Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people (WHO, Basic Documents, 47th Edition, 2009)
Top images of the year 2010

Natural landscape

Human landscape

Pets (dog)

Pets (cat)

“On the spot” picture

Other pictures in French version
EDITORIAL

The last meeting of the Working Group established in 2008 by the Joint Health Surveillance committees (Headquarters and Regions), was held on 6 to 10 July.

The Joint Surveillance Committees will meet during the last week of October to decide the final content of the reforms to be presented for approval to the Director General (see on pages 4 and 5 the articles of Ann Van Hulle on the subject).

We are making a big effort to improve communication with you. As part of this effort we have established the information note “AFSM INFO AOMS” which we will use to send you urgent information which cannot wait for the next issue of the Quarterly News. This information note has received a warm welcome according to the many emails that we have received about it.

In this connection, we encourage all those who have not yet done so, to let us have your email address. Kindly also inform us of any change of address. The despatch of printed paper is costly and we are trying to avoid payment of any unnecessary costs.

Don’t forget the AFSM General Assembly which will take place at WHO headquarters on 21 October, in Room D, 7th floor. The agenda can be found on page 6. Take note also of our next reception in WHO Cafeteria: 8 December from 17:00.

DC

Important contacts:
AFSM: see on page 1
Health Insurance (SHI): + 41 (0)22 791 18 18; in case of absence, please leave a message; someone will call back.
Or email to: insurance@who.int
Pensions: +41 (0) 22 928 88 00;
email: jspfgva@unog.ch for Geneva
or unjspf@un.org for New York
AFSM office manned on Tuesday and Wednesday from 9.30 to 12.30.
Otherwise: please leave a message; someone will call back.
Recent events related to Staff Health Insurance

Further to the article on Staff Health Insurance Governance Reform which appeared in the previous edition of QNT (84), our readers may be interested in developments since then.

The Fourth Meeting of the SHI Working Group which is examining governance, financial issues and Long-term Care took place from 8 to 10 July 2011. Recommendations resulting from that meeting were submitted to the HQ Surveillance Committee and they will be discussed further at a Joint Meeting of SHI Committees and Administration which will take place during the last week of October.

The Working Group endorsed some recommendations aimed at addressing the actuarial deficit in the SHI Fund (for details regarding this deficit, readers should refer to the previous article in QNT 83).

With regard to governance, the Working Group took into consideration the views and recommendations of the external adviser who had been asked to review the proposals on governance. It may be of interest to our readers to note that the Working Group finally recommended that existing Regional Surveillance Committees (RSCs) should continue to operate until such time as the “new” Management Committee approves any RSC’s termination. This is very much in line with the AFSM Executive Committee’s position as it also recommended postponing any consideration of abolishing RSCs until such time as the new global standing committee’s functioning could be evaluated (particularly in terms of coping with the large volume of cases which it will have to review under a new structure).

Concerning the important issue of designation of retired staff representatives to a Global Management Committee and Global Standing Committee (if established in the future), the AFSM Executive Committee has, as you know, expressed its concern about the potential designation of representatives who are not affiliated with associations of former staff and thus are not part of a network which facilitates exchange of information and views. In spite of these reservations, the Working Group recognized that from a legal perspective it is necessary to have an election by former staff members “at large” who are participants in the Staff Health Insurance. Nevertheless, candidates would have to meet certain criteria regarding availability and accountability. The AFSM Executive Committee accepts the fact that elections must be “at large” but it still believes that retired staff’s interests would be best served by having representatives who are affiliated to a retired staff association and preferably are Executive Committee members. In this way, the elected representatives are persons who have already shown their interest and commitment to defending retired staff’s interests.

Further information on these matters will be provided after the Joint Meeting in October.

Ann Van Hulle
Events over the last year or two in relation to matters of great importance to our retired staff members and particularly the proposed reform of the governance of our Staff Health Insurance has made it clear to all of us that we need to work together.

The proposal to abolish Headquarters and Regional Surveillance Committees and important consultative forums such as the SHI Joint Meetings and replace them by Global Management Committees convinces us and our regional WHO former staff associations that we should strengthen our links. With this in mind, we have exchanged frequent emails on the subject of the SHI reform with members of the Committees of other WHO former staff associations. In addition, we have been able to discuss these issues by teleconference. As and when necessary, we plan to discuss important matters by means of video conference knowing that face-to-face contact is preferable sometimes. In regions where such associations do not exist, we have been in contact with the retired staff representatives on the Regional SHI Surveillance Committees. We have managed to be in contact with all regions without result for the moment in AFRO (we keep trying to establish links there). Any assistance our readers in that region can provide in this regard would be appreciated.

In addition, we have had contact with individual former staff who are active in defending the interests of WHO former staff in their country of residence. When requested to do so, we arrange meetings with such individuals when they happen to be in Geneva and this too has been most useful. They have expressed their views on our actions to defend their interests and have offered advice on how they believe we can be of further assistance to them. This type of interaction helps us to do a better job.

The exchange of information and views has been invaluable. We have been able to prepare ourselves for the SHI Working Group meetings taking into account each other’s views. We all know that health care delivery and related health insurance concerns vary greatly from one region/area to another so it is important to be aware of the situation at a global level and not just within Headquarters or a given region.

