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QNT congratulates Roger Fontana, new AFSM Chairman, as well as the members of the new Committee listed on the next page.
Functions attributed to the members of the new Committee 2004-2006.

**Chairman**  
Roger Fontana

**Vice-Chairmen**  
Roberto Masironi, Jean-Paul Menu

**Treasurer**  
Averil Foster

**Vice-Treasurer**  
Richard Saynor (co-opted)

**Editorial Board QNT:** Yves Beigbeder, Samy Kossovsky, Carole Modis, Jean-Paul Menu, Dev Ray, Rosemary Villars

**Coordinator, responsible for editing and layout:** David Cohen

**List of retirees:** Averil Foster, Carol Martin

**Health Insurance**  
David Cohen, Samy Kossovsky

**Pensions**  
Marguerite Melloni, Dev Ray

**Representative to AAFI/AFICS**  
Roger Fontana, David Cohen

**Relations with Staff Association**  
Roberto Masironi, Maggie Melloni

**Relations with the Regions**  
Jean-Paul Menu, Rajindar Pal, Dev Ray

**Relations with GINA**  
Roger Fontana, Carol Martin, Rajindar Pal

**Relations with State and City of Geneva**  
Stanislas Flache

**Social & cultural activities**  
Samy Kossovsky,

**Self-Help**  
to be determined later

**Computer, website**  
Carole Modis

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**A message from the President**

The AFSM took its first steps in 1989 towards its creation in 1990. First of all, I would like to thank the previous AOMS executive committees and most especially their presidents for all the outstanding work they accomplished.

Today, the AFSM is involved in a wide range of activities in cooperation with the WHO Staff Association and with other services at WHO. The elected Executive Committee of the AFSM is conscientious in following up all of its assigned work. In order to deal with the many telephone calls and to receive the visitors who come every day to the AFSM office 4141, the Secretariat has increased coverage so that the office is now open during the greater part of the weekly working hours.

To all AFSM members near or far, be assured that we are always at your disposal; let us know your recommendations, views and suggestions by mail or by email (aoms@who.int) or telephone us at +41 022 791 3101. Or come and see us in office 4141 the next time you are in the WHO building.

In the name of the Executive Committee and also from myself, I send you our warmest regards and wish you a VERY HAPPY NEW YEAR 2005
The 6th Joint Meeting of the Health Insurance Surveillance Committees took place at
WHO Headquarters, Geneva, on 18, 19 and 20 October. AFSM was represented by David
Cohen, Samy Kossovsky, and Rajindar Pal.

The purpose of this joint meeting, the last of which took place four years ago, was to review
the health insurance regulations and to examine new proposals. The most important of these
proposals, in our view, and one for which we have been fighting for several years, was Long-term
health care, a subject on which a number of articles have been published in this newsletter.

As already explained in these articles, the issue is suppression of the decreasing scale of
the level of reimbursement of care which is not, strictly speaking, medical but rather support to the
dependent persons. This is something in which, unfortunately, not only older persons but also the
young can be involved following an accident or a serious illness.

Currently, reimbursement stands at 80% for the first six months and drops every six months
until it reaches 20%, which can be seriously inadequate and lead in some cases to dramatic situa-
tions.

The new Headquarters Staff Health Insurance Surveillance Committee supported our posi-
tion and proposed to recommend to the Director-General the suppression of this degressivity. The
Director-General has approved this recommendation: therefore, the reimbursement of long-term
care will remain at the level of 80% during the whole period of dependency. The second proposal
put forward by your representatives concerned raising the maximum amount from $80 to $100 a
day and was not accepted.

Details regarding the changes will be forwarded to you in our next issue to be published in
March 2005.

Below: delegation AFSM at the Joint meeting

From left to right: D. Cohen, R. Pal, S. Kossovsky

From left: C. Hennetier, Secretary, L. Belgharbi, président of
Surveillance Committee, Dr K. Sara, EMRO, M. Dam, SES.

LONG TERM CARE: DEGRESSIVITY SUPPRESSED
AT LAST!
◊ **INFLUENZA VACCINATION: a missed opportunity**

We had offered to vaccinate all our retired people against flu at no cost to them: the medical Service was to procure the vaccines at a preferential price, the Health Insurance was to bear the costs and Dr David Cohen and Dr Samy Kossovsky, who started the initiative, were to administer the vaccines. Although about 40 people had signed up, the whole effort had to be cancelled due to administrative reasons. The Health Insurance has not foreseen such preventive measures, the Medical Service cannot sell the vaccines, and we were not formally authorized to use WHO premises for the vaccinations.

