This painting, which you can admire on the wall in Office 4141, was painted especially for AFSM by Dr Francisco Martin-Samos (see page 6 for information about this artist).
Health Insurance - Pensions

**HEALTH INSURANCE**

For economic reasons, the health insurance rules are no longer printed on paper. The participants can find the rules on the WHO intranet. However, our retirees do not have access to the WHO intranet, since to use it one must be in the headquarters building. We have asked that the health insurance rules be accessible on the AFSM internet site which will be available soon. However, since not everyone has a computer at home, we have also requested that the rules be printed on paper for use by the retirees.

We are waiting for a response. We will keep you posted.

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Advice to new retirees living in Switzerland

At the time that you retire, if you are staying in Switzerland, you have the possibility but not the obligation to join the AVS (old age insurance). You will have to pay the quarterly dues until the age of 65 for men and 64 for women. After that, you will receive a retirement pension which of course will be very small since you will not have paid for many years.

However, what is important is that you will be eligible for privileges reserved for AVS participants such as the possibility of being admitted into old age homes, various services for invalids, etc. It is up to you to ask to join the AVS—you will not be contacted by the AVS administration to do so.

* D. Cohen

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About our pensions

After the recent turbulence provoked by certain decisions related to the investment of our pensions, there is again great concern. Below is an article by Dev Ray, who follows the issue of pensions on behalf of the AFSM Committee, and also a letter we received from a former colleague, Mr Jean Romain.

**Investments of Pensions Fund: the saga continues**

Since last autumn, retirees have been bombarded with somewhat contradictory information. Subsequent to the last UNJSPF Board meeting in July, 2006, and the petition launched by some participants’ representatives, the UN General Assembly has basically upheld the recommendations of the Pension Board regarding management of investments including the passive management of the North American investments. When Mr Burnham, the controversial USG for Administration in the UN, left the UN to join the Deutsche Bank, Mr Warren Sach, the Comptroller of the UN, was entrusted with the task of implementing the recommendations. It appears that he has invited bids from private financial firms to construct, at an approximate cost of 1.2 million USD, an appropriate index of the North American in vestments of around 9 billion USD and for the management of the investments. There is considerable confusion about the fees to be paid for managing the investments. While some of the participants’ representatives are claiming that the annual fees will amount to 695 million USD, it is obviously an absurd figure. It is more likely in the neighbourhood of 695,000 USD. The contracting of managing the investments is creating concern among many retirees but we should remember that it is now done by the Investment Management Services (INS) based on the advice of private banks and contracting out is not going to change the situation much. Also, a recent report by the Office of Internal Oversight Services of the UN has confirmed allegations of favouritism and mismanagement by IMS officials as reported by two whistleblowers (see *Inner City Press*, NY, of 5 February) – thus UN staff is also not above suspicion.

* Dev Ray

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Pensions

Letter from a colleague about our pensions

I read your editorial in the issue for July-September 2006. What did our Under Secretary General say? More returns. Each and everyone of us dreams of that - so nothing new. It is what he did not say that is most important. In short:

1) there is a popular saying in the USA that all those who have studied in that country know well: "If it works, don't fix it."

And you need only glance at the growth curve of the capital of our Fund to see that it is working well.

2) Investment courses in the USA all say the same thing: Quote: “Any honest broker will tell you that a retiree person who needs income for living expenses cannot afford to risk any loss of principal (capital). A problem arises however when he or she seeks to maximize the rate of income return. In order to achieve this, he or she must give up some safety of principal (capital).

Young investors are most likely to assume a high degree of risk because if they lose part of their capital, they still have their salaries on the one hand. On the other hand, they know that they will be able to replace that loss on the long run.

Elderly people cannot replace the capital lost, wealth that has accumulated over many years. They are dependent upon the income from their capital. They must therefore choose a steady and low return"... Unquote.

Source: Successful Investing & Money Management. Hume

ED: reactions and comments on the articles above are most welcome.

Compliments for Dr Margaret Chan, the new DG

London: While the World Health Organization’s campaign to eradicate polio has achieved wonders worldwide, the virus has stubbornly held on in Nigeria, Afghanistan, Pakistan and, most tenaciously, India. Last year, the number of cases in those countries more than doubled. In the past, the WHO would probably have thrown more money at the problem while issuing stirring slogans about victory. Margaret Chan, the new WHO director, is made of wiser stuff. Polio eradication has cost $4 billion already and it may take another $1 billion until new cases stop cropping up. Chan has called a meeting to set short-term targets for the four countries. If they and the donors can meet them, eradication will continue. If not, the implication seems to be that the money may be better spent elsewhere. Clear-eyed realism at the top of a UN agency: now that is good news.

Yves Beigbeder, From the New Scientist, reproduced by the International Herald Tribune, 31.01.07.
Moving Societies for Health—can WHO do it?

WHO Global Health Histories Initiative seminar

On 13 December 2006 Dr Jo Asvall, former Regional Director of the WHO Regional Office for Europe, spoke on this topic to an attentive and fascinated group of current and former WHO staff and visitors.

