



Quarterly News

from the Association of Former WHO Staff Tel :+4122 791 31 03 and 3192

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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)



The Executive Committee wishes you and your families a happy and peaceful year 2012

Association of Former WHO Staff

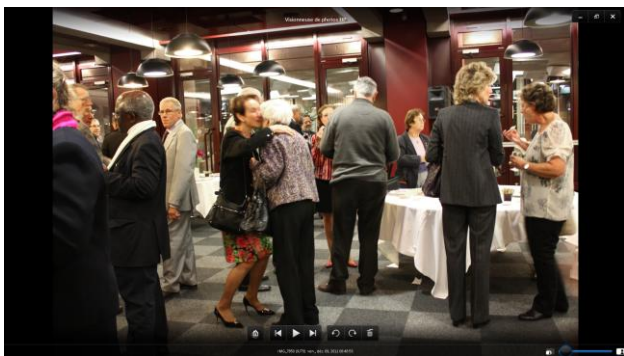
Photos of the General Assembly...



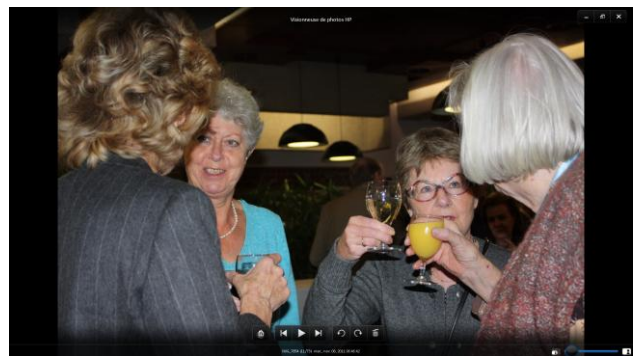
A general view of the General Assembly

(See other photos in the text)

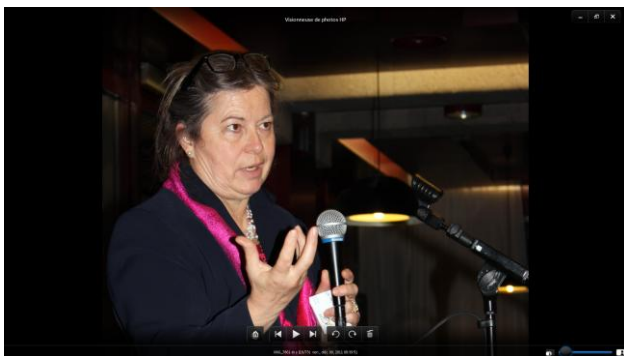
and of the annual reception on 8 December 2011



A view of the reception



Chatting...



Anne-Marie Worning, Executive Director, Office of the Director-General, representing the DG, addressing the participants at the reception



Listening to the DG representative

Other photos in the report

Photos by Samy Kossovsky

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**We pay special tribute
to the Printing, Distribution,
and Mailing Services.**

*The opinions expressed
in this magazine are
those of the authors
and not necessarily
those of the
Editorial Board.*

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EDITORIAL

You will find in this edition the report of our General Assembly which met with the usual success. The year just ended was an eventful one for your Committee. We had set ourselves several objectives but it was our participation in the Staff Health Insurance reform process which took up our time and energy and stimulated your lively reactions. The Director-General has just approved the recommendations of the Joint Meeting of the Staff Health Insurance. The next step will be the election of retirees' representatives on the new committees.

We have done our best to represent your interests. It was a delicate task because we needed to preserve retirees' influence in the future management committees and at the same time to retain the confidence of the administration. It goes without saying that we will continue to fight to ensure that our Health Insurance remains viable in the long term and continues to meet the expectations of all participants.

We are in regular consultation with the regional associations because we realize more and more that our strength lies in the vast geographical diversity of our members.

Distance is becoming less and less of an obstacle: we encourage our members wherever they are in the world to contact us and we will do our utmost to provide them with the services they rightfully expect from us.

Another priority concerns the strengthening of our communications with you. The initiative to send you our information notes, both local and global, seems to have met with your satisfaction.

2012 will be a year for renewal of the Committee. In 2010, you already gave us a breath of fresh air by electing several new members who have amply demonstrated their commitment and ability to work as a team. We hope that new candidates will apply, especially those who would like to be involved in areas as yet not well developed, for example to get going on some social activities.