While regretting the administrative reasons, we would like to point out that such a free vaccination would cost the health Insurance considerably less than the 80% reimbursements of vaccines purchased in the market and treatment of acute cases and possible severe complications of flu would be much more costly. While lip service is paid to “an ounce of prevention is better than a pound of cure”, we hope next year will see better logic. In the meantime please do not forget to vaccinate yourselves.

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◊ **A VACCINE AGAINST TOBACCO?**

Four companies (two Swiss, one English and one American) are working on an anti-nicotine vaccine and two of them are already in the clinical testing phase II (effectiveness) on voluntary smokers. All these vaccines work on the same principle. The molecules of nicotine, like those of cocaine, are too small to be recognized by the human immune system which allows them to affect the brain without any barrier – which leads to addiction. The vaccine is based on an antibody that can recognize and capture nicotine molecules. Tests on animals have demonstrated that it is possible to prevent these molecules from affecting the brain.

The tests on humans are promising although long term recidivism is not yet clear when the effects of vaccine have weakened. Many more years of research are necessary to measure the long term effects of such vaccines.

*(Based on an article in Campus, Magazine de l’Université de Genève, October-November 2004)*

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◊ **RISK FACTORS OF HEART ATTACKS: NO DIFFERENCE BETWEEN REGIONS AND ETHNIC GROUPS**

The Canadian study INTERHEART, endorsed by WHO, the World Heart association and the International clinical Epidemiology Network looked at more than 29000 persons in 52 countries. It found that the two most important risk factors are cigarette smoking and an abnormal ratio of blood lipids (Apolipoprotein B/Apolipoprotein A-1), which together predicted two-thirds of the global risk of heart attack. Additional factors are high blood pressure, diabetes, abdominal obesity, stress, a lack of daily consumption of fruits and vegetables and a lack of daily exercise. Regular consumption of small amounts of alcohol were also found to be modestly protective. These nine factors collectively predict more than 90 per cent of the risk of a heart attack.

According to this major study, presented by Dr Salim Yusuf at the European Society of Cardiology conference in Munich, Germany, the risk factors are the same worldwide: the 29000 persons were from Africa, Asia, Canada, China, Europe, Latin America, and the Middle-East.

This study suggests that a combination of lifestyle changes including stopping smoking, eating a healthier diet and exercising, could lead to an 80% reduction in the risk of heart attacks. The study INTERHEART provides the health research evidence needed to build national and international programs for the prevention and control of one of the leading cause of death worldwide.

*(Based on an article in Diabetes News- American Diabetes Association, August 2004)*
Dear Dr Cohen,

The 57th World Health Assembly considered a variety of health issues, but none on environmental health....

...Overeating is certainly a health issue in the industrialized countries, but it is less so for a majority of the world's population who have less than enough food to eat.

AIDS is a major health issue worldwide. WHO was wrong to abandon it when the responsible staff member quit WHO after refusing to comply with the Director General's instructions. Dr Lee has rightly brought AIDS back into the WHO programme, but is his planned campaign likely to be feasible? The authors of an article recently published by the International Herald Tribune do not think so. They say that WHO's "business plan" lacks clarity and specificity. They point out that:

"WHO's traditional strengths lie in providing technical assistance to countries and in building international consensus on scientific matters. In the case of AIDS, that means that WHO should set the standards of clinical care and treatments, provide the guidance so that countries can measure both the demand for treatment and the quality of services provided in treatment, and convene the world's scientific and medical community to learn from and constantly improve on best practices."

WHO's founding fathers envisaged those now "traditional strengths" in drafting its Constitution. From the earliest days, small "WHO demonstration and training" teams worked in the field with national health teams setting up and activating study and control projects. This on-the-job training was well-received and resulted in many successful national health programmes. In keeping with the Organization's motto, the emphasis in all WHO programmes was on preventing disease rather than on curing disease.

Panels of experts in a number of health-related fields were chosen from the world's scientific and medical community.

Scientific Consultations and Expert Committees (whose members were mainly drawn from the relevant Expert Panels) were convened which set standards for studying the epidemiology and the control of various diseases. WHO expert groups recommended standards for measuring the potability of drinking water, the safety of foods, the health aspects of housing, the dangers of commonly used chemicals, and other health-related factors in the human living and working environment.