Is WHO using its huge potential to fulfil its mandate to help all people attain better health? Beginning with a description of how EURO faced this challenge from the early 1980s to the end of the century, a period that saw 10 years of the Cold War followed by the collapse of the communist regimes, wars and socioeconomic disasters, Dr Asvall outlined the development of the Health for All Policy (HFA) in the European region.

He observed that while there are many lessons that can be derived from technical work, there is one fundamental issue that emerges—the development of a joint health policy uniting all the Member States in the region was a major tool for WHO. This approach gave EURO access to the highest decision-making levels in every Member State, because ministers of health, prime ministers and presidents knew that HFA was constructed carefully on the best available scientific evidence, not on a particular ideology. HFA—and behind it the EURO specialists and their partners throughout the region—had clear answers to most of the key challenges that faced decision-makers at high levels in countries. Of particular importance was the common framework for comparison among countries that the HFA indicators and evaluations provided. Numerous were the examples of national policy makers who, faced with the cold facts of the HFA evaluations, went home to rethink their own approaches.

Finally there was the fact that HFA was not a one-off event, but a long term, science-based, periodically evaluated, and systematically updated policy that ensured a unique continuity of development which was so sorely lacking in most national and international developments.

Unfortunately, WHO seems now to have forgotten this crucial lesson and has more or less abandoned HFA, thus depriving itself and the world of a major tool for sensibly and effectively mobilizing the huge potential for coordinated health development towards common goals that exist in society today.

As a final message, Dr Asvall’s listed three indispensable tools:

- Health policy – WHO’s heart
- Scientific basis – WHO’s brain
- Catalytic action– WHO’s power

The problem today is that WHO has lost its heart and as a result, direction, clarity and ability to inspire. HFA provided essential long term, persistent, science-based development—taking politics out of health policy.

Information on past and future seminars, as well as the complete text of Asvall’s presentation, is available at: http://www.Who.int/global_health_histories/seminars/en/

We have received from Mr Henri-Louis Orain (see QNT no. 65) the following information:

I would like to inform you that the web site at: http://www.blenoir-orain.info has just made available several illustrations and information (notably readers comments) about my book “Le blé noir”. These elements are also accessible on the website of the publisher l’Harmattan. I hope you enjoy looking at this information and thank you for doing so.

H-L.ORAIN
AFSM and Health History

The role of the AFSM in the WHO Global Health Histories initiative

The Global Health Histories (GHH) initiative was established by WHO in late 2004. It is located at WHO headquarters in Geneva (Department of Knowledge Management and Sharing).

The assumption is that understanding the history of health through the experience of WHO since its founding in 1948 should help respond to the health challenges of today. Sharing accumulated health data inspired by history is expected to enrich global public health and benefit society at large.

The history of global health in the last 60 years, reported by internationally reputed health historians and supported by WHO, is now well under way. It will cover the major health events, trends and issues, and the role of WHO in them. The authors are being assisted by current and retired staff in WHO’s six regional offices around the world.

The “Oral histories” project is led by the WHO Association of Former Staff Members.

In parallel with the above initiative a collection of oral histories is in progress under the coordination of Carole Modis assisted by several colleagues. The collection is obtained through extensive, carefully-structured interviews with former WHO staff involved in many of the most important health events of the world in the last 60 years. Recorded and transcribed to professional standards they will be archived for posterity and made available to historians, researchers and others, with the potential also to be published or broadcast. Over 25 interviews have so far been collected.

Three other projects are in progress. The updating of WHO’s official history is a sequel to the existing official history of WHO that covers the first two decades (1948-1968) of the Organization. The decade 1969-1979 is in preparation. “Public Health Classics”, also in preparation, is a collection of landmark articles from leading medical and scientific journals over many years that have been reprinted in the Bulletin and accompanied by expert commentaries. A volume of “Public Health Classics”, The “GHH lunchtime seminars” are being held in the library at WHO HQ. The first of these took place in January 2005, when former WHO Director-General Dr Halfdan Mahler was the guest speaker. Subsequent seminars concerned health problems in Latin America, Europe and the Middle East. The next seminar will deal with the history of the concept of primary health care.

The AFSM Oral History project welcomes participation from all WHO former staff. Please contact us at afsm_aoms@who.int or cmodis@gmail.com if you would like to be interviewed for the project or if you have papers, photos or other memorabilia to deposit. In addition to interviews, AFSM is planning to establish a media collection. We can also facilitate access to WHO Archives. If you have any experience with interviewing, audio technology, or transcription—we would welcome your assistance.

J-J. Guilbert

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Award

We are pleased to announce that our friend Jean-Paul Darmsteter was awarded the Chevalier dans l’ordre des Arts et des Lettres on 21 November 2006 during a ceremony on the Culture Club programme in the studio of the Geneva television network Léman Bleu TV. The medal was given to Jean-Paul by the French General Consul, Mr. Nicolas Mettra. The Ordre des Arts et des Lettres is one of the principal honors that are bestowed by the French Republic.