Needless to say, it is not always possible to have a common position but where we can (which is usually the case) our voice is much more likely to be heard.

Any views or proposals on how we can further strengthen our communications at a global level would be most welcome from our readers.

Ann Van Hulle

Save the date – AFSM annual reception in the WHO Cafeteria on Thursday 8 December from 17h
Our Pension Fund

The Pension Board met in Geneva from 11 to 15 July 2011. As usual, retired staff were represented by observers from the Federation of Associations of Former International Civil Servants (FAFICS). The following is a summary of issues discussed and is mainly based on a report by Roger Eggleston (Former WHO Staff Member and President of the Association of Former International Civil Servants (AFICS), Geneva) published by AFICS.

As this was a "budget year", discussions in the Board focused on the budget estimates for the biennium 2012-2013. The Fund Secretariat proposed an increase of some US $ 216 million (or 23%) over the budget for 2010-2011. A Budget Committee was appointed to examine the proposals and after several days of deliberations, it presented the Board with a revised budget amounting to USD 194 million which was adopted unanimously by the Board.

The Board decided that the two “benefit-related” areas in relation to which the consulting Actuary had been invited to provide costing (namely an estimate of the cost of eliminating negative cost-of-living adjustments and on the cost of early retirement) should be postponed to the Board session in 2012.

A presentation was made to the Board on the on-going work of a Working Group of the High Level Committee on Management (HLCM) on the mandatory age of separation. FAFICS made a statement highlighting the importance of increasing the normal retirement age in the context of the impact of increased longevity on the actuarial valuation.

FAFICS also made substantive interventions on the Pension Fund Secretariat's Report on the functioning of the UNJSPF Emergency Fund and in respect of the proposals regarding the study on small pensions.

With regard to investments, the market value of the Fund’s investments has again exceeded the USD 43 billion mark (having experienced a decline in 2008-2009 after an all time high in 2007). Amongst other matters reviewed, the Board received a report from the Committee of Actuaries in relation to the actuarial assumptions to be used for the next actuarial evaluation. The Audit Committee also presented a report to the Board. The Audit Committee was created in 2006 and is performing a very important role of scrutinizing the audit work carried out in respect of the Fund by the Office of Internal Oversight Services and the External Auditors. The Audit Committee also keeps a watchful eye on the functioning of the Pension Fund Secretariat.

Ann Van Hulle

AFSM General Assembly 21 October 14:30 HQ Salle D, 7th floor

Provisional agenda

14:00 - 14:30 Welcoming of participants
1. Opening
2. Election of Chairperson and Polling Officers
3. Adoption of agenda
4. Staff Health Insurance
5. Pensions
   Around 15:00 hr - Coffee/tea break
6. President's report
7. Financial report and auditor's report
9. Other business
10. Closing

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Two questionnaires seeking the opinion of the participants will be distributed at the beginning of the meeting

- On the future organization of the annual reception
- On possible social activities
Our health

Protect your vertebrae!

As a «normal» physiological phenomenon, bones tend to weaken with age. There are many reasons for this.

Generally, in ageing, tissues are less supple, and regenerate less well. This is particularly troubling as regards the skeleton. Fractures can occur much more easily. Minor falls lead to fractures of the hip much more frequently in older persons than in the young.

For the vertebrae, everyday movements such as turning over in bed, coughing, getting out of the bath quickly, or sneezing, are likely to provoke what physicians, in order not to alarm patients, call “compression of the vertebra”. In fact it is usually a vertebral compression fracture. Symptoms can be minor – moderate pain, discomfort. Patients, and sometimes physicians, do not always give them the attention they deserve referring, for example, to a bout of arthrosis. The consequences can be annoying – angulation, motor or sensory troubles, at first very mild but increasing over time.

It appears that such “accidents” are much more frequent than is generally thought. Therefore, when these types of symptoms occur, it is advisable to consult one’s regular physician and even to query the possibility of a vertebral fracture. Better still is to practice prevention.

The primary cause of bone fragility is osteoporosis. Present in everyone, osteoporosis affects more women, after the menopause, than men, and is linked to the drop in the production of the ovarian hormones which contribute considerably to bone mineralisation. Their decline with the menopause has led to hormonal substitution treatment being proposed almost systematically, although certain side effects limit the extent of this treatment. The degree of osteoporosis is determined by measuring bone density – densitometry (the absorption of x-rays by bones, in well defined conditions).

Various means are available to combat the phenomenon: calcium in the form of milk products – milk is the principal alimentary source of calcium – or as a supplement. One difficulty is that calcium causes constipation, and as many women have a tendency to constipation they stop taking the calcium thus favouring the progression of osteoporosis. A balanced diet, including a significant proportion of alimentary fibre, fruit and green vegetables, helps to overcome this problem. Vitamin D is indispensable in order for the calcium to fix correctly on the bones. This vitamin is formed under the skin under the influence of ultra violet rays from the sun which transform a derivative of cholesterol into calciferol, another name for vitamin D. But prolonged exposure to the sun carries a risk of skin damage, even cancer, including melanoma. The bisphosphonates (Fosomax R) have been popular. Their efficacy is proven; unfortunately here, too, side effects have tempered the initial enthusiasm. It is all a question of dosage. Vitamin D can also be taken in medical form, as it is the case for small children for whom it is prescribed for prevention of rickets. Regular, moderate, and – in order not to provoke the type of fracture referred to – gentle physical exercise is recommended. A certain plumpness is useful – the adipose, fatty, tissue synthesizes a certain amount of Vitamin D – however, excess weight increases strain on the spinal column. Finally, it is important to remember that one no longer has the resistance one had at twenty years of age, and that it is better to avoid precipitous movements, lifting heavy weights, and when obliged to carry things that it is better to distribute the weight between two bags, one in each hand, or to use shopping caddies etc.