Research was stimulated by WHO in many countries by establishing official contact with existing research institutions which were named WHO International Reference Centers. This collaboration was an essential element in developing credible standards. Text books on the methodology of carrying out many health-related activities have been written by WHO staff and consultants, based on their own professional experience and on the considerable data available in WHO archives. Notable examples in environmental health were the manuals on excreta disposal and water supply in rural areas.

The Expert Committee reports, the reports of technical consultations, the "how-to" text-books and other technical documents have been published by WHO in several languages, and by various member countries in additional languages. Over the years these WHO publications have been frequently read and re-read by WHO staff and consultants, and I believe they are quite widely and regularly referred to by health and other officials in many countries. As an environmental engineer I am struck by the fact that there are no new publications on environmental health matters of interest in the latest list of WHO publications.

Speaking of "business plans", in past years WHO in fact did set up and play a major role in several large programmes which were operationally successful: I would cite the ....

...Malaria Eradication Programme, the World Bank/WHO Cooperative Programme, the Primary Health Care Programme, the Smallpox Eradication Programme and a large contribution to the United
Nations International Drinking Water Supply and Sanitation Decade 1980-1990. But in December 2003, the UN General Assembly proclaimed an "International Decade for Action 'Water for Life' 2005-2015", the goal of which is to help member countries achieve the community water supply and sanitation goals of the UN Millenium Declaration. Unfortunately the participants at the 57th World Health Assembly were not even informed about the new UN Water Decade, in which WHO ought to play an important part.

In its 57th year, is WHO forgetting its "traditional strengths" - what it was set up to do and has done well for many years? Is WHO realistically planning how it can continue to be useful to its member countries in the unpredictable years ahead?

Yours sincerely,

Prescott Stevens, Environmental Engineer

Dear Dr. Cohen,

Thank you for sharing the letter with me. Mr. Stevens is right, at the last WHA there was little discussion on environmental issues. At the next one there will be three items on the agenda.

We chose not to go to the WHA on the upcoming "water for life" decade, as no plans on the focus of the UN system work during the decade had as yet been agreed upon. Such plans are now nearing completion and we shall inform next year's WHA of this.

In general, the current WHO secretariat is attempting, based on the requests from the Executive Board, to have focused discussions during the WHA, which means a selection of topics for each assembly. For the last WHA Mr. Stevens rightly says that diet and lifestyles and HIV/AIDS were the focus of the debates.

You and other former colleagues of the organization can rest assured that neither water, sanitation and hygiene nor any of the other environmental issues have vanished from our work programme. Quite to the contrary. A cluster which is at par with other technical clusters has been set up, and we are promoting more technical cooperation at the country level in the health and environment field, and we are working more actively with other partners to help countries achieve the Millenium Development Goals and targets.

Once again, many thanks for your and Mr. Stevens' continued interest in the work of WHO.

Dr Kerstin Leitner, Assistant Director-General, Sustainable Development and Healthy Environments, WHO, Geneva

Ed: We found this exchange of views very interesting and we would like to encourage similar free exchanges.

Extract from a message received from Mrs. Chantal Démolis, Gaillard, France

…I am a life member of AOMS and congratulate myself daily on having taken this step. I am very happy to receive the Quarterly News of AFSM and the other information you send. … I take this opportunity to thank you for the work you do and the commitment of the members of the Executive Committee.

Thank you dear colleague, we were touched by your message. The Committee

CORRIGENDUM to J.-M. Leclercq's article « Impressions du Rajasthan ».

Letter from our friend Jean-Michel Leclercq pointed out an unfortunate typographical error that transformed "Jal Mahal", located in Jaipur to "Taj Mahal", located in Agra. We hope that our readers have already noticed this error on the part of QNT and made the correction.

In addition, the footnotes for the article were "elusive"-the first one was not in the right place in the French version and the second one disappeared from both texts. The first footnote referred to the collection of poems of Jean-Paul Darmsteter and appears correctly in the English version after the word "rest"¹ "the camel festival...seem thirsty (not "twisty") only for rest", page 10, right column, line 20.

The second should be after "The capital of Rajputana...when Guy de Brébisson (and not de Brébison) knew it in 1962², page 11, left column, line 10.


Our apology to Jean-Michel Leclercq, Jean-Paul Darmsteter, as well as to India's numerous friends.
Born in Niamey, Niger in 1934, John Wright studied medicine at Montpellier and Lyon, France; he married a Benino-Togolese, Laurinda, a dental surgeon. Returning to Niger in 1963 both of them were employed by the Ministry of Health and the Hospitals until 1986 when John was assigned as WHO Representative in Rwanda and subsequently in the Comores. Now retired in Niamey they have been trying since 1996 to promote “natural” treatment of ill health. John Wright was a member of the Executive Board of WHO and he is honorary President of the Association of Traditional Practitioners of Niger.