A reception followed this ceremony.

All our congratulations to our colleague and friend.
Executive Board

120th Executive Board session: 22 to 30 Jan 2007

The WHO Executive Board met in Geneva in January 2007 – the first one with the new DG - Dr Margaret Chan who took office at the beginning of the year. The EB consists of 34 members elected on a regional basis and is the executive organ of the World Health Assembly exercising supervisory authority over the DG. The term of office of a member is three years and one-third of the members change every year. The Board discussed a number of public health issues – measles prevention and control, malaria, chronic diseases, avian and pandemic influenza, implementation of international health regulations, tuberculosis control and many others.

Dr Chan, in her opening address, highlighted the success story of measles control – the initiative has achieved a reduction of 60% of mortality by 2005 exceeding the target of 50% reduction. Dr Chan identified six issues to be highlighted; two addressing health needs – health development and health security; two strategic – strengthening health systems and better evidence for measuring impact; and two operational – partnership and integrated performance of the Organization. WHO will give high priority to health development in Africa and for women. Dr Chan also intends WHO to focus on primary health care to integrate the delivery of a multiplicity of health initiatives. After a hiatus of about fifteen years, WHO may again actively pursue comprehensive primary health care instead of fragmented vertical programmes.

During the Board, two aspects were evident. First, the EB members had complete confidence in the DG and started a dialogue with her on many issues. The second is that her background in public health enabled her to meaningfully intervene in many of the debates – not seen in many years. The DG, however, will have to find a balance between public technical dialogue with the EB and sparingly used interventions, every word of which is noted and analyzed.

The Board also welcomed her intention to undertake reforms in a slow and measured way and not to plunge into upheavals for the sake of change. Some members of the Board, representing major contributors did not endorse an increase in the regular budget of the Organization. However, it is the Health Assembly which determines the level of the budget and the deliberations of the EB are advisory in nature. The Board welcomed the appointment of a DDG - Dr Asamoah Bah (affectionately known as AB) - a post left vacant for many years. It is hoped that the DDG will exercise his authority on many technical functions such as consolidating opinions as to how the primary health care approach is to be implemented or coordinating the programme budgeting process. There was some discussion on the principle of geographic rotation of the office of the DG.

The EB also reappointed Dr Husain Gezairy, Regional Director of EMRO to a historic sixth five-year term. We may recall that the governing bodies put a limit of two terms to the elective offices but this is not applicable to Dr Gezairy since the decision was taken when he was already in office.

Dev Ray

Our thanks

Dr Francisco Martin Samos began his career as a military doctor; he joined WHO in 1961 and worked in the Democratic Republic of Congo, then in Gabon, finally he was the WHO Representative for Burkina Faso in Ouagadougou. The author of several publications and the recipient of a number of honors, Dr Martin-Samos retired in 1982 and now lives in Las Palmas, The Canaries where he devotes himself to his passion for painting. We should like to convey to him our warm thanks for this beautiful painting with its medical theme.
Our planet and petrol

Will we be short of petrol soon? – alas no!

By Jacques HAMON, former ADG

Since the risk of a generalised nuclear conflict has considerably diminished, the main threat facing humanity is climate change.

The present terrestrial climate, so favourable to Homo sapiens, is the result of a fragile balance between the energy received from the sun and its fraction re-emitted to interstellar space in the form of infrared rays. This filtering of energy is assured by very minor constituents of the atmosphere, greenhouse gas, water vapour, carbon dioxide, methane and nitrous oxide. Without them, the average terrestrial temperature, close to +15°C would be –18°C.

During hundreds of millions of years, the composition of the earth’s atmosphere was reasonably stable. It began to slowly evolve with the destruction of forests followed by the start of the industrial use of soil carbon. This evolution has considerably accelerated in recent decades with the massive appeal of petrol products and the use of sulphurised and halogenated synthetic molecules having a greenhouse effect, also known as radioactive effect, that is much more important than that of the gases previously mentioned.

Each of the gases with a greenhouse effect has its own characteristics in terms of length of survival in the atmosphere and radiation. Carbon dioxide (CO2), being the most abundant of these gases, an "equivalent carbon dioxide" has been used to simplify additions and comparisons, and, more recently a "tonne equivalent carbon" (tec=12/44ths of the equivalent CO2). It is estimated that before the industrial era, the production and the metabolism of greenhouse gases balanced at around 3 billion tonnes of carbon equivalent a year. Our emissions are at present in the order of 7 billions of tec a year, of which 4 accumulate from one year to the next.

The study of ice cores extracted from the depths of the Antarctic, and to a lesser extent from Greenland, shows that the atmospheric proportion of the greenhouse gases began to increase less than two centuries ago and that the increase, more and more rapid in recent decades, is followed by an increase in the average terrestrial temperature. An Intergovernmental Panel on climate change (IPCC) was set up to model past evolutions and attempts to project future change in the light of the anticipated global demography and the different hypotheses regarding the production of greenhouse gases. Studies were carried out in parallel on the same basis by a number of teams and compared their conclusions. Despite some unclear technological aspects which will only be eliminated with progress in meteorology and oceanography, the interim conclusions are unequivocal - the earth is warming up and the level of the sea is rising.