Dr Samy Kossovsky

For more information, see: www.medscape.com/viewarticle/405709_2 -
Are phone calls bad for the health of our grandchildren?

Last May 31, the International Agency for Research on Cancer (IARC) issued a press release No 208 "classifying radiofrequency electromagnetic fields as possibly carcinogenic to humans".

It concerns the usage of wireless telephone and reports that "heavy use of mobile phones could be the cause of cancers". In the analysis of the results I read that the "evidence is overall evaluated as being 'limited' (category 2B) for glioma and acoustic neuroma and 'inadequate' to draw conclusions for other types of cancers".

In the conclusions we are told "the evidence is 'strong enough' and that "there could be some risk". The research group recommends "additional research into the long-term heavy use of mobile phones".

A short 5 pages Internet visit to the US National Cancer Institute (NCI) compares their conclusions and those of the National Institute of Environmental Health Sciences, the US Food and Drug Administration and the Federal Communication Commission with those of the IARC. All the US studies conclude "no association found" or "no scientific evidence" while recognizing numerous "inconsistencies among the studies".

But B. Liebhard uncovered that the NCI study was "financially supported by the cell phone industry" and added "Consumers should always be sceptical of industry sponsored studies."

Indeed other scientists are worried that "there has been a dangerous rush to declare cell phones safe, using studies they feel are inadequate and too often weighted toward the wireless industry's interests and that far more independent studies than industry-funded studies have found at least some type of biological effect from cell-phone exposure".

Jeffrey S. Grand, cited by Liebhard, is not surprised that the "poorly designed NCI study failed to find evidence of risk" adding that "it is a widely accepted principal of epidemiology that the absence of evidence is not evidence of absence".

J.S. Grand focused his criticism on a subset of the NCI study's data which "were disregarded by their authors": "those who used cell phones for four or more years were 2.7 to 4.0 times more likely to have brain tumours, and those who made 2,638 or more calls a year (as opposed to just one per week) were 2.9 to 4.8 times more likely to have brain tumours". I was somewhat reassured by the preventive measures in the IARC Press release "to take pragmatic measures to reduce exposure such as hands-free devices and texting' (SMS). Remember that the nervous systems of your dear grandchildren are still developing. To maintain your loving connection with them, do remember that the farther your mobile is from the base station antenna routing your message the higher is the energy needed. So watch out! Instead of contacts by phone my advice is to stay as often as possible "close" to your grandchildren; they deserve it.

And why not delay as long as possible (if not too late already) to accept to equip them with a mobile, "possible cause of brain cancer"? We all would be saved from so many "Hello Mom, I am in the tram". But this left me halfway and somewhat alarmed.

As long as there are no concrete or firm answers it is understandable that in the IARC Press Release one finds so many "could" and many "some" as well as "evidence " which is "less than sufficient" or "limited".

I think it would be preferable not avoid casting doubt. Messages should be intelligible and unambiguous, so as not to cause alarm, to an average grandfather like me.  

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1 IARC / WHO Press release No 208 / 31 May 2011
2 237,913 new cases of brain cancers (all types combined) occurred around the world in 2008 (gliomas represent 2/3 of them). Source :Globocan 2008, "The number of mobile phone subscriptions is estimated at 5 billion globally".
3 Group B2 category "Possibly carcinogenic to humans" is used (for 267 known agents) when there is: either limited evidence of carcinogenicity in humans (and less than sufficient evidence in experimental animals) or inadequate evidence in humans (but sufficient evidence for experimental animals).
4 San Francisco Chronicle, August 5, 2011. B. Liebhard questions Recent mobile phone cancer risk study.
5 How Safe Is Your Cell Phone? By Bryan Walsh, TIME Health Land, March 15, 2010
News from WHO: Highlights of events over the past few months

- In June, the WHO Regional Office for Europe presented its work on sexual health, including sexual health of the elderly, at the 20th World Congress for Sexual Health in Glasgow, United Kingdom. Activities are described in the European Magazine for Sexual and Reproductive Health “Entre Nous”, issue 72, 2011, which can be found through the link http://www.euro.who.int/__data/assets/pdf_file/0019/142570/en72.pdf

- In late July, the WHO Country Offices in Kenya and Somalia joined forces with their UNICEF counterparts to launch a cross-border measles and polio vaccination campaign, together with vitamin A and deworming tablets, for children under five in the vaccination campaign for the host population and children in a large settlement of Somali refugees in north-east Kenya.