**QNT:** What project have you been working on since your retirement?

**JW:** My wife and I have been concentrating on the promotion of traditional medicine of all types in Niger.

**QNT:** What is the reason for this particular interest?

By conviction: to share our knowledge with our fellow country people so that they can take responsibility for their health, above all when they lack the financial means to benefit from the preventive and care measures, in particular the costly drugs of conventional medicine.

**QNT:** How did you first become involved in this discipline?

It was my wife who was first introduced to this discipline by Pr. Jean Pliya, former rector of the University of Benin, and promoter of health through plants. Then we embarked on reading and research, met a number of traditional practitioners and participated in seminars on traditional medicine (including those held by WHO in China and in Zimbabwe).

**QNT:** Have you established a dispensary or centre for your activities?

Yes, in 1996 we opened a private medical cabinet “Health through Nature” and in 1998 a herbal cooperative where we provide information, preventive and curative consultations and where phytosanitary products are sold at affordable prices.

**QNT:** Are your services paid for by your patients or an official body?

**JW:** The services are paid for by the patients at the rate of CFA 3000 (about 4 euros) the consultation. About one third of the patients pay; to the others, services are provided free of charge. We receive no subsidy from the government.

**QNT:** What cooperation have you developed with the official health services or with others?

**JW:** We provided teaching projects on African traditional medicine to the dean of the Faculty of Medicine in Niamey - 25 hours for medical students - and to the Ministry of Health - 15 hours for paramedical; there seems to have been no follow through.

**QNT:** Have you written or published material to create awareness of your initiative?

**JW:** Yes, of course. From 1996 to 2002 we wrote an article a week on “Health through Nature” which appeared on page 7 of the journal “Le Républicain”.

Then my wife and I published two books “Health with nature” and “Nature to our rescue” A third brochure is in preparation in collaboration with Mrs. Amkassou Kansaye on “Medical treasures in our natural foodstuffs”. (We are seeking funds for its publication in Niger).

**QNT:** What reception have you received from the population? from your medical colleagues? from the local authorities?

**JW:** The reaction of the local population was initially one of mistrust and scepticism changing to enthusiasm less than a year after the opening of the Herbal Cooperative. We have about 1300 registered patients. From medical colleagues – distrust, scepticism and polite interest - no more, but there is growing interest on the part of some doctors and pharmacists who have become members of the cooperative. The health authorities seem to have remained indifferent. The Faculty of Medicine - reserve, scepticism but polite interest in view of our past relations with the Ministry of Health and WHO.

**QNT:** Do you think that naturopathy should be developed in all countries?

**JW:** Yes, African traditional medicine should be taught in all medical schools: the cost of phytoproducts is much more affordable for small budgets, its preventive powers have been proved and its usefulness as an aide to conventional medicine should not be neglected. It seems to us to be indispensable and urgent that our developing countries take concrete steps to promote natural medicine (funds, legislation, infrastructure, applied research, personnel). And our colleagues in conventional medicine should welcome this with benevolence and humility!
QNT: What future do you see for the Cabinet and the Cooperative that you have created? Do you plan to branch out to other towns in your country?

JW: Unfortunately we had to close the Cabinet in 2002 and thus we do not envisage any extension in Niger or elsewhere. Since 1996, neither the Ministry of Health nor the Ministry of Finance deigned to inspect or even visit our activities. And, when the Finance Law of 2001 assimilated medical cabinets to commercial enterprises and funds and taxes of all kinds were imposed, we could no longer manage and were obliged to close down. The Cabinet will not re-open but we are continuing our work of developing the Herbal cooperative. Our faith is undiminished!

QNT thanks Drs John and Laurinda Wright for the interview they kindly accorded to Dr Daniel Flahault, Executive Committee, AFSM. He congratulates them for the activities they have undertaken since their retirement which may serve as an example to other retired colleagues. However, neither the Committee nor QNT take position on the validity of this therapy.

TO NEW OR ANNUAL MEMBERS

The Committee wishes to remind all former WHO staff members that annual membership of AFSM costs CHF 20, and life membership CHF 250. All annual members are urged to pay their dues as soon as possible, or better still to become life members (apparently a good investment – see the above message from a former colleague).