The recent evolution may seem anodyne – several tenths of degrees and decimeters more, but account must be taken of the tremendous inertia of our biosphere and the inevitable positive feedback. The half life of CO2 scarcely exceeds a century, but the complete elimination of excess molecules takes a thousand years. The thermic balance between the atmosphere and the sea is based on thermohaline cycles which last 5 to 10 centuries: if the temperature of the atmosphere stabilises, the sea will continue to expand during ten centuries and the glaciers of Antarctica and Greenland will continue to melt (together they can increase the level of the sea by about 65 metres).

Any increase in the earth’s temperature reduces the marine capacity to dissolve CO2 and the potential of the surface micro algae to metabolise; it releases the greenhouse gases immobilized in the permafrost and could progressively release those of the ocean banks; it reduces the capacity of the soils to stock CO2 and can even de-stock it. From a certain level of terrestrial temperature, the increase in emissions of greenhouse gas could thus continue independently of the efforts made to reduce anthropogenic emissions.

As most anthropogenic emissions come from the use of petrol products for air, sea and land transport, for heating and for the production of electricity, it seems likely that commercial scarcity of petrol products in association with a sharp increase in price would reduce considerably their use and thereby anthropogenic emissions of greenhouse gases.
gases. Some authors even predicted the risk of economic and social apocalypse. This is unlikely. It is easy to manufacture liquid petrol products from coal and lignites (brown coal) and even easier from natural gas. The present mini-crisis results from a lack of commercial and industrial foresight. Petrol products will be available at a reasonable cost throughout the 21st century. Taking account only of proven reserves, the use of easily exploitable conventional fossil fuels would lead to the emission of more than 700 billions of \textit{t}c of greenhouse gases. If the final reserves, harder to exploit, are taken into account, the emission potential increases to more than 1500 billion tonnes. The ongoing release of greenhouse gases trapped in the permafrost could add 400 billion tonnes. The abundance of petrol products, natural or synthesized, could lead to the emission of about 19 billion of \textit{tec} a year during the current century. The earth's climate could thus evolve in a very unfriendly manner and the human race could disappear.

To avoid such an eventuality, it will be necessary to rapidly reduce to almost nothing the use of carbon fossil fuels, except for the purpose of capturing and sequestrating durably the greenhouse gases emitted. To achieve this, effacing the unacceptable inequalities between, and within, states in terms of access to energy, implies global political will and solid intergovernmental cooperation that are at present lacking, as well as greater solidarity in human society. Are we capable of rising to this challenge?

Références
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New energies: a hope?-----------------------------------------------

\textbf{What can be learned from the termite—a hydrogen factory}

The Joint Genome Institute (JGI) in the United States is interested in termites or more precisely the microscopic organisms which populate the digestive system of these insects and produce, with the help of enzymes, hydrogen. The aim of the JGI is to do a thorough analysis of the biochemical mechanisms which the termite uses to transform the wood that it eats into nourishment.

By consuming a simple piece of paper, a termite can produce two liters of hydrogen. The American department of energy hopes, in time, to turn this mechanism into industrial bio-reactors. Using wood, these reactors would create hydrogen—a clean carburant for combustible fuses. At the present time, hydrogen is essentially obtained by breaking down molecules of water or natural gas, a process which requires a great deal of energy. \textit{From Le Monde, 22 February 2007}

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\textbf{Micro alagea can produce bio carburant}

Their small size—2 to 40 thousandths of a millimetre—is inversely proportional to their content of lipids from which biodiesel can be created. “Certain species of micro algae produce stocks of lipids up to eighty percent of their weight when they are put under stress such as a shortage of nitrogen or a sudden increase in light,” explains Olivier Bernard, researcher at the Institut national de recherche en informatique et en automatique (Inria) in Sophia Antipolis, France.

“One and a half hectares of growing pools under glass would be enough to produce each year several tons of algae, even in bad climate conditions.” The micro algae are nourished by nitrogen phosphates and carbon gas, “one could easily imagine algae farms, installed next to polluting industries and watered with the urban or agricultural waste water.”

Several teams—French, German, Spanish and American—are working in this field; according to an American expert, these micro algae are already competitive with a barrel of petrol at USD 67.

\textit{D.Cohen, from Le Monde, 22 February 2007}
A trip in India

Recently I took a trip to India with my family and we spent about one week each in Bombay (or Mumbai), Calcutta (or Kolkata) and Delhi with two short trips to Ajanta and Agra.

