The new construction – situated opposite the main HQ building – which will soon house the WHO AIDS programme and UNAIDS, till now dispersed in various locations.

Retirees are concerned about the decision taken during the meeting of the Joint Staff Pension Board in Nairobi – in haste and without real consultation – to entrust private firms with the management of part of the investments (US $ 9 billion for the moment). Up till now investments were decided by the UN Investment Management Service under the Secretary-General (in fact by his Under Secretary-General for Administration) after consultation with a Special Investment Committee, in agreement with the Joint Board. These investments have given satisfaction so far and safety has been paramount. The current Under Secretary-General considers that the yield is less than satisfactory. Aside from economic considerations, it is feared that private management may involve risks that the retirees – who recall the collapse of private pension funds in recent times (inter alia ENRON, Maxwell) – and for whom the UN pension is the sole resource – are not ready to assume.  

(cont’d on p.3)
News from WHO

Election of a new Director-General of WHO

Following the untimely and unfortunate death of Dr Lee Jong-wook – just before the last World Health Assembly, it became necessary to elect a new DG. At the time of his death, there was no appointed Deputy DG and the Executive Board, in a special meeting held during the Assembly on 23 May 2006, took note of the instruction of Dr. Lee and appointed Assistant DG Dr Nordström as the acting DG as of 22 May 2006.

The DG is “appointed by the Assembly on the nomination of the Board” (article 31 of the Constitution). According to Rule 52 of the Rules of Procedure of the Board, “at least six months before the date of opening of a session of the Board in which the DG is to be nominated, the (current) DG shall inform Member States and members of the Board that they may propose persons for the nomination by the Board for the post of the DG”. Following this timetable, the nomination normally would have been in January 2007 and the appointment by the Assembly in May 2007. The Board decided on 30 May 2006 to suspend rule 52 of the Board and accelerate the whole process.

Thus, the Acting DG was required to notify all Member States by 1 June 2006 that they might propose persons for the post of DG and the final date for receipt of such proposals by WHO was set for 22 August 2006. The current Chairman of the Board, Dr. Fernando Antezana of Bolivia, would open the proposals and send them out along with curriculum vitae and supporting documentation by 22 September 2006. A special session of the Board will meet in Geneva from 6 to 8 November following which a special session of the Assembly will meet on 9 November to appoint a new DG and approve the contract. Normally Rule 108 of the rules of Procedure of the Assembly state that “the term of office of a DG shall be five years” but the special session of the Assembly will suspend the Rule in order that the term of office of the next DG will terminate shortly after the closure of an Assembly rather than in November 2011.

Following its procedure, the Board will prepare a short list of (five) names of candidates who will be “interviewed” by the Board and an election process will be undertaken where each member of the Board can vote for a single candidate in the list. If no candidate obtains the majority required for selection, the candidate with the least number of votes is eliminated and the process repeated until one candidate emerges with the majority of votes required. This election process is the same as on previous occasions. If two candidates at the end are tied in votes for three ballots, the Board restarts the election process with the original short list established by the Board. The “winning” candidate’s name is then forwarded to the Assembly for its approval. Obviously, all these meetings are held in private and only the final name is announced at a public meeting.

We can expect that a new DG will be appointed on 9 November 2006, and Dr Nordström will revert back to his status. The Board has also instructed that any internal candidate be put on leave with pay from the time of his/her nomination by a Member State to the culmination of the election process. As of 5 September, deadline for proposals, a list of 13 candidates – from within WHO as well as from outside, has been proposed. As an aside, Dr. Nordström had unequivocally declared that he would not be a candidate.

Dev Ray, 2 Aug 2006

NEWS

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-- Association of Former WHO Staff --

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News from AFSM

Grant to AFSM

Last February, Dr Lee spontaneously decided to provide a grant of SF 10 000 over a period of two years to our Association, which he valued, for the purposes of a specific project. His untimely death prevented him from carrying this out; however, the WHO Administration has informed us that that sum will shortly be made available to us. This grant will enable us to create a website for our Association. We wish to thank the WHO Administration which thereby acknowledges our contribution to the work of WHO. We recall Dr Lee with warmth and affection.

Elections
The list of candidates is now closed; thirteen candidates have come forward for the 12 places to be filled. Voting papers will be accepted up to 23 October inclusive. The opening and counting of votes will take place on 24 October. You may vote from now. Only paid up members of the Association, i.e. life members or those who have paid their dues for 2006, are entitled to vote (Article 5 of the Statutes)

A new worry for retirees?
The assets of the Pension Fund are estimated to total just over US$ 33 billion. The decision taken in Nairobi to study the hand over of management to private firms – starting with US$ 9 billion – worries most of the personnel of the Agencies, and the Secretary-General himself has apparently expressed reservations. What is required is diversification of investments, investments in different countries, ethical considerations etc. and a strong Investment Committee with a broad mandate, appointed by the Board rather than the Secretary General.