Former staff not yet members who would like to become members could fill in this form and send it to office 4141 (see address on top first page).

APPLICATION FORM

Name.................................................................  First Name.................................................................

Address:

Street .................................................................................................................................................................
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Postal Code.............................................................................................................................................................
Country..................................................................................................................................................................

Phone................................................................................................................ Fax ........................................... e-mail ...........................................

Date of Birth ....................................................................................................................................................
Nationality.............................................................................................................................................................

Date of separation from WHO .........................................................................................................................
Length of service with WHO ............................................................................................................................

Function occupied on separation ........................................................................................................................
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I should like to receive documentation in ☐ English ☐ French

Date................................................................. Signature
International Day of Older persons

Since 1996, the Geneva International Network on Ageing (GINA) along with AFSM, has celebrated the UN International Day of Older Persons on 1 October.

Peggy Edwards, a health promotion consultant from Canada was invited this year by Dr Alexandre Kalache, Coordinator of WHO’s Ageing and Life Course programme, to speak about “effective grandparenting”, following her book *Intentional Grandparenting*. Her lecture was attended by a lot of people, including the D-G Dr Lee, and Dr Mahler.

Peggy, herself a many times grandmother, pointed out that being a grandparent is one of the most fulfilling stages in the life course. Studies from all over the world show the vital connection between grandparents and grandchildren, but grand parenting in the 21st century may be more complex than it was for previous generations. There are many changes in marriage and parenting trends, including increases in the age at marriage, cohabitation, same sex unions, interethnic and bicultural marriages, and divorce. In many developed countries, one in every two children will experience a marriage break-up and often resettlement in a blended family. Families are more mobile and often live long distances apart. Grandparents are living longer and which means cohabitation between several generations, -- all with different needs and expectations.

Grandparents in developing countries face many challenges, including old-age poverty, migration and changes in family living arrangements, or even war and violence. In countries ravaged by HIV/AIDS, many grandparents nurse their adult children until they die and then look after their orphaned grandchildren. Despite many hardships, most grandparents form loving relationships with their grandchildren.

Peggy also reviewed a set of ten principles of effective grandparenting, based on a review of the literature on child and adult development. They are reproduced below:

1. Be an intentional grandparent by planning ahead and taking deliberate action to be the kind of grandparent you want to be.
2. Respect and support the parents. Be there emotionally and practically, without giving unsolicited advice.
3. Be open to new possibilities, such as changes in prenatal practices, childbirth and childbearing practices.
4. Embrace diversity, including blended families and step-grandchildren, same-sex and bi-racial and multicultural unions, and adoption.
5. Be accepting, positive and empathetic. This builds resilience, self-esteem and optimism in your grandchildren.
7. Be consistent, reliable and fair. Fairness means respecting the uniqueness and individual needs of each grandchild and his or her family.
8. Stay in touch, especially if you live far away. Connect the generations by being the family historian.
10. Take care of your own physical, emotional and spiritual well-being.


A reception, which ensued in the WHO cafeteria, provided an opportunity to continue the discussions informally and to catch up with colleagues and friends. Irene Hoskins, Aging and Life course

An appeal to our colleagues!

This newsletter is your newsletter. Send us your thoughts, accounts of your travels, interesting articles, drawings, photos, funny stories.

We welcome the participation of Prescott Stevens in this issue; please share your opinions with us. We look forward to hearing from you!
OUR ANNUAL RECEPTION OF 2 DECEMBER 2004

More than two hundred former WHO staff and their families as well as some current WHO staff attended the annual reception of the Association that took place on 2 December 2004 in the cafeteria of the WHO headquarters in Geneva. Dr Cohen, the exiting president, presented the newly elected president, Mr Roger Fontana. Next he gave the floor to the Director General Dr Lee Jong wook who honoured the assembly with his presence and said once more how much he appreciated the role that retired staff had played and continued to play. After the speeches, the discussions and catching up among the former staff could begin in earnest. This reception is always a wonderful occasion to see former colleagues and also to make new acquaintances. The buffet was generous as always and much appreciated by the attendees.

Martin Kaplan, who has died aged 89, was a pioneering researcher in public health whose concerns about the environmental implications of chemical and biological weapons led him to become secretary-general of the Nobel peace prize-winning Pugwash conferences, while holding a top post with the World Health Organisation.

Martin, whose work was mainly in the field of rabies, influenza and tropical diseases, was trained in veterinary science.