The growing prosperity of India is on the front pages of many newspapers and journals. There is no doubt that there is a happy story of millions joining the relatively affluent middle class (apart from the rich) but there is another story of those being left behind. New wealth is trickling down but at what pace? India is no stranger to inequities, but the current economic progress is probably adding to new poverty while making the inequalities more painfully obvious. A recent government survey of around 125,000 households found that the average villager spent less than 50 US cents per day while an average urbanite spent less than 80 cents. But the outlook is not all grim. Apart from rising spending – rural spending rose 13.5% between 1994 and 2005 – the GINI index, which measures distribution of wealth, is less iniquitous for India than for other fast-developing countries like Brazil or China, less even than the United States (International Herald Tribune: 26 Jan 2007, pages 10,11).

However, the growing prosperity creates its own problems. In 2006, Indians bought close to one million cars, 7.1 million motorcycles and 82 million new cellphone subscriptions. The proliferation of cars and other two and three wheelers is now clogging the streets of cities and towns. In Bombay, which is a narrow stretch of land extending southwards, roads are jammed nearly all the time and travelling for pleasure has become a nightmare. Thus, millions of upwardly mobile families spend time going to and fro from work and a few forays into restaurants or cinemas – that also at a cost of breathing in lung-fulls of heavily polluted air.

Delhi, as the capital of India, is fortunate enough to have the central government pour billions of rupees into its infrastructure and has many miles of overpasses and green spaces. But even there, the traffic jams can be horrendous and the air dirty. The economists have been proclaiming that the lack of infrastructure is keeping India behind – roads, energy, water supply and the like. The government has embarked on an ambitious road building spree with four cities (including Madras or Chennai) connected by divided highways. We took one such highway from Delhi to Agra – a divided road with enough width for three or more cars each way.

First, there was an odd sign on the road “Please stick to your side of the road” in English and Hindi. Soon it became clear why. As soon as we entered the province of Uttar Pradesh, we found tractors, buses, and trucks travelling nonchalantly on the wrong side of the road – even in front of police outposts. As those who have visited India know, Indian drivers have a habit of hogging the overtaking lane and actual overtaking is usually done on the inside lane. Imagine the slowing down of traffic when the overtaking lane is not only full of trucks and slow traffic but they meet slow moving tractors and trucks coming the opposite way – often without lights at night.

In many cities, the electricity supply is sporadic – since it is estimated that there is insufficient supply and about 30% of production is siphoned off illegally. In Calcutta, the electricity lines in front of our house are interspersed with illegal hooks through which electricity is tapped without paying for it. There are exhortations by the electricity board to report on such cases but in this locality, police pass by and nothing happens. Similarly, water supply can be rather unreliable – especially in the summer – but public taps are left open all the time and thousands of gallons of water just flow into the drains.

I am not writing all these incidents to illustrate how bad the situation is but to point out that mere capital investment, without enforcing rule of law and an ethical conduct by the population, will take its toll. While half of the population is finding it hard to sustain themselves, the media is full of stories of the rich and super-rich – and how they live. The disconnect between the life of an average Indian and the reported lifestyles of the affluent has reached an absurd proportion. The question is how long can it continue and how long will the other half put up with it peacefully?

The situation is not totally grim since for every such instance there is a counter-instance of progress like the efficient completion of the Delhi metro, profitability of
Trip in India (Cont’d)

Indian railways and the existence of numerous NGO’s catering to the needs of the poor. However, we need to downplay media hype and proclamations of the govern-

ment and be more patient and consistent. 

Dev Ray

Sulabh Museum of Toilets

Those in the UN service (UNICEF/UNDP), concerned with the urban and/or rural sanitation programme, must be quite familiar with the term Sulabh Sauchalaya. Sulabh sauchalaya or toilets came into prominence sometime during the early 1980s, thanks to the ingenuity of Dr. Bindeshwar Pathak who started his operations first in his home state Bihar. Sulabh sauchalaya are particularly useful for women and children in rural areas because these are built in individual rural households, thereby women and children need not walk long distances to ease themselves.

Thanks to Dr. Pathak’s brainchild we now have Sulabh Museum of Toilets in Delhi. Nestled in the crowded lanes of Palam Dabri, the museum has a rare collection of facts, pictures and objects detailing the historic evolution of toilets from 2,500 BC to date. One can learn about the earliest to modern day toilet technology, toilet-related social customs, toilet etiquette and even legislation regarding sanitation.

In a large hall in the museum one can see chamber pots dating back to 1794, and a rather recent electric chamber pot. (UNPA Newsletter, New-Delhi, October 2006)

NEW MEMBERS

We have pleasure in welcoming into our large “family” the following new members, who we congratulate warmly on their decision.