- In August, WHO launched an e-library of evidence for nutrition actions to provide guidance on life-saving nutrition interventions and assist with scaling up action against malnutrition.

- As part of World Humanitarian Day, on 19 August, WHO and partners published the Psychological First Aid Guide for Fieldworkers which explains how to provide basic support to people in the immediate aftermath of extremely stressful events.

- In August, WHO published a fact sheet to highlight the concern that maltreatment of the elderly is likely to increase with ageing populations: this can be found through the link http://www.who.int/mediacentre/factsheets/fs357/en/

- In September, the UN held a high-level meeting on noncommunicable diseases (NCDs) which kill 36 million people annually. This is only the second time that the UN has met on a health issue, the first being AIDS. Highlighted risk factors contributing to NCDs are obesity, tobacco, alcohol and physical inactivity. The outcome is an action-oriented document to shape the future global agenda.

- WHO is monitoring the evolution of the H5N1 avian influenza virus, and is following the reports of the virus circulating in different parts of Asia. Based on available information (as at early September), the evolution of the virus poses no increased risk to public health.

- September/October is the season for the Regional Committee meetings being held in: AFRO - Abidjan, Côte d’Ivoire; AMRO – Washington DC, USA; EMRO – Cairo, Egypt; EURO – Baku, Azerbaijan; SEARO – Jaipur, India; and WPRO – Manila, Philippines.

- The “WHO reform for a healthy future” is ongoing. A draft paper on managerial reform has been released for consultation. It has been sent to Member States for feedback, discussions have been held with Geneva-based Missions and there will be discussions during the Regional Committees. Staff have also been invited to comment. The paper will be revised and incorporated into a document for discussion at a special session of the Executive Board to be held from 1-3 November 2011. In the meantime, cuts in staffing are in process, in view of WHO’s severe financial problems and in line with the Organization’s projected narrowed scope of work in the future and a revised work force model.

Sue Block Tyrrell

Further information and documentation can be found on the WHO web site – www.who.int
Storm Safety

In July, in view of violent storms in Europe, the WHO Security Services provided staff with suggestions on how to stay safe during thunderstorms:

- If at all possible stay indoors, away from windows and from metal piping. This means avoiding washing dishes and taking a bath or shower. If the house is hit by lightning, metal piping can become electrified.
- If you know a storm is on its way, unplug electrical appliances and devices such as televisions and computers ahead of time. Do not use the telephone. Take off headsets. If the storm blows up unannounced, leave the plugged in items alone. It is not safe to attempt unplugging them during a lightning storm. If the items are struck by lightning you can be electrocuted if you are touching the plugged in cords.
- If you are outdoors when a lightning storm begins, avoid standing near trees as they can actually draw lightning. Also, when a tree is struck by lightning the current travels to the ground around the tree. If you are standing near the tree you can still be charged with current even if you are not touching the stricken tree.
- The lower to the ground you are, the safer you are. The best position to take is to squat down on the ground and cover your ears. This will lessen your chances of being struck by electrical current. If you are wearing jewellery take it off - metal such as gold and silver attracts electricity. Remove all jewellery and set it aside until the storm has passed.
- Do not hold any items in your hand that add height. Items such as umbrellas or golf clubs with metal components and which are elevated can draw electrical current. Put these items down until the storm has passed.
- Try to stay on low ground. Avoid standing on elevations such as tall hills or roof tops. Staying close to the ground will improve your chances of staying safe.
- If you are called upon to help a person injured by lightning, be aware that they do not carry an electrical charge and can be handled safely. Apply First Aid procedures to a lightning victim if you are qualified to do so.

Our colleagues in the European Office experienced a violent storm in July: Copenhagen was deluged with over 150 mm of rain in three hours - an amount that normally falls on the city over two summer months. The water severely damaged the WHO premises: in some areas the level came up to two metres, flooding elevator shafts, swamping basements, buckling newly renovated floors, clogging ventilation systems, and causing the loss of the IT server facilities and the destruction of the server room. The water was also full of sewage which came up through the pipes and brought with it hundreds of dead rats. All the cars left by staff in the parking lot were considered write-offs. There is long-term damage to the foundations and interior walls which will need to be cleaned and monitored regularly for the growth of mould. It will be a long and demanding job to make the buildings safe because water and sewage have soaked into the interior walls. Staff were asked to work from home. In mid August, further rain caused the office to close once more for about 10 days. Our thoughts are with our colleagues in EURO.

Sue Block Tyrrell
The European sky for late autumn/early winter 2011

The big thing in the next few months is the planet Jupiter, which will be blazing away in the evening skies throughout the last three months of 2011. It reaches opposition on 29 October, which means that on that date it is exactly opposite the Sun in the sky and is at just about its closest and brightest for the year. It is the brightest object in the night sky after the Moon, so there is no mistaking it.

Take a look through a telescope or even binoculars and you will see some of its four brightest moons on either side of it, moving from night to night. They really are easy to spot. Having found Jupiter, look a little to its north to find the main stars of Aries – a pattern of three not very bright stars. This is a rather barren part of the sky, but to its east you will see the lovely Pleiades or Seven Sisters cluster and then the bright star Aldebaran in the constellation of Taurus, at one end of a fainter V-shape of stars. This is a more scattered star cluster called the Hyades.