Health Insurance
what’s new?
Your two representatives on the Health Insurance Surveillance Committee continue to follow closely progress regarding long-term care. We will keep you informed of any new developments.

Letter Box for Health Insurance

Correction: Contrary to the information given in our previous issue, the letter box for health insurance envelopes on the second floor has not been suppressed: there are now two boxes, one on the ground level at the entrance to the main HQ building, and the other on the second floor, as previously. Both these boxes can be used by retirees as well as by serving staff.

Announcements
10 October:
International Day of Older Persons:
(10th anniversary)

3 December:
International Day of Handicapped Persons

1st half of December:
Solidarity Fair

We shall keep inform you of the arrangements for these different events, in which AFSM will participate, as soon as we receive them.

NEW AFSM MEMBERS

We have pleasure in welcoming the following new members:

Life membership
AYIN-AKILOTAN, Mr J.P; BARGE, M. Jean
CELINDER, Mme Cecilia;
DALLEMAGNE, Mme Christiane;
LYONNET, M. Roger;
MAS, Mme Françoise; MONTOYA, Dr Carlos;
PEGUET, M. Roland; QHOBELA, Mr Qhobela;
RATCLIFFE, Ms Penelope;
ROLL-VALLANION, Mrs Mary;
TODESCO, Mrs Judith; TOWLE, Mr William.

Conversion from annual to life membership
BAKER, Dr William; CHERNEY, Mrs Suzanne;
PETERS, Mrs Vera.

Annual membership
HINDLE, Mrs Pamela; MARR, Mr James;
TOURE, Dr Amara.
History matters

Mission impossible?

Efforts to make health an integral part of national socio-economic development

1968-1977

As part of the WHO Global Health Histories Initiative seminar series, Dr Socrates Litsios, a former senior scientist at WHO, gave a presentation on May 31 2006 describing how Dr Halfdan Mahler had committed WHO to an integrated, holistic, country-based strategy, strongly linked with UN reform efforts. This informative and provocative talk was attentively followed by a large group of current and former WHO staff and visitors from other agencies—here is a brief summary:

Major developments during the third decade of the work of WHO from 1968 to 1978 were the eradication of smallpox and the launching of primary health care, as well as the failure of the global malaria eradication programme and the creation of the such programmes as Tropical Disease Research, Essential drugs and Expanded immunization. Perhaps less recognized but of no less importance were WHO’s efforts during this time to promote human health as an integral part of national social and economic plans.

The Executive Board, in its resolution EB9.R21 adopted in 1952, underlined the “relationship of health to the total social and economic environment.” The Sixth WHO General Programme of Work stated that in order to promote the integration of health planning into the overall framework of national socioeconomic development planning, WHO must promote effective inter-sectorial communication and collaboration with other unilateral and bilateral assistance agencies.

A 1969 study by Sir Robert Jackson “A study of the Capacity of the United Nations Development System” portrayed the specialized agencies of the UN system as resistant to any changes that would tread on their territory; he proposed a reform giving the UNDP a central role coordinating UN activities at country level. Dr Mahler took an interest in the “Capacity Study”; he saw that the country programming concept would be needed to further the Organization’s objectives to make health part of social and economic development. He advocated the need for UNDP to be aggressive in assuring a cohesive approach to the UN system, and he supported UNDP leadership at country level to reduce the tendency of each agency to go its own way. Unfortunately, he was almost alone among agency heads to do so. Eventually the newly emerging UN consensus collapsed as FAO, the World Bank and the UN itself believed that the UNDP should concentrate mainly on its role of collecting and administering funds.

Nothing that was happening at WHO during its third decade could have had any effect on UN efforts to reform its activities at country level. However, with the collapse of UNDP leadership, WHO’s improved capacity at country level to support integrated programming with other sectors was of little use if the rest of the players—the other UN agencies—were not interested. In addition, as long as the UN system did not present a coherent approach to development, countries were less likely to develop one on their own.

Most historians have portrayed the 1970’s as the time when WHO developed a horizontal approach to health development which contrasted radically with the vertical approach that had featured so prominently in WHO’s first two decades. Much less attention has been given to the fact that the horizontal philosophy of primary health care depended on the success of inter-sectorial coordination.