Life membership:
Emilienne ANIKPO, Harriskrisna ANNENDEN, Jane CLEMENTS, Marie-Christine COURET, Derrick DEANE, Doris GASSER, Anani Hila GAYIBOR, Mario GLOOR, Mohamed Mahmoud HACEN, Marc KARAM, Isabelle LAGRANGE BISTRUP, Claude MELIN, Maurice NOVICKI, Patricia PICARD, C. David PIT, J. SIKKENS, Assiata SOILIHI,

Conversion from annual membership to life membership:
Michel BRUNET, Mme CANDAU

Annual membership:
Ann J.D. CALOZ, Maryse CESTRE, Annie LEGUENNE-RICHARD, Carol PETERS, Alexandre ZENIE

Do not throw away your old spectacles — give them to your optician who will use them for a good cause: Optic 2000 for instance, is collecting them for a project in Burkina Faso.
Professor Philippe Ranque passed away on Thursday, November 23, 2006.

Philippe came from a family of parasitologists since his father and his grandfather were both professors of parasitology at the Faculty of medicine of Marseilles, France. Philippe also started his academic career in Marseilles, then moved to the school of medicine of the Point G in Bamako, Mali where he taught a generation of parasitologists who feel orphaned today. The quality and the humanism of his teaching brought him great respect in the medico-scientific community.

It was with a pioneering spirit in tropical medicine that Philippe carried out the field evaluation of the efficacy of ivermectin in people heavily infected with *Onchocerca volvulus*. Subsequently, he joined the World Health Organization at its headquarters in Geneva as Chief of the Filariasis Unit. Thereafter, he devoted his work to the eradication of dracunculiasis. With his scientific expertise, his experience in the field and his knowledge of Africa, he initiated a remarkable programme which will mark, in the near future, the history of tropical medicine: dracunculiasis may well be the first parasitic disease to be eradicated.

Philippe was married and the father of two sons, one of whom perpetuates the family tradition by teaching parasitology in Marseilles. Our thoughts are with his wife Juta and his children to whom we can only offer our moral support in testimony of our deep friendship for Philippe, and in memory of his contribution to the improvement of the health of underprivileged populations of the world.

Dr Marc Karam

Fernando Habib Sadek (1928-2005) graduated with First Class Honours in Mathematics from Cairo University in 1948 and went on to conduct research in statistics, public health and epidemiology at the Imperial College of Science and Technology in London. Returning to Egypt in 1952, Fernando was appointed Statistician in the Departments of Planning and Statistics – Endemic Diseases at the Ministry of Health in Egypt. In 1963 he joined the WHO where he was to work for the next 21 years.

His WHO career started in the African Region, working in Ghana, Western Nigeria and at the Tuberculosis Control Project in Nairobi, Kenya. He moved to the Epidemiological Services Project in Malaysia in 1971, followed by two years in the Health Planning and Evaluation project in Indonesia. Moving to Barbados (PAHO – Americas Region) in 1979 as the Caribbean Area Statistician, working on the development of health information systems and epidemiological surveillance systems, Fernando remained in the Caribbean until his early retirement from WHO in 1984. Settling in Ireland at that time, Fernando attended Trinity College Dublin where he was awarded an M.Sc. in Community Health and where his knowledge and experience were much sought after by younger fellow students, in a tutorial capacity which he much enjoyed. This was followed by a return to the WHO as a Consultant on short term assignments to Oman and subsequently direct appointment with the Ministry of Health, Sultanate of Oman until he finally retired, aged 64 in 1993. Throughout his career, Fernando Sadek was proud of the valuable work being done by the WHO and most enjoyed his work with young people, developing national skills and supporting systems. Suffering from heart disease and the complications of diabetes in his latter years, he passed away peacefully on the 17th of December 2005 while visiting family in Alexandria Egypt. Those who knew Fernando will remember his conscientious and caring work, high intellect, high ethical standards and his valuable contributions to the many programs on which he served.

Anis Sadek, his son

Association of Former WHO Staff  Page 11
In memoriam

Dr. Ali Hussein passed away on Thursday 30 November.

His death comes as a great shock and he will be greatly missed by all those who had the privilege of knowing and working with him.

Ali was born in Colombo, Sri Lanka (or Ceylon as it was then known), and spent his early years there until 1949, when he was sent to boarding school in England. In 1953 he went up to Oxford, where he was an Exhibitioner at Balliol College until 1957. This was followed by a year at the University of Vienna, before he returned to Oxford to complete his clinical training in 1961. There followed several years in research, private medical practice, and then three years as a lecturer in anatomy at the University of Kuala Lumpur, Malaysia. In 1973 he joined WHO as an editor of the WHO Chronicle in the Office of Publications. Throughout his career at WHO, Ali was involved with periodicals, becoming editor of the Bulletin of the World Health Organization, before being promoted to Head of Periodicals, the position from which he retired in July 1996.

Anyone who knew Ali realized pretty quickly that they were dealing with someone who was exceptional. He had very high personal and professional standards and expected the same of those around him. But he was also someone who had great compassion and was always ready to help colleagues with whatever problem they had to cope with, in or out of the office. His wisdom and remarkable intelligence enabled him to penetrate to the heart of whatever the problem to hand might be and to come up with imaginative solutions. His guiding principle, which he repeated to whoever was listening, was "help, never hinder". A well read man, he also had a great love of music, both as a listener and as a performer. Most of all, he saw the need for a spiritual dimension in all aspects of his life and spent a great deal of his time in its pursuit.

