

R.L. Rai, AFSDKSEANO

Editor's comment: The solution proposed by R. L. Rai consists of the obligation made to any Region in deficit as far as staff in activity are concerned, to contribute an additional amount to cover it.

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I would like first to thank those concerned who ensured the publication of the Quarterly News (issue #51) during the break taken by the normal editor, P. Ozorio. Hopefully, however, Mr. Ozorio or another qualified editor will soon assume responsibilities for the QN as issue #51 was clearly below the standards which many of us retirees have come to expect. I, and I am certain others, dearly missed the tid-bits of interesting information usually given in the QN as well as a more enjoyable style of sharing such information. The QN is the most important vehicle of the AFSM for keeping former staff informed of and involved in our organization, and I look forward to a return of the quality it deserves.

Ron Anderson (Bainbridge Island, WA. USA)

Editor's comment: Thank you for your plain speaking: happily, the echo we had for QN51 are more positive; anyway, we also miss the tid-bits and you know it's up to Peter Ozorio to come back. However, the last General Assembly wanted us to get more involved with WHO's aims and projects, what we are trying to do; let's see how the coming General Assembly on 16 October will react. Please feel free to criticize as well as to give advice.

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Regional Associations

As mentioned earlier (last QN issue), we shall publish information about Regional AFSM branches in each QN issue.
- On the matter of joint or dual memberships in regional and HQ associations, there are some reservations as expressed by Mr Rai, Chairman of the SEARO/AFSM
- Regarding health insurance, it has been pointed out that retirees representatives from regions do not participate in SHI joint meetings.
- The PAHO/AMRO newsletter of August 2003 is a special issue on Argentina and there are a lot of interesting articles in it.
- The HQ Association will send extra issues of QN to regions and will make available its expertise and resources to any association that may need them.

Rajindar Pal, responsible for relations with regions
Obituaries

Germaine SCHEIDEGGER was a great lady. She was not just a WHO staff member in Personnel, she was a true star, a guardian angel who watched over all those who crossed her path. She devoted time and energy to help others.

In her private life, she never stopped work. She took part in many associations helping the most needy and was profoundly against all form of injustice; among other things, she was an active member of the league against racism and antisemitism (LICRA). Even during her illness she paid more attention to the suffering and worry of others than to her own. She never complained and her smile comforted others and her friends in their own difficulties.

She loved life so much that she fought to the end against her disease. It is a benediction to have been close to her and to have counted her a friend. Your friends at WHO

Born on 26 March 1944, Germaine started her professional career at the Ministère des Classes moyennes à Léopoldville (Congo). On 6 March 1965, she joined WHO where she held posts in various units of Personnel. Always true to herself and to her friends, she was very much appreciated for her kindness and her helpfulness.

On her retirement, after 31 years of service, Germaine became a member of the Association of Former WHO Staff and expressed interest in participating in the activities of the Association.

We offer our deep condolences to her mother and to her daughter in their loss. Roger Fontana formerly PER

Dr P.L. FAZZI, formerly with WHO and UNICEF, died in the Summer of 2002, after a long illness.

A Medical Doctor from Padua, Italy, he obtained his qualification as a Master in Public Health in Canada. He joined WHO in Laos as Medical Officer, MCH in 1962. In 1965, he was transferred to the Western Pacific Regional Office in Manila, where he worked in cooperation with Dr Stan Flache, then Director of Health Services in the Regional Office. In 1972, he was assigned as WHO Medical Officer to UNICEF in New York. A modest man, Dr Fazzi had an intimate knowledge of medical and public health problems in developing countries and the skill to apply his knowledge constructively to build a fruitful relationship between WHO and UNICEF. His role as Secretary to the Joint (WHO-UNICEF) Committee on Health Policy was particularly important in the development of the future Primary Health Care policy, leading to the « Health for All » Alma Ata Conference, sponsored by both organizations. As a Nutrition Specialist, Dr Fazzi also participated in the WHO-FAO Protein Advisory Group.

On the personal side, Dr Fazzi was well-known for his numerous cultural interests, including music. He will be remembered as a fine human being and an excellent public health worker by his former colleagues and his friends.

Charles A. Egger, former Deputy Executive Director, UNICEF

List of Deceased

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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).
Dear Dr. Cohen,

You asked me to provide you with an up-date with regard to our long-term care (LTC) insurance.

