Editorial

The year 2004 has already started, and here is issue No. 54 of our News. We should have preferred it to be published in December 2003, but, for “technical” reasons (including printing and distribution), it was not possible to overcome the delay; we hope to be able, from No. 55, to reach the normal periodicity - each quarter.

We had many activities during 2003 but, these, unfortunately, apart from the Baltic cruise, only benefited former colleagues in and around Geneva. We should like to have suggestions which will be of interest to our more remote retired colleagues.

2004 will be the year of our elections, which will take place in October, and a new Committee will replace the current one, from the beginning of November. We ask you as from now to think about the elections, and to foresee candidates, above all ladies, because it remains abnormal that, out of a total of twelve, we only have two women on the Committee.

I still have to wish you, on behalf of myself and the Committee, a very happy, peaceful and healthy New Year.

D. Cohen.
HEALTH INSURANCE

Our Health Insurance Schemes and Long-Term Care

For several years, AAFI-AFICS has insisted that the coverage of long-term care by the health insurance funds of our Organizations must be the subject of a complete revision. These demands have so far met with only partial success.

The coverage offered by some of our funds for nursing care and associated needs (such as getting up and going to bed, toilet, eating, etc) in retirement homes and specialised medical establishments, is quite inadequate. This is either because ceilings for benefits are far too low or because benefits are degressive, or both.

AAFI-AFICS notes that in certain schemes, ceilings for reimbursements are still degressive, and decline after six or twelve months. For long-term care, especially for aged persons, this is totally illogical and incoherent. Moreover, in Switzerland, although our health insurance schemes have insisted that their cover conforms to federal laws (Law on Sickness Insurance, "LAMAL"), the restrictions on reimbursements sometimes do not conform to legal requirements.

For home care, while treatment by nursing staff is covered by our funds, there is often no provision for help in matters like getting up and going to bed, toilet, eating, etc.

AAFI-AFICS insists that health funds to which retired persons have contributed throughout their careers, and to which they continue to contribute, do have the obligation to provide adequate cover for expenses made necessary by their state of health.

In 2004, AAFI-AFICS will focus its efforts on finding urgent and satisfactory solutions concerning

- the total suppression of degressivity in benefits for long-term care;
- the fixing of ceilings for expenses which are in line with actual costs in specialised establishments;
- the acceptance of responsibility, in ways to be worked out, for certain non-nursing care at home;
- the harmonisation of benefits paid by various health insurance funds for long-term care.

December 2003

The AAFI-AFICS Committee

WHO Former Staff will have to wait....

We had hoped, following our numerous interventions, including that at the meeting of the Headquarters Health Insurance Committee, held on 9 December 2003, that the question of the decreasing scale of repayments had been resolved: the HQ Health Insurance Committee had the possibility to suspend with immediate effect this decreasing scale (cf NT Nos. 52 and 53) which it itself had instigated - in accordance with its Statutes. Unfortunately, the Committee prefers to wait for the joint meeting with the Regional Committees which will only be held in October 2004; the question will not, therefore, be settled until 2005 at the earliest.

In the meantime, our colleagues in the EMS (medical-social establishments) risk eviction because, with 20 per cent reimbursement, they cannot pay their bills; moreover, certain of these establishments are already refusing to accept colleagues from the UN system because of this.

It is distressing to note that in this respect the WHO Health Insurance is lagging behind when compared to other organizations.

The AFSM Committee
FAFICS, which connects the different associations of former international civil servants throughout the world, met in New York from 1 to 3 July 2003.

According to the Statutes, only one association can represent a geographical area. For this reason, and in order to be heard and eventually to be able to present particular proposals, AFSM became a member of the AAFI-AFICS delegation two years ago when the President of AFSM was accorded full rights on the Committee of AAFI-AFICS.

The Council of FAFICS meets prior to the permanent Committee or the Joint Committee of the Pension Fund, and participates in the meetings of both Committees.