Although Jupiter is the brightest planet in the night sky, Venus is starting to make an appearance in the evening sky just after sunset. It is much easier to see from the southern hemisphere than from the northern, and by the end of the year it is becoming quite prominent as the Evening Star.

For more information on what you can see this season, go to the Society for Popular Astronomy website: http://www.popastro.com/youngstargazers/skyguide/.

Article kindly provided by the British Society for Popular Astronomy

1. We would be happy to receive information on the southern hemisphere.

Vaccination against Influenza

Like every year, former WHO staff members who chose to stay with the Staff Health Insurance, may be vaccinated free of charge against Influenza.

Two days, each of two sessions, have been planned:

Tuesday 11 October and Tuesday 18 October

Schedule: Morning: 8:30 - 12:30
          Afternoon: 13:30 - 16:30.

Please bring your Insurance card

International Day of Older Persons

The 21st Annual Celebration of the UN International Day of Older Persons United Nations, Geneva took place Monday, 3rd of October, 2011

At the Palais des Nations, Geneva

“Active and Healthy Ageing 2012”

Where are we and where are we going 10 years after the 2nd World Assembly on Ageing?
Point of view

The "Wind of history pushed along by Coca-Cola" (Public-Private Partnership – Continued)  
(africastories.usaid.gov/search_details.cfm?storyID=190...0...)  
This powerful wind did not wait for 2011 to begin to blow.  
For example, in 2001 the "private" world was already replacing the usual role of the "public" world.  
A document in 2003 by USAID, a United States governmental agency, described a public health action as quite "new wave".  
In the text USAID kindly highlights the fact of the "extraordinary ability (by Coca-Cola) to bring its unrivalled marketing and logistics expertise" into the international fight against AIDS.

"A Public-Private Partnership for Condom distribution" (Zimbabwe | HIV/AIDS)  
In June 2001, the Coca-Cola Company joined the international effort to combat HIV/AIDS.  
Coca-Cola has an extraordinary ability to bring its unrivalled marketing and logistics expertise to the pandemic. In Zimbabwe, USAID's contractor, Population Services International (PSI), made an arrangement with Coca-Cola to distribute condoms to rural areas. Under the agreement, PSI/Zimbabwe sales representatives are delivering condoms to Coca-Cola depots throughout Zimbabwe. Coca-Cola has a distribution system that accesses a vast commercial network of outlets. Although the partnership is in its nascent stage, Coca-Cola has been able to distribute about 50,000 condoms per month (many too hard to reach areas) and the number is growing exponentially."

.... ....and even more efficient in the public domain:

PAKISTAN OBSERVER 22 July 2011  
http://pakobserver.net/detailnews.asp?id=104096  
Islamabad—"The Coca-Cola Export Corporation, Pakistan, has collaborated with the Jahandad Society of Community Development (JSCD) to initiate a project which will provide water, sanitation and hygiene facilities to government schools in the Muzaffargarh district". and as their motto says so well "It's the real thing"!  
To your good health!  
Coca-Cola Great Britain  
J-J Guilbert

Coffee mornings in Nyon (10 – 12 noon)

Dates for the rest of the year are: Tuesday 18 October, Wednesday 16 November and Thursday 15 December. We do hope that some of you will be able to join this friendly group of former UN staff.

Sue Block Tyrrell
Readers’ corner

Some reactions from our readers following the despatch of our new information note « AFSM INFO AOMS » dedicated to our Health insurance:

... Thank you so much for this initiative to exchange information by email! ...

Dr Lazare Loco, Niger

..... This is to acknowledge the receipt of the first copy of the new information bulletin “AFSM INFO AOMS”, a step which is highly appreciated. As this first issue is devoted to SHI, I wish to express my views to the issue of selecting the representatives of retired staff. I strongly agree and support the proposal that the representatives should be from SHI participants who are members of AFSM, and from among the Executive Committee members whom we have elected....

Dr. Khaled Mneimne (Lebanon)

...I thank you for the good work being done by the Committee. I would like to express the opinion that I feel that representatives of retirees for SHI questions should be drawn from the global community of retirees, and not only from the Executive Committee. This is in no way meant as a criticism of the Executive Committee, however, there are so many new trends/procedures/etc. in the medical field, that I feel it is essential to have a very broad spectrum and more flexibility of the needs for insurance coverage ...

Alice Gran Olsen (Denmark)

Editor’s note: Mrs Gran Olsen is not a member of the AFSM but she received a copy of the information note thanks to the kindness of Mrs Jill Conway Fell who sent the note to her distribution list of the former WHO staff in Denmark.

Thank you for this, the Information Bulletin is an excellent innovation. Concerning the SHI representation for Retired Staff Members, I would certainly support the proposal that such representation should be from within the Executive Committee of the AFSM. Best of all a contact person for this representation would be designated from among the Executive Committee members who are participants in the SHI. All other participants in the SHI should be able to communicate on this subject with the contact person...