This reading of WHO’s third decade suggests that despite being a decade noted by the rise of primary health care, it was also one where the failure of the UN system to adopt an integrated approach to country programming greatly undermined WHO’s visionary efforts to promote health as an integral part of national socio-economic planning. That failure left WHO holding the bag so to speak, one that is too heavy a burden to be borne alone.

Carole Modis

We welcome your recollections, opinions or any comments that you may have after reading this article. Dr Litsios is currently writing an official history of the third decade of the work of WHO. He would be interested in any information or comments; he can be contacted at: litsioss@bluewin.ch

1. In the last issue, we forgot to mention Carole Modis, author of History matters: all our apologies.
Our health

Trace elements in health

In food stores all over the world all kinds of pills on sale claim the health benefits of the many minerals that they contain. Are they any good, or is just a gimmick to boost sales? Indeed trace elements are “essential” since life cannot exist without them and diseases develop in the case of deficiency. The present article intends to summarize the health promoting roles exerted by the mineral trace elements in nutrition. This subject has been dealt with by WHO since 1973, together with IAEA and FAO, and more recently with UNESCO. While the elements mentioned here are essential, others (cadmium, mercury and lead) are toxic.

Selenium. Based on epidemiological observations, selenium has been suggested as a protective agent against heart disease, since in the US and in Finland populations living in certain areas with low selenium in the soil (and therefore in the food) show high rates of cardiovascular disease. In Finland the very low selenium intakes have been corrected through selenium addition to wheat crops since 1985. Subsequently, mortality for heart disease declined significantly during the last twenty years in this country. Likewise, in large areas of China, an often deadly cardiomegaly was discovered some decades ago, which affected children and young women in low soil selenium areas and low dietary intake (only 11 micrograms/day or less vs the 40 - 200 micrograms/day absorbed on average by people in Europe and the US). This heart disease has been brought under control following, inter alia, systematic supply of selenium supplements to the populations. Although one cannot yet say that selenium is really beneficial in protecting the cardiovascular system, the evidence seems good enough to explain why many people prefer to eat Se-rich food like fish and cereal grains, and take Se-containing pills.

Chromium is an essential trace element which enhances insulin activity and exerts a beneficial role in the regulation of insulin action and on carbohydrate, protein and lipid metabolism. Although it cannot be considered as an anti-diabetic medicament, Cr may exert a beneficial role on body sugar control thus lowering some of the risk factors for cardiovascular diseases. The National Institutes of Health of USA have therefore declared chromium as an adjuvant therapy for type 2 diabetes and impaired glucose tolerance.

Zinc. As it activates hundreds of enzymes in the body, it favours body growth (dwarfism is present in zinc-deficient populations), sexual maturity, the immune system, taste acuity, visual adaptation to the dark, cell division, skin health, wound healing, metabolism of lipids, sugars and proteins, cell division, protein synthesis, the action of other trace elements, and many other things. It is a very essential element lacking in the nutrition of many populations in developing countries.

Iodine. At the moment WHO is concentrating on two other trace elements: iodine and iron. Iodine deficiency is a major public health concern which affects 125 countries and is kept under control in only 70 of them. It was estimated that in 2004, almost two billion people were at risk of iodine deficiency which, besides producing goitre, a disease of the thyroid gland, affects foetus brain development during pregnancy thus possibly leading to irreversible brain damage and mental retardation. The domestic use of iodized salt is a good method to prevent deficiency.

Iron. The most important deficiency nowadays is, however, iron deficiency. It affects almost 3 billion people in both developed and developing countries. It is not only a major cause of anaemia but also a risk factor of greater morbidity in infants and of disturbed psychomotor development. Deficiency prevention and control are difficult to secure in large population groups, as iron is present in products of animal origin to which many populations, including vegetarians, may not have access. As iron deficiency is closely associated with anaemia, prevention and control programmes must be integrated with prevention of other factors, especially infections, which in turn cause anaemia. Needless to say, iron is a very essential element involved in the transport of oxygen in the body. It binds and releases oxygen between the lungs, the iron-containing haemoglobin of the red blood cells, and the tissues. There are limits to dietary intake, however. Indeed, before menopause, women are one-half as likely as men of the same age to fall sick and die from cardiovascular disease while, at the same time, they also have significantly lower iron levels in their bodies than men have. After menopause, the iron stores increase in women and become similar to those of men, and so does the incidence of heart disease. Whether or not one can deduce a cause-to-effect relationship between elevated iron body concentrations and cardiovascular diseases is not clear.