Work of the thirty-second session –

> Résumé of the session

Nineteen Associations of former international civil servants from many countries were represented; AAFI AFICS, Geneva, comprised AFSM and the section from the ILO.

After a welcome message on the part of the Secretary General Kofi Annan, the first two days were devoted to questions appearing on the agenda (see below); the morning of the third day was given over to a meeting with the CEO of the Pension Fund (Mr Bernard Cochemé) to whom many questions were put, more particularly regarding the health of the Fund. Mr Cochemé replied in writing to all the questions raised. He underlined the importance he attaches to the annual exchange of views with the Board of FAFICS, which represents more than 51000 pensioners. The afternoon of 3 July was devoted to a general exchange of views and the examination of outstanding questions.

> Main questions discussed were:

- the market value of the Fund, which stood at USD 20.9 milliards on 31 December 2002, reached USD 22.8 billions on 31 May 2003; (it has now increased much more)
- in accordance with the decision of the last UN General Assembly, the suppression of the reduction of 1.5 per cent. of the pension at the time of separation was accepted, but this will not be implemented until the market tendency stabilises, in 2004 or 2005.
- Emergency Fund of the Pension Fund, which works in liaison with the Solidarity Funds of the different Associations;
- the question of the retirees of the ex-URSS, who receive a very small State pension;
- document submitted by AAFI/AFICS, Geneva, concerning Article 35bis, regarding divorced couples and remarried persons;
- document presented by Brazil, Argentina and Ecuador, which, in view of the financial situation of their countries, would like to return to the dollar track;
- health insurance and long-term care: FAFICS has decided to create a Working Group with the view of harmonising the different systems of long-term care;
- promotion of the ideals and objectives of the UN system: participation in different demonstrations and commemorations – AFSM explained that it had decided to actively support the programmes of WHO, and asked to be the focal point of FAFICS for health.

The next meeting of FAFICS will be held in July 2004 in Montreal, before the meeting of the Joint Committee of the Pension Fund.

D. Cohen

ERRATUM: In the English version of the article on the Sulabhb Award (QN53 p.6), the name of our late colleague, Mr Joe Lanoix, has been omitted as the co-author of the WHO Monograph Series 39 “Excreta Disposal for Rural Areas and Small Towns” by Joseph Lanoix and E. Wagner. Our apologies, especially to Mrs Lanoix.
Health

OBESITY: THE KING-SIZE SERVINGS THAT COULD KILL YOU

Giant food portions are threatening an obesity epidemic and a host of life-threatening illnesses, experts warned. They claim a growing trend in the UK for American style extra large servings will lead to an increase in cancer, heart diseases and diabetes.

The deadly effects of overeating have already been seen on the other side of the Atlantic. And now jumbo hamburgers, fizzy drinks and muffins are increasingly à la table in Britain. But it is not only the size of junk food portions that is causing concern. Snacks such as chocolate bars and crisps are increasingly likely to come in “king size”.

“Excess weight gain now seems to be fundamentally linked to a range of cancers” said Pr P. James, chairman of the International Obesity Task Force, which works with the WHO. Already it is estimated that in the European Union more than 70,000 new cases of cancer are attributable to being overweight each year. Obesity and diet-induced diseases already rival smoking as one of the major causes of preventable death. Obesity has been linked to prostate, breast and ovarian cancer, and cancer of the womb, gall bladder, kidney, colon, rectum and pancreas, as well as diabetes and cardiovascular conditions.

A survey conducted in the US by a World Cancer Research Fund affiliate shows that Americans continue to eat everything they are served without awareness that the serving sizes are double or triple what they were. People think they are getting a bargain when they get more food for just a few cents more, but what is not a bargain are the extra calories and fat that comes with these “value deals”. Most weight loss success stories centre around reduced portion sizes. It’s a simple fact, if you eat less you’ll lose excess weight!