Bryan Suitters (United Kingdom)

...Thank you very much for this first newsletter by e-mail which is an excellent way of informing us quickly of important matters. I do feel that retired staff representation really would have to come from SHI participants “at large”, but that the selection method should be done in a similar way to how we choose our representatives on the AFSM executive committee, i.e. candidates put themselves forward and SHI participants choose. (I think that in practice this will work out almost as though the representatives were coming from the AFSM committee, because the interest of members “at large” is probably limited, but that method would serve to give every SHI participant a chance)..... Kind regards to you all and thank you for all the hard work you put into our wellbeing!...

Coby Sikkens (France)

Editor’s note: Mme Sikkens also wrote to us regarding the date of the annual reception.
Readers’ corner (Cont’d)

Thank you very much - clarification was needed! Congratulations on the idea of special bulletin on urgent issues.

Rosemary Bell (France)

… I just received the new digital AFSM News. Congratulations. It is an excellent way of rapid communication at a low cost. The content is extremely informative and useful. I appreciate the selected font for the characters, large enough for my eyes. I also appreciate the absence of coloured illustrations because sometimes the Norton antiviral system blocks their entry.

Maybe you can consider issuing two instead of four QNT a year to save costs; then it will no longer be a quarterly publication. In the same envelope you can send the printed digital AFSM Info News to those who do not have an electronic address. If you decide to continue with the Quarterly publication you can also send it by email to all those who have an electronic address and save the high cost of mailing. In this case you can make an exploratory survey about the acceptability of the electronic QNT.

Dr Antonio Pio (Argentine)

Editor’s note: Thank you Dr Pio; the last enquiry showed by a large majority that readers prefer to receive the printed version in both languages, at quarterly intervals. Of course, if necessary, the question could be reviewed.

Mrs Eliane Walton (France) appreciated receiving the information note but received inadvertently the English version.

Finally, we have exchanged many messages with Dr Antonio Pio (Argentina) who has asked us for help and advice concerning a request to the Pension Fund.

Communiqué: Dr Inayat KHAN (Pakistan) has provided to WHO for its Archives his autobiography, the list of his publications and his diplomas. Dr KHAN joined WHO in 1970 (Mental Health) and retired in 1990. Interested readers can access his file through the following link:

http://www.who.int/archives/fonds_collections/special/former_staff_history/khan/en

→ Annual trip: May or June 2012: no option has yet been taken. We’ll keep you posted as soon as possible.
What do our « active retirees » get up to?

Strange to find myself, five years after retirement, attending meetings at the UN.

I was asked to represent the Universal Esperanto Association (UEA) at the UN Human Rights council and related meetings because they could not find an Esperantist in the Geneva area who was fluent in English as well as French.

I attended several meetings, not having much idea what I should be doing; however, in 2007 the UEA Congress decided to organize a one-day symposium on linguistic rights at the UN to commemorate the 100th anniversary of the UEA and the 60th anniversary of the Declaration of Human Rights.

Somehow the meeting got organized - despite our President being in India and other UEA officials in Rome, Rotterdam and Lausanne. Fortunately, we had e-mail and .... a common language! The meeting was held on 24 April 2008 on a lovely spring day and was a great success. As well as promoting peace, the UEA has always supported minority languages, and we were happy to highlight the importance of linguistic rights which are currently neglected. The report in English and French is accessible at: http://www.esperanto-geneve-regions.info/EGR-French.html

Fortunately, we found some other Swiss Esperantists to help us, including Stefano Keller, Secretary of the Swiss Esperanto Society, a younger Esperantist who provided much-needed help on the technical side, ensuring the presence of UEA on Youtube and making MP3 recordings. He has now taken over from me at the UN. In November 2009, he invited a representative of the Swiss Federation of the Deaf to "speak" at the UN Forum on Minorities, sign language also being considered a minority language - I believe this was a first in the UN.

Here is the address of the video in Youtube:
http://www.youtube.com/user/EsperantoTV

There is a lively group of Esperantists in Geneva that meets once a week to practise the language at the Brasserie aux Cheminots. I created a webpage on local activities (thus keeping up my skills in HTML!) and have prepared some information materials that we use at the Salon du Livre et de la Presse de Genève and other local events and fairs. We created an Association (Espéranto-Genève-Régions) to bring together the many small groups in the area, and publish a small newsletter: Limsaltanta Folio. We organize visits to museums and parks, with one simple rule - we speak Esperanto.

The Esperanto community in the world organizes many meetings - travellers can go all over the world and meet Esperantists : the UEA publishes an address list of Esperantists who are willing to have nonpaying guests - very useful in countries like China! The biggest annual event, the World Congress (Universala Kongreso), attracts around 2,000 participants from some 60 countries - no interpreters are needed! I attended congresses in Gothenburg and Florence, and they really demonstrate the practical usefulness of a common language. Added to that, there is a special form of humour amongst Esperantists, so we have a lot of fun!

Learning Esperanto has led me into all sorts of adventures and encounters - and it is only one of my retirement activities! I am also doing line dance and have been to the UK for some hilarious weekends - there is a great spirit of fun in these groups too. Added to that are gardening, embroidery, walking, reading ... never a dull moment!

Charmian Common
(shown on the left of the photo)
In memoriam

A Personal Tribute to Joan Robertson

Dear Joan, 91st year, passed away in Geneva on 25 March 2011, was a lifelong friend. Always strong and resilient, an inspiration in positive thinking, living life to the full, travelling the world for her beloved ballet and opera but always finding time to see her friends - even in the far flung outposts of Norfolk, U.K. - or latterly a few hours catching up in London (around Covent Garden, of course) over long, relaxing lunches.