Conscious of the increasing attention being focused on LTC in recent years, the Headquarters Surveillance Committee (HSC) has been reviewing the benefits for this category of care under the Staff Health Insurance (SHI). The Committee has recognised that although many countries have introduced elements of LTC in their social insurance schemes, many WHO retired staff, who have been international civil servants for the greater part of their career, may not be eligible to participate in such schemes.

For those readers who may not be familiar with the current LTC provisions, let me remind you of the present policy:

Domiciliary and institutional nursing services are covered for a chronic disease, including a geriatric condition, at a rate and duration approved in advance by the HQ Surveillance Committee. In order to ensure consistency in its decisions, the Committee has established guidelines for reimbursement rates as follows:

- First six months: at the rate of 80%
- Second six months: at the rate of 60%
- Third six months: at the rate of 40%
- Fourth six months: at the rate of 30%
- From then onwards: at the rate of 20%

The guidelines established by the SHI Surveillance Committee require that nursing and domiciliary care be delivered by a qualified person. If the care is provided in an institution and the fees cannot be split between accommodation and care, then the reimbursement is based on 50% of the daily fee which is estimated to represent the cost of care (excluding accommodation). In applying the same rules and guidelines for domiciliary and institutional care, the WHO SHI encourages home care on the grounds that it is best to keep handicapped persons at home if they so desire. Reimbursement at the above rates is based on a maximum daily charge of USD 80 per day.

The HSC realizes that in many cases, reimbursement under the present rules is insufficient for patients requiring such care over a period of several years. It has therefore commissioned a study on this subject. In particular, the study has focused on the possibility of either (a) expanding the benefits offered under the WHO Staff Health Insurance or (b) seeking alternative insurance arrangements to cover this risk taking into consideration initiatives recently taken by other international organizations. With regard to option (b), the insurance companies contacted confirmed that they would be prepared to provide such insurance on condition that participation was compulsory for all. Moreover, many were not in a position to provide the insurance on a world-wide basis or were they prepared to handle the insurance on a fee-for-service basis. The HSC considered that, under these circumstances, this was not a viable option for the SHI which operated on a world-wide basis.

Consequently, the HSC gives preference to option (a). It has reviewed the possibility of reimbursing LTC at the normal rate of 80% rather than at the current decreasing rate. This would result in a significant increase in annual expenditure on LTC bearing in mind that not only would the cost of current cases increase but experience has shown that claims typically increase once the benefits provided are enhanced. It must also be borne in mind that provision has to be made for the fact that the benefit would be provided to some elderly participants who may require LTC in the short-term, although they have not contributed to such an enhanced LTC insurance. Undoubtedly, all these factors imply that insured members' contributions world-wide would have to be increased to cover the cost.

Dr. D. Cohen
Chairman AFSM/AOMS

17 September 2003
The report of the HSC on this subject will shortly be sent to the regional surveillance committees and staff committees for review. The proposals will then be discussed at the next SHI Joint Meeting of Surveillance and Staff Committees which is scheduled to take place in 2004.

Recommendations made at the Joint Meeting are then submitted to the Director-General for approval. All members will be informed of this and other decisions arising out of the Joint Meeting.

The HSC realizes that certain members, particularly amongst the retired staff, are eager to have the revised LTC provisions introduced as soon as possible. However, as this is a significant and potentially costly change in the SHI Rules, it is subject to a formal review process before any decision can be taken. This process will include participants at HQ and in the regions and representatives of the Administration of the Organization which currently finances two-thirds of the premium. Consequently, we count on the understanding of your members.

I think we would all agree that our Staff Health Insurance is an excellent scheme but we must ensure that it remains viable in the future and also affordable to all; hence, the cautious approach adopted by the HSC when considering introduction of any costly changes likely to affect the Insurance in the medium to long-term.

Yours sincerely,
Ann Van Hulle-Colbert
Secretary
Headquarters Surveillance Committee
of the WHO Staff Health Insurance

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**SUMMARY**

1. Presentation
2. DG's priorities; generic drugs and WTO; Health insurance
3. International Year of Water resources
4. Framework-Convention on Tobacco
5. Social & Cultural News:
   * Self-help Group in Geneva
6. * Baltic Cruise
7. * International Day of Older Persons; University 3rd Age in Geneva,
8. Others activities ; a bit of humour
9. Readers' Corner; Regional Associations
10. Obituaries
11. and 12. Letter from Mrs Van Hulle on Long term care

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As well as to the Printing Service of WHO, for its kind availability.

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

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