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Excerpted from Daily Mail (London), 18 September 2003, Robin Yapp Science Reporter

Editor’s comment: What is more worrisome is that the spread of fast food is not only restricted to industrialized countries but is also rapidly spreading to developing countries especially among the relatively well off. For example it is found that more than 20% of adolescents in cities like Bangkok, Hong Kong and Mumbai are overweight. In all these cities, fast food joints are opening at a rapid rate.

WHAT DO WE KNOW ABOUT SARS (severe acute respiratory syndrome)?

One remembers the epidemic of this new atypical respiratory infection for which WHO issued a worldwide alert on 15 March 2003. All countries were invited to exercise the greatest vigilance and to immediately notify suspected cases to the international authorities. This epidemic supposedly started in China at the end of 2002, spread rapidly to Hong Kong, Vietnam and Singapore; then to the USA, Canada and Europe (where only a few cases occurred). In July 2003, the epidemic was brought to a stop after having infected 8437 persons and caused the 813 deaths notified to WHO (cf. QN 51).

The principal symptoms are a very high temperature which is resistant to usual treatment, and an important discomfort in breathing coupled with a sensation of choking often associated with digestive symptoms. There are no specific diagnostic tests available for the moment. The agent responsible is a virus (a coronavirus for the specialists) identified in April 2003.

The incubation period not yet precisely determined, is estimated to be between two and ten days. Direct interhuman transmission is the only certainty actually; environmental transmissions appear possible but not yet proved. Also, preventive measures consist principally of strict isolation of patients in hospital surroundings, the wearing of masks by every person in contact with the patients and the restriction of contact with them and their movement. (continued next page)
The resurgence of SARS
is likely according to WHO, although its absence in spreading to the southern hemisphere during the austral summer is considered to be a good sign if one takes into consideration the flu epidemics which often occur in July and August in Australia, Africa and Latin America.

Nonetheless, new epidemics are the driving force of medical research, and should be managed at an international level – where WHO has a key position – and which require better performing information systems in all countries.

Dr Daniel Flahault (from an analysis of recent articles in the specialised press.)

DRUGS AND COUNTERFEITS: BEWARE OF THE INTERNET

"IF YOU HAVE ONLY THE SIDE-EFFECTS, THIS MEANS..."

We lack the insight which would help us to understand this new disease and many questions are still left to be answered: will the disease disappear or will we see a new epidemic this winter? Have all mechanisms of transmission been discovered? Can animals constitute a reservoir of the virus? How long does a patient remain contagious?

Dr David Cohen (from various recent press releases)

ILlicit trade in medicines

The seizure, in July 2003, by the FDA (Food and Drug Administration which controls medicines and foodstuffs) of 1153 parcels sent through the post showed that 88 per cent of them infringed the law: some had been prohibited since 1977; there were no packing notes in English; no dosage instructions; packing was defective or absent (e.g. pills were sent through the post in ordinary envelopes); and veterinary substances had been recycled as drugs!

On the whole, illicit trade represented 10 per cent of the total market in medicines, namely USD 32 billions.

In Europe, illicit trade is carried on above all in steroids and performance enhancing drugs for athletes, etc. Viagra is by far the most illicit traded product.

The most important problem, however, is that of third-world countries: north-south or south-south trade.

In the south, the trade has grown to alarming proportions; according to WHO, one medicine in four is either counterfeit or defective. In 2001 in a country in Asia, a study showed that out of 104 antimalarial drugs in circulation, thirty-eight contained no active substance.

In 1995, in Africa, during a meningitis epidemic, nearly 50 000 people, victims of the disease, were treated with invalid vaccines; 2 500 people died as a result.

The situation may be dramatic: according to a study by The Lancet, 200 000 deaths from malaria (out of 1 million) could have been avoided if genuine medicines had been distributed instead of counterfeits. 40 per cent of the derivatives of artesunate (an antimalarial) contained no active substance.