We extend our sincere condolences to Ali’s wife, Zarah, and to his family and friends.

Carole Modis

Marie Fitzsimmons, passed away on 27 November 2007.

She was 61 years old. Her untimely death comes as a great shock to all those who had the privilege of knowing and working with her.


Marie was a joy to work with, on both the professional and the personal level. She was the sort of person who could be relied on to do her job, efficiently, quietly and without fuss. Her contacts with people at all levels of the Organization were always positive, and her unfailing calmness and sense of humour under stress were a godsend to her colleagues. On a personal level, she will be remembered as a warm, loyal and generous friend.

As an enthusiastic traveller and hiker, Marie regularly combined both interests in the form of walking holidays at exotic destinations across the globe. When not travelling, she could often be found at the theatre or opera, or enjoying a good dinner with friends.

We extend our sincere condolences to Marie’s partner, to her family, and to her many friends.

Carole Modis
In memoriam

Seamus Gallagher passed away in Dublin on 24 April 2006, in his eighty-fifth year.

Born on 23 September 1921, a native of Donegal, Ireland and an Irish speaker, Dr Gallagher joined WHO in 1963; he served first in Pondicherry, India, where his youngest child was born, later in Sri Lanka and eventually at SEARO in New Delhi. Initially, he worked in the field of social and preventive medicine. Later he moved to medical education, holding positions in both EURO and EMRO. Seamus took early retirement in 1979, but he continued to work as a freelance consultant with the Division of Health Manpower Development as well as with several other divisions.

From 1985 to 2003, he worked with the Council for International Organizations of Medical Sciences (CIOMS) as editorial and general consultant, a task he very much enjoyed. One of his friends, Bob Levine, said about Seamus’s work on the International ethical guidelines for biomedical research involving human subjects, “I don’t think anyone will ever know just how much they are indebted to you for making his such a fine document. On behalf of all of us, I thank you.”

Seamus was also editorial consultant to the Research Division of the Institute for the Prevention of Alcohol and Drug Addition in Lausanne—work that he enjoyed doing until a few months before he fell ill.

Apart from tennis, which he played with great pleasure until he was over eighty, his great interest was the English language. Like his Irish friend, Jimmy Magee, also formerly of WHO, he had a keen mind and a sharp pen. Seamus was gifted at writing words of farewell to departing or retiring staff members. Would that we too could do justice to him in a similar way! As another of his friends has said, “We always think of Seamus as one of our youngest, most vivacious and interesting friends, and it is hard to realize that he is no more.”

Seamus is survived by his wife, five children and six grandchildren to whom we extend our somewhat belated, but nevertheless sincere, condolences.

His friends

List of recently reported deceases

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Death</th>
<th>Name</th>
<th>Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEOM, Dr Jacques</td>
<td>04.01.2007</td>
<td>MOTTIEZ Narcisse</td>
<td>01.02.2007</td>
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<tr>
<td>HARVEY SKEET, Muriel</td>
<td>22.11.2006</td>
<td>PALMER Hazel</td>
<td>2006</td>
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<tr>
<td>HUMPHRIES, Jean</td>
<td>21.01.2007</td>
<td>SCHRAPNEL Liz</td>
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<td>JONES, Dr Cenydd</td>
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Directory of former WHO staff – 2007

Dear readers and friends,

Two years ago, you received the directory 2005. Many of you confirmed its usefulness and some also expressed the wish to modify their personal data.

We are now preparing a new edition soon to be issued. Before finalizing it, we want to make sure that your entry is valid and also that you agree to the data which will be inserted in the directory. We would therefore be grateful if you could fill in the questionnaire enclosed in this Quarterly News and return it to us by return mail (or by email if more convenient).

This request is addressed to all readers of the News, whether they are life members, annual paid-up members or not.

Thank you for your interest in your association!

Anne Yamada and Jean-Paul Menu

Association of Former WHO Staff Page 13
On the lighter side

In the beginning, God covered the earth with broccoli, cauliflower and spinach, and with green, yellow and red vegetables of all kinds so Man and Woman would live long and healthy lives.