R. Masironi

This brief article is only a summary overview of trace element effects on health. It cannot possibly be exhaustive. Readers who are interested in details can refer to the, 2nd edition. Joint FAO/WHO Expert Consultation on Human Vitamin and Mineral Requirements, Vitamin and mineral requirements in human nutrition. Geneva : World Health Organization, 2005

According to an article in the *International Herald Tribune* (20 July 2006), “resigning yourself to old age may produce the very mental lapses that most people fear will strike them in their golden years”. Extracts:

“In a paper appearing in the current issue of the journal *Social Cognition*, psychologists report that men and women in late middle age underperformed on a standard memory text when told they were part of a study including people over age 70. Inclusion with an older group – an indirect reminder of the link between age and memory slippage – was enough to affect their scores, especially for those who were most concerned about getting older, the authors concluded.

Researchers refer to this self-undermining as a stereotype effect, and they have documented it in many groups. In studies, women perform less well on math exams after reading that men tend to perform better than them. People over 65 also slump on memory tests when they are reminded of the link between age and mental decline “.

The researcher commented: « The implication is that some of the things we say about ourselves in conversation – joking about ‘senior moments’ is a perfect example – these kinds of comments may in fact undermine our own memory at the time we are saying them. And the fear is that it has a cumulative effect, that it becomes a negative feedback cycle ».

On a more positive note, in the same issue of the IHT, other research has reported that the best way to remember something may be to go to sleep after learning it (see *Current Biology*, 12 July 2006).

The scientists created two lists of 20 randomly paired words with no semantic connection between them. Forty-eight men and women were then asked to remember them. They were then randomly assigned to one of four groups:

- one group memorized the words in the evening and was tested in the next morning;
- one memorized the text in the morning and was tested in the evening;
- one memorized in the evening and was interrupted with another task before testing in the morning;
- one memorized in the morning and was given another memory task before being tested in the evening.

Those who went to sleep without an interfering task did best, with 94 percent recall of the word pairs, those who stayed awake without interference scored an average of 82 percent.

A night of sleep, however, made much more of a difference for the groups who did distracting tasks. Those who stayed awake scored only 32 percent, while those who slept before their test scored 76 percent.

The researchers concluded that sleep plays an active role in consolidating memories: « Rather than being a passive state, it’s a neurobiological process », said one researcher. « The process of memory doesn’t end when we stop studying, but continues during sleep ».

Our own practice and experience (without learned research) have shown most of us that sleep sometimes clarifies or solves intractable problems of the day before.

Yves Beigbeder

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Up till now, the diagnosis of Alzheimer’s disease – on which an article will be included in a future issue of QNT – occurs at a late stage. Early diagnosis would be an important step forward in the search for treatment.

Since 2005, an international medical team (French, American, British Canadian, Dutch and Japanese,) directed by Professor Bruno Dubois (Hospital Salpêtrière, Paris) has been studying the possibility of early diagnosis. The results were presented at a World Congress held in Madrid from 15 – 19 July. Abandoning the concept of Mild Cognitive Impairment (MCI), vague and heterogeneous, encompassing very different causes (depression, cerebral vascular troubles, early stages of degenerative diseases) and resulting in a profusion of ineffective drugs, Prof. Dubois’ team has perfected a new diagnostic grid; this is based on a specific group of memory deficiencies, identified in a “memory test consultation”, associated with atrophy of some parts of the brain, visualized through current magnetic resonance imagery (MRI), and analysis of cerebro-spinal fluid.

This approach, in which the medical corps will require training, will in due course enable the prescribing of new drugs, currently under development and reported to slow the degenerative process which characterizes Alzheimer’s disease.

D. Cohen (from an article of J-Y NAU in Le Monde, 27.07.2006)
WATER POLLUTION AND SOLAR DISINFECTION

Polluted water being responsible for much sickness, it is quite necessary to purify it; this is not always easy in developing countries: Dr Khaled Mneimne, former Regional Adviser WHO/EMRO (EDH), Consultant in Community Health and Development of Human Resources, one our faithful members, who never forgets to greet us at the end of the year, and who always shows generosity to AFMS, indicates here a very interesting method: solar disinfection of water, “a recognized and costfree technique which makes water safe for drinking purpose...”.

PROCEDURE

1. Containers:
   ...Select a number of containers made of colourless or transparent plastic estimated to hold an amount of drinking water sufficient for household consumption for one or two days. The selected containers could include ordinary bottles, or any other types of vessels provided they are transparent to light.
   - Remove any detachable paper labels from bottles, and wash all the containers with water (and soap if necessary) to remove dirt and any residue from the previous contents.