Dr David Cohen (from various recent press releases)
Environment

CLIMATE SHIFT, MYTH OR REALITY?

The Earth’s climate has never been stable from one year to the next - even in the recent past - and the variations around the means, be it rainfall or temperature, often diverge from place to place, fuelling the countless arguments for or against an evidence of a climate shift.

Origin of the “greenhouse effect”

The “greenhouse effect” is due to physical factors. The sun’s rays reaching the Earth’s surface change wavelength before bouncing to the outer space and some of them are trapped by atmospheric gases, such as water vapor, carbon dioxide, methane, nitrous oxide, and many others. Without this effect, the average Earth ground surface temperature would be some 30° Celsius below what we are used to.

The energy waves from the sun can be intercepted by gas and particles emitted by volcanic eruptions, major forest fires, and the bombing of Earth’s surface by large asteroids, such as the one which caused the disappearance of many forms of life, millions of years ago. Resulting changes of average Earth’s temperature influence the sea sequesterion of carbon dioxide, and sea currents, Gulf Stream included. Investigating the past to forecast the future is thus not easy.

For centuries man did not affect the Earth’s atmosphere composition. When burning wood, the carbon dioxide so emitted was recycled through tree growth. This stability was shattered by the shift to fossil fuels, coal, lignite, oil, natural gas, the use of which emitted huge amounts of carbon dioxide and methane. The natural production of methane by rotting vegetation in marshy areas and in the runem of wild ruminants was increased by rice cultivation and the mass production of beef meat. Many other man-made chemicals also contribute to the greenhouse effect. The atmosphere’s capacity to recycle such pollutants is limited. The current man-made emissions of greenhouse gases exceed this capacity, so these gases accumulate in the atmosphere since decades. Hence the climate shift.

What are the experts saying?

The Intergovernmental Panel on Climatic Change (IPCC) which was set up at the request of the major industrialized countries, and is reporting to them periodically, has collected and evaluated available data through a variety of approaches, such as by gathering past non-urban thermometric readings, making borings in the Antarctic ice shelf to analyze the air bubbles trapped there centuries ago, counting the growth rings in series of tree trunks submerged since prehistoric times. It also refined computer models for correlating millions of individual data and producing a geographic grid and graphs summarizing past events and anticipating the changes to come. Its latest comprehensive report dates from September 2001, and its conclusions for decision-makers (some 300 pages) have been endorsed by all the countries financing the operation, USA included.

The main IPCC conclusions can be summarized as follows. The concentrations of greenhouse gases in our atmosphere were fairly stable from 1000 to 1700 AD, increased slowly since the beginning of the industrial revolution and raised much faster since 1960, the curves on the graphs for carbon dioxide, methane and nitrous oxide approaching now the vertical. Since 1000 AD, the average earth temperature at ground level did vary from one decade to another but, until 1800, the difference rarely exceeded 0.5° C, with a downward trend from 1000 to 1800, a stabilization from 1800 to 1900, and since an upward trend exceeding one degree Celsius. The most accurate figures concerning the northern hemisphere since 1860 confirm this global phenomenon. The delay between the increase in greenhouse gases concentrations and a rise in temperature results from the inertia affecting the earth climate, due to the influence of the sea water mass. It is not the melting of the arctic ice cap which causes the still very slight rise in sea level, but the dilatation of sea water when it warms up. The massive Antarctic ice cap has an enormous thermal inertia; should it melt, the sea level would rise by some 70 meters. The sets of data on the composition of our atmosphere (carbon dioxide, methane, nitrous (continued next page)
oxide), and on the average temperature at ground level are beyond question.