We met at WHO in March 1965 when I joined the Vector Biology & Control Unit (VBC), staying until my contract ended in March 1967; our friendship being sealed by the month we spent on a travelling seminar to the former USSR.

How lucky I was to have that experience of a lifetime and, more importantly, under Joan’s careful guidance!

A true friend of our family for 44 years. I shall miss her dearly.

Val Fendick (nee Jermyn)

Suzanne Portier

Suzanne Portier, our WHO Social Worker, as far back as I can remember, regrettfully passed away on 26 July 2011 at age 87 years. Suzanne was always available to advise and help both newcomers and older staff members faced with problems related to life in Geneva. Her wide knowledge and pleasant approach put staff at their ease. Suzanne was of great help to me when my own mother passed away in Geneva. In sheer contrast, the Personnel Unit where I was working informed me straightway that the dependant’s allowance for my mother was to cease!!

Our heartfelt sympathy goes out to Suzanne’s sister and family in Geneva.

Dorothy Nowson

Elizabeth (Lizzie) Mallett (née Townsend)

Lizzie passed away on 17 July 2011 at age 64, after a long struggle with multiple sclerosis. Lizzie worked in the Virus Diseases Unit at WHO headquarters in the late 1960’s/early 1970’s. She was such a pretty, lively lady, full of fun and she had a wonderful voice which we could all appreciate when she sang in the choir of the Holy Trinity Church in Geneva. The choir made an LP record in 1971. We all missed Lizzie when she left to return to the United Kingdom where she worked for Brighton Polytechnic and later became a lecturer for Weight Watchers. Lizzie married Geoff and had a daughter Victoria. Fortunately Lizzie was able to enjoy Victoria’s wedding in 2008 – a very proud Mum. In the last few years Lizzie was cared for and much loved by staff at a local hospice. The LP of the church choir was copied to a CD for use at the hospice.

Sue Block Tyrrell, with information kindly provided by Geoff Mallett
In memoriam (Cont’d)

Joseph D’Souza passed away in Bernex, Switzerland on 15 August 2011

Joe was born in Goa, India on 24 September 1935 and was educated at St. Paul’s High School in Belgaum which lies further to the south in the state of Karnataka. He moved to Zanzibar with his parents where he worked as an accountant for Cable and Wireless. Joe married his wife Julie in August 1960 and they had two children, Jeffrey and Jennifer. Among his interests was playing the violin and piano in a jazz band in Zanzibar in the Sixties. His career with WHO began in 1969 in Budget in Brazzaville and he was transferred to Geneva around 1981 where he worked in the Claims department. He was much appreciated by his colleagues.

Sadly, in the year before his retirement, Joe and Julie were involved in an accident which cost Julie her life and seriously injured Joe. Afterwards, he had great difficulty in coming to terms with his great loss. In November 2010, he was taken to hospital following a stroke and remained in a coma until he passed away. He will be fondly remembered for his easy-going ways and wry sense of humour. Joe was never happier than when he was sitting in his garden in Divonne-les-Bains with a cigarette and a bottle of Kronenbourg 1664 beer.

He is survived by his son and daughter and three grandchildren.

Richard Saynor

Dr Rajinder Pal passed away peacefully during the morning of 20 September.

He was short only by a few weeks of his 92nd birthday. He was an eminent and devoted professional in his field of malaria epidemiology and indeed a legend in WHO, an organization he served, in various capacities, for 26 years.

On retirement in 1978, he was chief of the vector genetics and genomics unit. He then continued for another 10 years in consulting roles. Previous to WHO he served the Indian government in different senior roles for 14 years.

Despite an already accomplished education he has always sought to improve his knowledge and then impart that in the form of publications. Never man content at remaining stagnant, he was soon an active member of the retired staff association and served as its president for 6 years.

Whichever function he carried out he demonstrated a rare combination of qualities. He was always a professional to the core. Patient, yet alert and tenacious. Invariably meticulous in his approach. All this was accomplished beneath a soft touch, a charming smile and a genuine concern for his fellow human beings.

He leaves behind an amazingly courageous family and a bereft circle of friends. It is nonetheless comforting to know that wherever he goes he will have a place of honour.

Neel Mani

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Providing HOPE for babies in Afghanistan: join the knitting club?

The HOPE team is an informal network of colleagues with a desire to help WHO staff to have harmony and health in their families and at work. They organize lunchtime discussions at WHO headquarters on topics relating to work and family life and various excursions. Over 700 people have participated in HOPE activities since its inception in 2009.