The entire Committee joins me in wishing you all a Happy New Year, with good health especially, for you and your families.

Jean-Paul Menu

AFSM General Assembly, 21 October 2011

Opening

The Assembly was opened by Jean-Paul



J-P Menu, AFSM President, Lindsay Martinez, Chairperson of the GA

Menu, AFSM President, who welcomed the participants and invited guests from the Staff Association, WHO and the sister ILO association of former staff, together with Charles Hager, AFSM Auditor.

Election of Chairperson and Polling Officers

On the proposal of Warren Furth, seconded by Clas Sandström and Rosemary Bell, Lindsay Martinez was unanimously elected as Chairperson. Two Polling Officers were re-elected – Andrée Prodham and Claudine Suadeau, and two new ones were elected – Janet Clevens-tine and Sandra Edgar. The Assembly thanked the Polling Officers in advance for their help.

Staff Health Insurance (SHI)

Background

On behalf of David Cohen, AFSM member on



Ann Van Hulle, David Cohen representatives to SHI

the HQ SHI Surveillance Committee and herself, Ann Van Hulle, AFSM alternate member on the Committee, provided some background information on the SHI Working Group (WG) established by the HQ Surveillance Committee to review the SHI governance, financing and

long-term care. The SHI participants (active and retired staff) had shared a seat on the WG which had met four times in 2010-2011¹. The WG had taken into account the Audit Report dated September 2009 on Management and Oversight of the SHI Fund, which had identified shortcomings and weaknesses and made recommendations to correct them. In order to provide help to the WG, the AFSM Executive Committee had set up a Study Group which made recommendations to the WG. Concurrently, the SHI Secretariat had made recommendations to significantly reform the SHI governance by dismantling the Joint Meeting of Surveillance Committees and replacing it by a Global Management Committee (GMC), and concurrently dismantling both the HQ and Regional Surveillance Committees and replacing them by a Global Standing Committee (GSC). There had been different points of view on these radical reform recommendations. Some considered that the establishment of the GMC would bring the benefits of greater professionalism and the involvement of senior WHO Administration into the health insurance but to abolish the HQ and Regional Surveillance Committees at the same time was not without risk: it would be better first to gain experience with the functioning of the GMC before considering the question of dismantling the Surveillance Committees. The AFSM Executive Committee had considered it prudent to proceed with such a two-step approach and to establish first the GMC to ensure its efficiency and then to proceed later with an evaluation of the Regional Surveillance Committees and of the GSC. The final position of the WG had been to recommend the establishment of the GMC and the GSC and the continuation of the Regional Surveillance Committees until the GMC recommended otherwise. The recommendations of the WG had been submitted to the HQ Surveillance Committee and to the Joint Meeting which would take place during the last week of October. In the meantime, the Director-General had sought advice from an external adviser who had agreed in general with the recommendations of the WG, in particular with the recommendation to retain the Regional Surveillance Committees for the time

¹ Marjory Dam, former AFSM alternate member on the HQ SHI Surveillance Committee, had attended and chaired the meetings in 2010 and Ann Van Hulle had attended the meetings in 2011

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being at least.

Presentation by SHI

Claude Hennetier-Rossier, Coordinator, Insurance and Pension Services, presented the **current situation of the Staff Health Insurance**. In 2010, there were 3 569 participants (up by 0.5% compared to 2009) and the ratio of active staff to retirees was 1.98 compared to 2.3 in 1993. In 2010, for all WHO offices combined, there was a surplus of USD 5.6 million, with an exceptional deficit for retired staff of more than USD 12.2 million compared to USD 6.6 million in 2009. Retirees contribute less than they spend; therefore 25% of the contributions by active staff are placed in a reserve (totalling USD 17.4 million) to cover the deficit. The status of the SHI Fund is relatively good. In line with the new accounting rules, from 2012 SHI is obliged to take into consideration not only the obligations for current retirees but also for future ones, for an estimated total provision of USD 1.3 billion.



Claude summarized the process and mandate of the **SHI Working Group** and confirmed that its recommendations would be submitted to the Joint Meeting end October for discussion and decision on the recommendations to be made to the Director-General for approval. The major recommendations would focus on three areas: financial issues, long-term care and governance.