**Previsions for the future**

To prevent the world annual emissions of greenhouse gases to exceed the earth capacity to recycle them do require reducing these by 50%. This, however, would not affect the present climatic shift trends as long as the decades of excessive emission levels have not been dealt with, without penalizing the developing countries which have barely contributed to the present mess. To be fair, the most developed countries should entirely abandon the use of conventional fossil fuels, but for the chemical industry needs. Due to the climatic inertia already referred to, improvements in the composition of our atmosphere would only slowly be followed by a drop in average temperature and sea level. As no serious effort is made to replace fossil energies by renewable ones, the climate shift will continue and the IPCC forecasts of an average temperature increase of 6°C, and of a sea level rise of half a meter, during the present century, become unduly optimistic.

The IPCC has only dealt with man-made emissions of greenhouse gases but the rise of temperature affects the capacity of sea-water to retain dissolved carbon dioxide, induces the release of methane from the methane hydrates immobilized in the frozen arctic soil and, eventually, that of the methane hydrates located within the under-oceanic continental slopes. We cannot then discount an auto-acceleration of the climatic shift beyond man’s control.

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**Readers’ corner**

Dear Ms Foster,

As the year 2003 is coming towards its end, and the last month of the year is full with happy occasions and feasts, it should be a delightful opportunity to remember our WHO colleagues who have served our Organization for several years, and their valuable contributions to the health and prosperity of the different countries and to their communities. It is therefore my pleasure to seize this happy occasion to convey to WHO/AFSM President, Dr. D. Cohen, and to the committee members of the “AFSM NEWS” and to all WHO retirees, especially of EMR, where I served more than 37 years, me and my wife Leila warm greetings, wishing all the joy, happiness and good health.

MERRY XMAS AND HAPPY NEW YEAR I

Dr K. Mneime

*Editor’s reply:* Dear Dr Mneime, Dr Cohen, our treasurer A. Foster and the Committee thank you warmly for your kind words and generosity in support of the AFSM quarterly newsletter, and for the good Season’s greetings, which we return wholeheartedly.

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**News from our active “retired”**

Yves Beigbeder (formerly with PER) has participated from March to June 2003 in a Group of three experts in human resources management, appointed by the executive heads of six international organizations - NATO, the Council of Europe, the European Space Agency, OCDE and two small agencies - to examine their system of administrative coordination and to propose improvements. Their report has been transmitted to the governing bodies of these organizations for review and decision.

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To our members, especially those from the regions: let us know about your experiences, and tell us what is going on in your country as former WHO Staff members.
**Miscellaneous**

**Health on the light side**

The Wizard of ID (from the Herald Tribune)

**Tidbits**

A cybercafé has been opened on the ground floor (rez-de-chaussée) of the main building. Apparently, retirees can use the computers in the cybercafé. In addition, it appears that plans are afoot to create a large exercise room and the DG has indicated that he would like to make it available also for retirees. A big thanks to the DG for not only visiting the annual General Assembly of the Association, but for keeping the retirees in mind for various services.

**WHO in the press**

**Not a windows doc**

People in glass houses shouldn’t throw stones. But what about bureaucrats at United Nations agencies? Lee Jong-wook, new World Health Organization head, has – shock – eschewed a windowed office. This flies in the face of the prevailing UN ranking system where office size and window count related directly to rank. A 20-year WHO veteran, Lee wanted decision-making to be “more participatory”, so he ordered the partitions to be taken down. “My desk will be among other people’s,” he told staff. “This is not just a symbolic gesture. It is a way of ensuring that the lines of communication stay open, and that I stay in touch”.

What’s next? An end to two-hour lunches?

*Financial Times, 23 July 2003*

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We received this card from our Centenarian, Mrs Duckworth-Barker. We thank her and wish her many other birthdays and New Years.