2. Water:
   - Carefully fill each of the containers from the tap you use for drinking.

3. Exposure:
   - Place the containers outdoors in an open space where sunlight cannot be obstructed by houses, walls, trees etc. throughout the day. Select places away from dust, children, domestic animals, and pets to avoid contamination and mischief. Individual containers should be spread out so that one does not shade another from the sun.
   - Keep the containers in their normal upright position. Tilting them at an angle towards the sun (as is commonly advocated for other solar appliances) may diminish the disinfection efficiency. Stoppers for bottles, and original covers may be used to prevent the entry of dust, dirt, or vermin. Such closures are essential for the disinfection process. In fact, water exposed to bright sunlight in tightly closed containers could become much warmer than in open containers. This is because the water vapour escaping from open containers carries with it some of the heat acquired by the water exposed to sunlight.
   - Since it is futile to maintain an exact time for sunlight exposure, it would be a wise arrangement on a routine basis to start the sunlight exposure operation at a convenient time in the morning, and to keep the containers exposed until the late afternoon. The exposed containers may then be kept in place overnight to allow the water to cool, or they may be transferred indoors in readiness for use.
   (N.B: The procedure will ensure satisfactory results even under moderate cloudy conditions. It would not be practical to carry out the operation under conditions of heavy rainfall).
   - After use, the empty containers can be re-used without the need for re-washing unless they accidentally become dirty. The cycle can now be repeated from the stage of refilling with water through the stage of sunlight exposure. With time and experience, the whole operation becomes a matter of routine.

Dr K. Mneimne

The First Success Story of WHO?

It was the early 1960s. Control of communicable diseases was a priority for the national authorities of the Region and a major portion of WHO’s budget was being earmarked for that programme. In those days, field staff consisted mainly of long-term staff: medical officers/public health administrators, medical educators, health educators, nurses, laboratory technicians and even insect collectors (for malaria projects); short-term consultants were very, very few.

As a new entrant to the WHO regional office in New Delhi, I was fascinated by the fact that a single shot of penicillin could cure a person of yaws, and, I thought, in my naïveté, that there could be similar drugs for other diseases as well!

The yaws project in Indonesia was in full swing and was provided, as usual along with other supplies and equipment, with a boat, appropriately named PAM, to enable the WHO and national staff of the project to visit the multitude of islands of that country for treatment of the yaws-affected.

Over a period of time, the number of people cured of yaws was on the increase. By the mid-1960’s, I think, the project was turned over to the national authorities with the aim of the project, viz. yaws control, having been achieved.

A recent news item about resurgence of yaws stirred up memories of my early days in SEARO. Perhaps this project was the first success story of WHO and precursor to other similar stories.

J.V. Perumal Formerly of SEARO & EMRO
At last WHO has discovered the role of the environment in public health!

This news was “revealed” by the Times of India on 17 June 2006 referring to a WHO publication Preventing disease through health environments: towards an estimate of the environmental burden of disease by Annette Prüss-Ustün & C. Corvalán, Geneva, World Health Organization, 2006. After recognizing the work previously done by WHO in terms of health and the environment, it states: “…World Health Organisation (WHO) has for the first time ever shown how specific diseases and injuries are influenced by environmental risks and by how much…”


“… This statement in the Times of India is not the invention of a journalist. It is based on information from the Media Centre of WHO of 16 June 2006. So, I think the record should be set straight. This statement is not fair to generations of former WHO staff and to the memory of those who have already passed away… it ignores the fact that for well over 50 years, WHO staff, including those working in the field, where the work of the Organization has been sustained ever since the early 1950s often under the most difficult conditions and without access to computers and the internet, have not only shown how and how much diseases and injuries are caused by unfavourable environmental contacts, but have actively helped communities and governments in many countries to plan, finance and execute programmes and projects which result in healthy conditions, by controlling or eliminating those unfavourable factors.

The statement is also not fair to the memory of some of the founding fathers of WHO, including the Surgeon-General of the United States who, at the advice of the late Professor Abel Wolman, ensured that the WHO Constitution include as one of the priorities the promotion of sanitation and other aspects of environmental hygiene. It is also offensive to the memory of some outstanding members of past World Health Assemblies and Executive Boards, including the late Dr Halter, President of the WHA, and to the memory of numerous world-renowned scientists and public health doctors and engineers who were members of the WHO Expert Advisory Panel on the Environment, and to the large number of scientific institutions and to the scores of environmental and health experts in many countries.