... During the Second World War, he joined the United Nations Relief and Rehabilitation Administration (UNRRA). On VE Day he sailed from Greece, on a Swedish freighter escorting six prize bulls...[to restock the cattle population of Greece].... He then set about establishing new laboratories and refurbishing old ones, producing much needed animal vaccine, as well as teaching new methods to the local professionals...

...In 1949, Martin joined the nascent WHO in Geneva, where he set up a veterinary division. In collaboration with scientists at the University of Wisconsin and the Wistar Institute in Philadelphia, he carried out early investigations on the flu virus in animals and birds.

At WHO he became director of science and technology, and, later, head of the office of research and development. He worked at WHO in various capacities, mainly as adviser to the director-general, until his retirement.

Martin's decision to remain in Europe, and not to return permanently to the US, was to a large extent influenced by the dismal happenings in the US during the McCarthy period. Several of his friends fell victim to the McCarthyite witch-hunt....

... [In Collonge-Bellerive, where he lived] ...one of his neighbours ... was Prince Sadruddin Aga Khan. Martin ...collaborated in a number of colloquia...on the threats posed by weapons of mass destruction, and to seek means to prevent such use.

One outcome of this conference was to set up a Pugwash study group on chemical warfare, whose main task was to facilitate the drafting of the Chemical Weapons Convention. When the CWC came into force, in 1993, the study group took up the task of its implementation. Most of the workshops were held in Geneva, and Martin was responsible for their organisation. As secretary-general of Pugwash, he set up and ran a study group on nuclear forces, which frequently met in Geneva between 1980 and 1997. In total, Martin organised 52 Pugwash workshops.

Much of the credit for the achievements of Pugwash, recognised by the award to it of the 1995 Nobel peace prize, must go to him.

Martin was a unique person; and in this increasingly selfish world of ours, he stood out as a beacon of friendship, generosity and, simply, goodness.

He is survived by Lenna, his wife of 60 years, a daughter and two sons.

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Excerpted from Joseph Rotblat The Guardian Wednesday November 24, 2004

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Dr Mohammed Abdussalam passed away on the 10th of October 2004. He is survived by his three daughters. Dr Abdussalam was born on the 7th of March, 1917 at Kasur, Panjab, in Pakistan. He joined the World Health Organisation on 29th June 1959, as Veterinary Public Officer and retired as Chief, on the 30th of June 1976, and then joined The Robert Ostertag Institute of Berlin, Germany as Director International and Scientific Cooperation.

He was the author of numerous research and review publications. He was awarded the Gold Medal from Panjab Veterinary College, the Gamaleya Medal from the Gamaleya Institute, Moscow, the Purkinje Medal from the Czechoslovakia Medical Society. He was also a member of the World Health Medical Society, and the U.N. Russian book club.

His avocational interests were linguistics and herpetology. Dr Abdussalam's pleasing and dignified personality won him the admiration and affection of one and all.

Rajindar Pal
Contacts with Regional Associations

Dev Ray was in SEARO office in Delhi in October/November 2004. He took this opportunity to meet with the President of the SEAR Association of former staff - H.S. Dhillon. He also met with some other members of the Association for lunch. As has been reported previously, the overriding concern of the Association is the lack of a venue - or a small office - in SEARO building which could serve as a focal point for former staff. However, like the HQ, SEARO has acute office space problem and has been unable to find them an appropriate office. In addition to the question of facilities, I raised the possibility of some of the former staff to present lunchtime seminars in SEARO for serving and former staff in order to build stronger bridges. For instance, Prof. Ranjit Roy Chowdhury, a former staff, chairs the Indian Commission on Macroeconomics and Health for which Sujata Rao, from the ministry of Health, is the Secretary. It may be desirable for Prof Roy Chowdhury to give a seminar on the progress of the Commission’s work. In addition, some of the former staff are in touch with eminent people visiting India - e.g. Amartya Sen. They can make it easier for such persons to give seminars in SEARO building. The SEARO group agreed to take it up with the Administration and the RD in SEARO. Such ventures can also lead to closer relations with WHO offices.

Dev Ray

Xe Solidarity Fair

This year, the 10th annual Solidarity Fair, organized by the Staff Association (with the participation of AFSM, took place on 8 December 2004 at WHO HQ in Geneva. As usual, the funds collected will be distributed to charity associations. You will be informed more completely in next issue.

Good bye, see you next year!

Congratulations to all those who have contributed to this issue, with a particular gratitude to the printing, distribution, and mailing services.
A special mention is made to the Security service.

The views expressed in QNT are not necessarily those of AFSM