Mrs Kathleen Duckworth-Barker wishes to thank all her friends and former colleagues who have sent her messages on the occasion of her 100th birthday. She hopes they will forgive her inability to reply individually to so many well wishers.
Social Activities

AFSM ANNUAL RECEPTION 4 DECEMBER 2003

Approximately 230 persons, former WHO staff members and their relatives, and serving staff, have attended the Association’s annual reception, held on 4 December 2003 in the cafeteria of WHO headquarters in Geneva, from 5 to 8 pm. The Director-General’s representative, Dr Kazem Behbehani, and Dr David Cohen, the AFSM President, gave a few words of welcome. The reception (and the hearty refreshments) was appreciated by all. The exhibition of Nedd Willard’s sketches was also very well received, an innovation for our receptions. Other former staff may wish to offer an exhibition of their art work for the 2004 reception?

Many thanks to Roger Fontana, who organized the reception.

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9TH ANNUAL WHO SOLIDARITY FAIR

This year, the 9th annual Solidarity Fair, organized by the Staff Association (with the participation of AFSM (Roger Fontana, vice-president), took place on 28 November 2003 at WHO HQ in Geneva. Mrs Lee, on behalf of her husband the D-G, absent, welcomed the participants. The amount of CHF 10,500 was collected and distributed to several charity associations.

List of deceased since last announcement

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Compiled by Rosemary Bell from friends, messages and the 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)
Obituaries

Margaret Lyce passed away on 9 August 2003. She was AA/REG in EURO before moving on to the International Court of Justice for the rest of her career. She will be greatly missed by her friends and colleagues. Thelma Skriver

Bert Meijer has left us .......... The first time we ever met ..... was in a minor car accident: whilst reversing he bumped into my car. A short time afterwards, I heard that he had come from the office in Alexandria and that he was to be my new boss.

I quickly understood that his methods had nothing in common with what I knew until then; his only motto was – work and more work. And as he made it a point of honour to set the example, one had to follow. Some took it the wrong way, others wrongly misunderstood; either way it was not always easy for them to get along with. In fact, in order to work with him, it was better to go the same way, knowing that in case of problems he had an unshakeable courage ---- and knew how to defend his cause and his subordinates.

He more than respected discipline and rules but, living up to his ideals, did not hesitate to fight in defence of his ideas. Moreover, he had a great quality – he was truly honest and knew how to recognise his faults. Finally, he was persuaded that he had a mission to fulfil and not only a job to accomplish. Like all of us, he had had difficulties and suffered great pain. But for all that, I never knew him beaten. Without doubt, his force of character allowed him not to show his feelings.

I remained in regular contact with him and when he told me about his illness, I knew straight away that he was facing up to it with his usual courage. He told me not to be fatalistic but simply realistic. Some days before his death, we spoke together over the phone and I was astonished by his calmness, knowing what awaited him. His force of character stayed with him to the end, and if only for that reason, we must take our hats off to him. He will remain in my memory as an exemplary man, a man who followed the same line of conduct all his life. Not everyone can say the same thing of themselves.

All my sympathy goes to his wife, Miryam, to his two daughters, Karen and Mildred, and to his grandchildren. Jacques Domon, ex- OGS

Alberto EZBAN passed away on 21 December 2003.
He was a loyal and competent colleague at WHO/EURO as well as a very good friend. He was born in 1918 and joined WHO/EMRO already in 1949 as a translator. In 1958 he was transferred and promoted to WHO/EURO as Chief of the Translation and Editorial Unit where he served until 1972. He worked afterwards at the Geneva Headquarters as Information Officer in the Division of Public Information but returned to Copenhagen in 1975 to be closer to his two children Mirella and Renato and worked in EURO as Publications Officer until his retirement.

I know that Alberto had many WHO friends. Albert Weber, ex- Director, Information

Acknowledgements to those who have contributed to this issue: Editorial team (D. Cohen, Chairman; Laura Ciaffei, Yves Beigbeder, Daniel Flehaut, Rajindar Pal, Dev Ray); Rosemary Bell, Roberto Masironi, Michel Fèvre, Averil Foster, Richard Harrison, Samy Kossovsky, Alain Vessereau (articles, translations, proof-reading); layout: David Cohen.

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