On the **financial issues**, there would be two main recommendations: to create the new funding reserve for future retirees and to increase the contributions annually by 2% per year from 2012 for a period to be defined. If no such action is taken, expenditures will be more than income by 2013 and investments will not be enough to cover the deficit. With the 2% increase, expenditures will still be more than income from 2015 but income from the increases and investments will be sufficient and the basic capital will not need to be touched.

No major changes will be made for the time being regarding **long-term care**. At the moment, coverage includes only medical care. SHI recognizes that some care can be given by non-medical personnel, but has not yet found

the solution. The actuaries had been asked to give an estimate of the increase in contributions required and they had put forward a 20% figure. The issue is still under consideration but at the moment no change will be put into the SHI Plan for coverage of non-medical services by non-medical personnel.

Regarding **governance**, the mandate of the Working Group (WG) was to make proposals for reform, taking into consideration the Audit Report's criticisms. Claude stressed that the reform did not mean that the current governance was not good – it had worked well and had ensured the current reserve and the Fund's security. However, times change. The SHI Secretariat's mandate was to propose something for the future, not to criticize the past. The governance needs to be more efficient, with more flexibility, and to take into consideration the needs of future retirees. It is proposed to adopt a new governance structure with global committees replacing the Joint Meeting and the Surveillance Committees. The WG had discussed at length the need for a balance of representatives from the Administration and the SHI participants (both active staff and retirees) on the new committees. All Regions would be represented in the global committees.

The Director-General (DG) had sought external advice from *PricewaterhouseCoopers* – they had concluded that the WG's proposal to set up the Global Management Committee (GMC) and the Global Standing Committee (GSC) was good but had proposed an interim solution of two phases: to establish both committees but in the interim to keep the Regional Surveillance Committees until it is certain that the GSC can assume the whole volume of cases and that the new governance system is stable. The Regional Surveillance Committees would continue until such time as the DG decides to terminate them, following consultation with the GMC and the GSC. It may happen that not all the Regional Surveillance Committees will end at the same time. The WG and the HQ Surveillance Committee had agreed to the interim proposal by consensus and it would be submitted to the Joint Meeting end October.

Claude explained the current handling of claims - at the moment, the Regional Committees and units deal with their own claims and the HQ Committee has a double role – to deal

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with HQ claims and to carry out a second level review of the Regional ones. The final objective is that the Regional units continue to handle their own claims and the GSC deals with all the cases, and the GMC will validate activities overall and bring any proposals for major changes to the attention of the DG. The HQ Surveillance Committee will be subsumed into the GSC. The GMC will meet twice a year, instead of every three years like the Joint Meetings.

With regard to representation of retirees on the new committees, it is proposed to have one retired staff member and one alternate on the GMC and two retired staff members and two alternates on the GSC. An "at large" election by former staff who are SHI participants has been decided by the Legal Office. The process of such an election will be discussed at the Joint Meeting end October. The arrangements for the election could be put in place from December.

The recommended new arrangements had been costed and were not more expensive than the current ones.

Claude also referred to the **influenza vaccinations** – 215 retirees had been vaccinated. Finally, she provided the **contact details of SHI**:

- help desk on the second floor of the main building, Monday to Friday between 14.00 and 16.00 hours
- email: insurance@who.int
- telephone +41 22 791 18 18 – if no answer, leave a message and someone will call you back.

Discussion focused on the following points:

Marjory Dam noted that the health insurance reform proposal includes a provision whereby the retiree representatives on the governance committees would be elected by all the participants in the insurance rather than appointed by the AFSM Executive Committee. Speaking on behalf of the 116 retiree participants in the

insurance who had signed her petition calling for a global election of their representatives, Marjory was pleased that the current representa-

tives had joined the consensus in favour of this provision. Speaking for herself, Marjory was pleased to note that the AFSM representatives had finally joined the consensus in favour of

reform of the governance of the health insurance. She mentioned that the external consultant recruited to provide an independent assessment of the governance reform proposals had concluded that the current governance structure needed to be improved with immediate effect in order to ensure appropriate governance and oversight and to optimize value for WHO and the participants in the insurance. Finally, Marjory added that, thankfully, the WG had supported the assessment and had recommended going forward with the reform. Marjory hoped very much that the AFSM representatives at the Joint Meeting end October would vigorously support the reform.