The work which has been done and the technical and operational information which has been made available by WHO staff in the past constitute a remarkable contribution to environmental health development in the world. Also, several specific programmes of the Organization have been launched since the 1960s which are and continue to be a basis of the report published in June. In fact, the new report "Preventing disease through healthy environments" is not the result of a new beginning, rather is it based on much of the work done in the past. The WHO leadership should state that it stands behind the past work of WHO environmental staff and consultants and pay tribute to their work, from which the new research is benefiting.

Finally, I am in full agreement that the detailed study of the costs of sickness related to environmental risks is an important activity of WHO in addition to its long-term endeavours to further the improvement of the environment for human health, including the concern for chemical safety, safe drinking water for all, safe food and food additives, the control of pesticides in food, occupational risks, healthy housing etc.

The studies which have been reported benefit much from the work done in the past, especially after the Stockholm Conference of 1971. All this should help governments - who are the principal stakeholders of public health - to better plan effective environmental health programmes, and also encourage the ODA community to increase their technical and financial contribution. I shall be looking forward to the news that this is actually happening”.

1. WHO: 25% deaths a year due to killer environment. In Kounteya Sinha [Times of India, 17 June, 2006 0018hrs IST TIMES NEWS NETWORK]
In memoriam

TRIBUTE TO DR LEE

...I am absolutely shocked!!! The death of DG Dr Lee is very sad and unfortunate. My sincere condolences to Dr Lee’s family, in particular, and to WHO and the WHO family in general...

Prof. M. Suess, P.O. Box 3609, 61036 Tel-Aviv, Israel

...This information made me so sad that for some seconds I thought that everything was finished with our organization. This is unbelievable to lose such a personality in such a particular moment. Although I have an advanced age, I thought to come to Geneva and give directly to his family my heartfelt condolences, but finally I decided to send this letter to you, as you are our representative ... Very sincerely yours

Kyrianos Thyrmatas, 45 Datrios street, Paleon-Psychicos, 15452 Athens

...Je m’associe aux regrets et sentiments de peine exprimés que suscite la disparition du Dr Lee et forme mes vœux les meilleurs pour l’élection du futur Directeur général...

Françoise Cornet

With deep sorrow, I learned about the death of Dr. Lee-Jong-wook, the Director-General of WHO. Our Organization, WHO, and the whole world have lost a remarkable WHO leadership who has contributed much towards the improvement and development of the international health services all over the world.

As a former WHO staff member, who has served the Organization for more than 37 years, wish to convey my and my family deep condolences to the family of Dr. Lee. May God bless his soul and rest in peace.

Dr. Khaled Mneimne

...It was on the twenty-fourth of May 2006 at the Eglise de Notre Dame, Geneva, that the WHO family and the Geneva community gathered at a poignant ceremony in remembrance of Dr Jong-Wook Lee...

Dorothy Blake (30 January 1936-14 January 2006) passed away in her home in Port Antonio, Jamaica on 14 January. A thanksgiving service was held at Christ-Church in Port Antonio, with a special tribute read by Dr George Alleyne, former Regional Director of AMRO/PAHO.

Dorothy's career with WHO spanned 13 years, starting in PAHO in 1984 as Medical Officer/Health Development Officer in Haiti, transferring to Washington D.C. as Programme Coordinator for the Caribbean. After 4 years she was appointed as PWR for Trinidad and Tobago. In 1990 Dorothy was appointed Deputy Director of the Global Program on AIDS in WHO/HQ, and following its disestablishment ended her career as Director of the Division of HIV/AIDS and Sexually Transmitted Diseases, retiring in 1997. She could not fully retire however and founded the Portland AIDS Committee, and was instrumental in the formation of JN+, the Jamaica Network of Sero-Positives, working alongside other NGOs and the Jamaica Ministry of Health.

A selfless person, not only did she champion the rights of people living with HIV/AIDS, she made significant contributions for women's and children's rights, with a deep moral commitment to doing what was right. A force to be reckoned with, she could be a feisty little person when championing her causes, as she often came across people with extreme discriminatory views which she unhesitatingly fought against. She had a wicked dry sense of humour, with a very infectious laugh. In other fields she excelled in tennis and netball, playing on the WHO tennis team, and was an accomplished writer, with special talent in poetry, having two books of poetry published. An extremely special and cherished friend to those who knew her, she will be sorely missed by those friends and more so by her family. The relatives of Dorothy would like to express their sincere gratitude to all those who have supported them in their time of grief.

Diana French, ex-assistant and friend.