Then using God's bountiful gifts, Satan created Dairy Ice Cream and Magnums.
And Satan said: "You want hot fudge with that?"
And Man said: "Yes!"
And Woman said: "I'll have one too with chocolate chips".
And so, they gained 10 pounds.
And God created the healthy yoghurt that Woman might keep the figure that Man found so fair.
And Satan brought forth white flour from the wheat and sugar from the cane and combined them. And Woman went from size 12 to size 14.
So God said: "Try my fresh green salad".
And Satan presented Blue Cheese dressing and garlic croutons on the side.
And Man and Woman unfastened their belts following the repast.*
God then said: "I have sent you healthy vegetables and olive oil in which to cook them". And Satan brought forth deep fried coconut king prawns, butter-dipped lobster chunks and chicken fried steak, so big it needed its own platter.
And Man's cholesterol went through the roof.
Then God brought forth the potato, naturally low in fat and brimming with potassium and good nutrition.
Then Satan peeled off the healthy skin and sliced the starchy centre into chips and deep fried them in animal fats adding copious quantities of salt.
And Man put on more pounds.
God then brought forth running shoes so that his Children might lose those extra pounds.
And Satan came forth with a cable TV with remote control so Man would not have to toil changing the channels.
And Man and Woman laughed and cried before the flickering light and started wearing stretch jogging suits.
Then God gave lean beef so that Man might consume fewer calories and still satisfy his appetite.
And Satan created McDonalds and the 99p double cheeseburger.
Then Satan said: "You want fries with that?"
And Man replied: "Yes, And super size 'em".
And Satan said: "It is good."
And Man and Woman went into cardiac arrest.
God sighed .......... and created quadruple bypass surgery.*
And then............ Satan chuckled and created the government sponsored national health services.

Positive proof of global warming.

Trip through Bavaria

As announced in our previous issue, a trip to Austria and Bavaria is foreseen in early October 2007.

**Day one:** Our trip begins with a train journey from Geneva to St Gall. After lunch, we will board a modern coach and continue to Bodensee or Lake Constance on the border of Germany, Austria and Switzerland for a one hour boat trip. The day ends in Fussen where we will stay for two nights.

**Day two:** In the morning, we will visit the fairy tale castle Neuschwanstein, built by King Ludwig II of Bavaria. After lunch, we continue along the German Alp road to Steingaden to visit the Rottenbuch monastery and the beautiful baroque Wieskirche. In the evening, participants can attend an optional musical, Louis II (price between EURO 40-80).

**Day three:** In the morning we travel via Lake Plansee to visit Linderhof castle, King Ludwig's favourite castle which he modelled on the Petit Trianon of Versailles. After lunch we visit the picturesque village of Oberammergau, site of the passion play and home to many woodcarvers and other artisans. After a stop at Bad Toelz, we continue on to Salzburg where we will stay for two nights.

**Day four:** In the morning, we will take a sightseeing tour of Salzburg, then go to Berchtesgaden national park where we may catch a glimpse of the fabled Mount Watzmann. After lunch, we will stop at Konigssee and take a boat trip to visit the quaint chapel of St Bartoloma. We return via Bad Reichenhall to Salzburg. In the evening, participants may wish to go to the opera (seat prices run between EURO 100-200)

**Day five:** We drive to Chiemsee for a boat trip and visit the castle Herrenchiemsee, another fabulous palace and garden built by King Ludwig modelled this time on Versailles. In the afternoon, we will drive through the Intal to Neuetting to visit a brewery and continue on to Passau for a late afternoon sightseeing tour and to spend the night.

**Day six:** In the morning, we drive to Regensburg for a tour of one of the best-preserved medieval cities in Germany and its beautiful cathedral. Stopping in Landshut to see the Trausnitz castle, we arrive in Munich where we will stay for two nights. In the evening, the group will take a tour of Munich by night with a meal in a typical Bavarian Hofbrauhaus.

**Day seven:** In the morning we will take a sightseeing tour of Munich. The afternoon is free for visiting museums. It may be possible to take an optional visit to the Olympic Park, the Allianz-Arena or the BMW factory (EURO 15). In the evening we will have a meal in an open air restaurant, a Franziskanerkeller.

**Day eight:** We travel to Nurnberg, a beautiful city widely known for its toys, honey and spice cakes. After a sightseeing tour and lunch stop, we continue on to Wurzburg, the capital of Lower Franconia where we will have a sightseeing tour and stay for two nights.

**Day nine:** We will take a sightseeing trip to the stunning walled medieval city of Rothenburg. In the afternoon, we drive to Dinkelsbuhl for sightseeing and coffee. On our last evening, we will have dinner in a typical Franconian restaurant.

**Day ten:** We stay at the Benedictine Abbey in Ottobeuren before arriving at St Gall to take the return train to Geneva.

Group size: 25-30
Price for transport, breakfast, dinner and hotel during the ten days: EURO 1100 in a double room
   Supplement Single EURO 225
   Reduction for those with a demi-tarif rail pass: EURO 47

Fussen: two nights; Salzburg: two nights; Passau: one night; Munich: two nights; Wurzburg: two nights

Languages: All the excursions will be commented in English and French, except those of the castles of Neuschwantein, Linderhof and Herrenchieme, which will be in English only, but audio-guides in French will be available.

---

I am interested in the trip to Bavaria  1-10 October 2007

Name ___________ First Name ___________

Address ___________

Tel: ___________ Fax: ___________ Email: ___________

Number of persons: ___________

Date, signature: ___________

Please send this form as soon as possible to AFSM; Office 4141, at WHO by mail or email to afsm_aoms@who.int
Joining AFSM – Updating membership

**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.

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 – 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

APPLICATION to JOIN

Name ……………………………. First Name………………………………………………

Address:

Postal Code …………………. City……………. 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