Their most innovative activity, however, is knitting sweaters for newborn babies in Afghanistan, in solidarity with Afghan women. Dr Heli Bathija who works in the Department of Reproductive Health and Research, is the leader of the knitting project, supported by Dr Deborah Kioy in the Special Programme for Research and Training in Tropical Diseases. Heli developed the idea of “Omeed-e-kodak” which means “hope for the babies” in dari, one of the official languages of Afghanistan. Their knitting club started small, with only three volunteers at the first meeting in January 2011, but now the numbers have increased to 20: people come to the club meetings or knit by themselves at home. They are helped by members of a local Geneva knitting club, most of whom are over 80 years old. The pattern for the simple baby sweater was designed by one of Heli’s compatriots – Pirkko Tuppurainen from Finland, who works closely with the Black Lion Hospital in Addis Ababa, Ethiopia. It only takes 5-6 hours for an experienced knitter like Heli or Deborah to make a sweater: the pattern can be found on the project blogspot – Omeed-e-kodak.blogspot.com – or we can provide you with a printed copy of the pattern.

Why not join the knitting group and help with this humanitarian effort? There are also women’s groups in Afghanistan who are knitting sweaters to secure some income from selling them to participating hospitals. The sweaters are offered as a gift to any woman who attends antenatal care and whose baby is delivered by a skilled birth attendant. Alternatively, if you cannot or do not want to knit but would like to contribute to the project, you can “adopt a sweater” and donate funds for the purchase of yarn and knitting needles for the Afghan women knitters.

The Afghan end of the project is handled by the WHO Office in Kabul. The plan is to include also the possibility for knitters to receive photos of babies wearing the new sweaters.

Sue Block Tyrrell, adapted from information kindly provided by Heli Bathija

New members

We have pleasure in welcoming to the large AFSM family the following new members and we congratulate them on their decision.

New life members:
Maryvonne GRISETTI (unfortunately Mme Grisetti’s name was omitted from the English text of QNT 84); Francis KOFI; Pia Eugenia SOTO CANNATA MEI

New annual members:
Pierre DONNAT; Christine GREGORY; Serge RESNIKOFF

Conversion from annual member to life member:
Anne JAGGI-POULSEN
Beware of scams!

Hotel/Motel Scam (This one is so simple it is shocking)
This is kind of scary if only because of how simple it is. I'll bet this works all too often. You arrive at your hotel and check in at the front desk. When checking in, you give the front desk your credit card (for all the charges for your room). You get to your room and settle in. Someone calls the front desk and asked for (example) Room 620 (which happens to be your room). Your phone rings in your room. You answer and the person on the other end says the following, 'This is the front desk. When checking in, we came cross a problem with your charge card info-...'
Not thinking anything you might give this person your information, since the call seems to come from the front desk. But actually, it is a scam of someone calling from outside the hotel/front desk. They ask for a random room number. Then, ask you for credit card information and address information. Sounding so professional that you do think you are talking to the front desk.
If you ever encounter this problem on your vacation, tell the caller that you will be down at the front desk to clear up any problems...Then, go to the front desk and ask if there was a problem. If there was none, inform the manager of the hotel that someone called to scam you of your credit card information acting like a front desk employee.

This was sent by someone who has been duped........and is still clearing up the mess....
Book review

WHO in peril, by Yves Beigbeder

Yves Beigbeder has just recently published this small provocative book, this time in his personal capacity, unlike his previous works. The book neither attacks WHO, nor gives it unqualified praise, but describes concisely and precisely, and I think impartially, the problems being faced by the Organization.

WHO was established in 1948. Why was it created after World War 2? What were the Organization’s predecessors? What is its mandate? Who are its allies, competitors and enemies? The book answers all these questions and retraces the historic origins of international cooperation in the field of public health, revealing three myths which, according to the author, governed the establishment and mandate of the Organization.

Sixty-three years after its creation, in 2011, WHO is in the middle of a financial crisis. Its role as the global authority to lead and coordinate public health is put into question. It has to negotiate with powerful rivals in its field, such as the World Bank, the Bill & Melinda Gates Foundation, the pharmaceutical industry and even the World Trade Organization for patent protection matters.

The rest of the book describes the main problems being faced by WHO, illustrated through a selection of sensitive topics: public-private partnerships which engender conflict of interest, the management of the H1N1 influenza pandemic and the independence of experts, the financial crisis and the proposals for reform, the pharmaceutical industry and essential drugs, intellectual property and the right to health, and finally the inadequacies of international regulations. Each of these issues is clearly and concisely reviewed from the point of view of the different actors, both public and private. Beigbeder sheds light, in a balanced way, on these burning topics of today.

The author recognizes WHO’s major achievements, as the only public health institution representing the community of nations, but in order to survive, the Organization must overcome its current crisis, recover its vision and grow stronger with the help of both friendly governments and nongovernmental organizations.

In the opinion of Dr German Velasquez, who has written the book’s preface, the author’s analyses and criticisms are tough, but Yves Beigbeder is among those who want a stronger and more independent WHO. The most serious problem concerns the loss of control of the budget, as 80% of available resources come from voluntary contributions, both private and public. How can you set priorities when you have no control over the budget? Aren’t we going through a process of privatization of this international agency? The reform road will be long and difficult but it will be less painful if we know what type of public health agency is needed by today’s world.

I really liked this little book: it is pleasant to read, concise and well documented – it does not contain any jargon and does not camouflage the truthconcise and well documented. It should appeal to those who still care about the life and future of our Organization. It should also interest our colleagues in other UN agencies who would like to understand what is at stake for health in the world.

Available in French only from Editions de Santé, Balises, 152 pp), 18 €