List of deceased recently notified

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<td>Lyonnet, Dr Roger</td>
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Association of Former WHO Staff
**On the lighter side**

*This is a translation from French. In France, girls are supposed to be born in a rose, boys in a cabbage.*

**Of Doctors and fools**

**Appendicitis**

We doctors are used to having people call us any time of the day or night. One night, I was awakened by a man whose wife I had treated. "I am sorry to disturb you so late," he said to me, "but I think my wife has appendicitis."

Half asleep, I reminded him that I had already removed his wife's appendix two years before. "No one has a second appendix," I exclaimed.

He replied, "Doctor, maybe you have never heard of a second appendix, but that doesn't mean that I can't have a second wife!"

**Face lift**

A woman had a complete face lift: nose, chin etc. At the end of the operation, the surgeon asked her "Do you want anything else done?"

"Yes, I would like my eyes to be bigger and more expressive."

"Nothing could be easier, Madame. Nurse, bring the bill please!"

**Living will**

Last night, my wife and I were sitting in the living room talking about many things. The idea of a living will came up and I said to her, "I never want to live in a vegetative state, dependent on some machine and fluids from a bottle. If I ever come to that just pull the plug."

She got up, unplugged the TV and threw out my beer.
Putting your computer to work for malaria

Your computer could be helping to tackle one of Africa’s major humanitarian challenges—malaria. **Africa@home**, a project recently launched by CERN, is recruiting volunteers to run a computer simulation programme called **MalariaControl.net** which has been developed by the Swiss Tropical Institute.

Malaria is responsible for more than one million deaths every year in sub-Saharan Africa. The **MalariaControl.net** programme simulates how malaria spreads through Africa. Running the simulations on thousands of volunteer computers will give researchers the increased computer power so that they can better understand and improve the impact of new treatments.

Volunteers download the necessary software from the **Africa@home** website (www.africahome.org). The scientific calculations will performed on the computer in the background and the results returned to a server at the University of Geneva. In a first test phase over several months with five hundred volunteers, **Africa@home** was able to run simulations equivalent to 150 years of processing time on a single computer.

Professor Tom Smith of the Swiss Tropical Institute said, "**Africa@home** and volunteer computing really opens up new horizons for us scientifically. We have already done more epidemiological modelling in a few months than we could have achieved on our own computer cluster in a few years."

Dr Robert Aymar, Director General of CERN, emphasized the importance of knowledge sharing with Africa through such projects. "CERN has traditionally been a meeting place for scientists from around the globe, and I am glad that we can host the joint African-European team that launched this project."

For further information, contact François Grey (CERN) Francois.Grey@cern.ch

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**Congratualtions...**

I received a letter from one Mr J. Cullens from Ireland. As it expresses the ethos of WHO, I am reproducing this message in tribute to this organization, and to all of us who have had the privilege of serving humanity under its auspices.

« You hear the news from here, to our sorrow! Yes the pattern of violence and terrorism is the same in so many countries today. WHO does great work throughout the world and I have read something about its activities for mankind. It is good that so many use their skills in this direction instead of perfecting and using more dreadful weapons of destruction.

So I thought I would share with you these few topical poems and hope that they will prove helpful when there is so many to depress us, and disgust is, in all we see, hear and read, daily, of «man’s inhumanity to man » plus all the other dreadful things that make news all the time.

**BRAVO**

Have you thought of the doctors and nurses
And the hospital workers unnamed,
In the theatres, wards, where they labour
To bind up the broken and maimed?
Have you thought of the policemen patrolling
As they seek « law and order » to keep,
Like the soldiers on duty-in danger,
While we in our beds lie aslepp?
Have you thought of the firemen - essential,
Everybody, every minute on call?
How they speed through the streets, sirens sounding
No fire is too big or too small!
These all do their work, uncomplaining,
While others kill, cripple and raze;
Their task is today, never-ending
We thank you— you merit our praise! »

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Rajindar PAL
Joining AFSM

The WHO Fitness Centre

The WHO Fitness centre is organised by and for WHO staff. A part of the WHO Staff Association, the centre offers exercise classes and the possibility of individual fitness training. Whether you are less than 25 or more than 65 years old, male or female, slim or overweight, there is an activity or exercise class that will suit your needs.

Membership of the Fitness Centre is open to all WHO staff, retired staff, and their spouses and costs 20.-CHF per year. Membership must be renewed every year, either at the Annual Enrolment Session or by contacting the Membership Secretary.

To become a member of the Fitness Centre, either e-mail mottierdsouzae@who.int or go to her office 4056 between 14.00 - 15.00. You can also contact Maria Alyanek at 022 791 2770.

Vaccination against Influenza

As was the case last year, free flu vaccination for retirees and spouses who benefit from WHO Staff health insurance will be undertaken at WHO/HQ, 8th floor, Personnel Lounge on Monday 16 October: morning: 9:00 to 12:00 afternoon: 14:00 to 16:30 and Tuesday 17 October. morning: 9:00 to 11:30 afternoon: 14:30 to 16:30.

In order that we may estimate the number of doses of vaccine required, and organise the sessions, we need to know how many people are interested.

So, please fill in the form below:

Family name ……………………… First name ………………………………………

Address

Telephone E-mail

Spouse (if any) Date, Signature

☐ Monday 16 October ☐ morning ☐ afternoon
☐ Tuesday 17 October ☐ morning ☐ afternoon

(please tick the corresponding boxes).

And send it as soon as possible through the post or E-mail to AFSM Office 4141.

By the way, don’t miss the tetanus booster which needs to be done every ten years!

1. For those who suffer a known disease which could contra-indicate the vaccination, it is better to seek advice with their own doctor.
Travel

Another trip to Morocco

4 MARCH - 13 MARCH 2007

Following the success of the visit to Morocco at the end of April this year, a further trip is planned, this time to the south of Morocco, from 4 March to 13 March 2007; it will include one day in Fez, one day in Marrakech, and a trip to the north (Tangier, Chaouen, Tetuan).

<table>
<thead>
<tr>
<th>Days</th>
<th>Itinerary</th>
<th>Kms</th>
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<tbody>
<tr>
<td>01</td>
<td>Geneva-Marrakech (night in Marrakech)</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>MARRAKECH (2nd night in Marrakech)</td>
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</tr>
<tr>
<td>03</td>
<td>Marrakech- Aït BenHaddou- Ouarzazate (night in Ouarzazate.)</td>
<td>200</td>
</tr>
<tr>
<td>04</td>
<td>Ouarzazate- Zagora- Ouarzazate (2nd night in Ouarzazate.)</td>
<td>340</td>
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<tr>
<td>05</td>
<td>Ouarzazate- Tingherir- Erfoud (night in Erfoud)</td>
<td>397</td>
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<tr>
<td>06</td>
<td>Erfoud- Er-Rachidia- Ifrane- Fès (night in Fez)</td>
<td>430</td>
</tr>
<tr>
<td>07</td>
<td>FES (2nd night in Fez)</td>
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</tr>
<tr>
<td>08</td>
<td>Fez- Chaouen - Tangier (night in Tangier)</td>
<td>335</td>
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<tr>
<td>09</td>
<td>Tangier- Tetuan- Tanger (2nd night in Tangier)</td>
<td>106</td>
</tr>
<tr>
<td>10</td>
<td>Tanger- Genève</td>
<td></td>
</tr>
</tbody>
</table>

In principle, we will have the same guide and the same chauffeur as last time. The group should comprise about 30 persons. Those interested should sign up now without commitment. As soon as the exact details and the approximate number of persons interested are known, detailed circular including prices will be sent to you with the request that you register.

INSCRIPTION FORM TO BE RETURNED, SIGNED, BY POST OR BY E-MAIL.

I am interested in the trip to Morocco from 4 – 13 March 2007

Name

Given name

Postal address

E.mail address

Date

Signature

To be returned by 31 October at the latest.
Joining AFSM / Updating membership

**OBVIOUSLY, THIS FORM IS NOT FOR THOSE WHO ARE ALREADY LIFE MEMBERS.**
It is intended only for those who are not yet members, or are annual members.
It is not possible for the Mailing Service to distinguish between about 3,500 persons to whom our newsletter is sent.

Are you still not a member of AFSM? Is it because you don’t like it or what it stands for? Let us know. Or, do you keep forgetting to join?

Hope you will become a life member – it costs only 250 CHF – the price of a good meal for two; and you will never again have to remember to pay your dues. Or, you want to give it a try? Then join for a year at 25 CHF – and decide after a year. Fill in the form below and send us your payment.

- I am not yet a member and I want to join
  - as a life member [ ]
  - as an annual member [ ]

*(Please fill in the application form below)*

- I am already an annual member and I want
  - to convert into a life member [ ]
  - to pay my dues for the current year [ ]

Dues can be paid either in cash at the office or through a postal form (add 2 CHF for charges) for persons who live in Switzerland, or by bank transfer to the AFSM account number (+ bank charge, if any):

IBAN : CH 4100279279-D310-2973-1
SWIFT : UBSWCHZH80A

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**APPLICATION to JOIN**

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

Address:

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 .................................................................

I should like to receive documentation in [ ] English [ ] French

Date................................................................. Signature