Michel Fèvre asked the AFSM Executive Committee to communicate as soon as possible to all AFSM members the outcomes of the Joint Meeting.

Settlement of claims (raised by Arie Groenendijk): Delays at HQ had improved but were building up again. The situation varies in each Region – in most Regions the situation is the same as HQ. SHI is trying to help those Regions where there are delays, especially AFRO which faces many communication challenges. Payments at HQ are now made three times per month, instead of two and the aim is to arrange payments weekly.

Direct payment of large bills (raised by Mireille Aubert): This procedure is welcomed by both participants and clinics. It is difficult for SHI to make a direct payment of more than 80% as they do not have the means to recuperate the 20%.

Long-term care (raised by Mireille Aubert): No decision had yet been taken on the coverage of non-medical care, but it had been postponed. It is a complex issue. The increase of contributions forecast by the actuaries at 20% was too high. The WG had questioned the statistics on which the actuaries had based their calculations and SHI would be looking further into the matter. The AFSM Executive Committee plans to continue to help the SHI Secretariat on this issue. A suggestion was made by Warren Furth to introduce a more gradual increase in contributions to ensure long-term care by non-medical personnel, e.g. starting with a small increase for those say over 75 years, and secondly with those over 65 years,

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then later coverage for all. The actuaries are looking at a long-term perspective of 20-30 years or more, and even if coverage were brought in gradually, the long-term liability would be substantial and soon lead to a 20% increase.

Complementary health insurance (raised by Coby Sikkens): It is a personal decision on whether to take out such insurance. Complementary insurance is useful for hospitalization in private rooms and other comfort features.

Demographic projections (raised by Lindsay Martinez): The SHI projections for the future had been based on an increase in the number of active participants but in light of the WHO financial crisis there will be many staffing cuts. SHI is in discussion with the Administration and the assumptions had been made that the staffing level globally would stay flat and the retirees would increase – no decrease in the active staff contributors had been assumed for the time being.

The Assembly participants thanked Ann Van Hulle and Claude Hennetier-Rossier for their presentations and the SHI staff for all their help.

Pensions

Alan Blythe, Chief of the UN Joint Staff Pension Fund (UNJSFP) in Geneva and



Elisabeth Chauveau-

Bais, Chief of the Participation and Entitlements Section of the UNJSFP office in Geneva, provided **information on the Fund**. Twen-

ty-three organizations are affiliated to the Fund. As at 31 December 2010, there were 121 138 participants and 63 830 beneficiaries. The Fund's assets, as at 30 September 2011, exceeded USD 38 billion. During the past ten years, the participants had increased by 50% and the beneficiaries had increased by 33%.

The financial situation of the Fund is solid with market value of the assets totalling USD 41 billion as at 31 December 2010. Since 2008, benefit payments have slightly exceeded contribution income but the situation remains healthy.

The **New York office** (200 staff) deals with clients in North America, Latin America and Asia and the **Geneva office** (30 staff) deals with beneficiaries based in Europe, Africa and the Middle East.

Retirement benefits include pensions for a widow/widower, a divorced surviving spouse, a spouse married after retirement, a child, a secondary dependant and residual payments. Pensions are adjusted yearly (1 April) in line with the **cost of living**. An adjustment is made if this cost has changed by more than 2% over the past year. If the cost of living changes by more than 10%, such adjustments will be done biannually in April and October. Beneficiaries can opt for the **double track** at any time, not just at the time of retirement, but once on the double track it is not possible to revert to the US dollar track.

Documents sent to beneficiaries include the quarterly statement; the annual certificate of entitlement which needs to be completed rapidly and returned to the Fund; the annual letter from the Fund's Chief Executive; and an annual attestation of the benefits received, for fiscal authorities – new beneficiaries need to request this for the first time and thereafter it is sent automatically.

Beneficiaries should advise the Fund of any change in their personal details and circumstances. Forms are available on the web site. Families should advise the Fund **in case of death of a beneficiary**. It is advisable to provide the Fund already with a copy of all the necessary documents concerning the family: such action will prevent the Fund from having to ask the close family for information at the time of death of the beneficiary.

With regard to **employment during retirement**, the Fund does not impose any restrictions. If a beneficiary is recruited in the UN system and given a contract which involves payment of pension contributions, the payment of the pension is suspended for the duration of the contract.

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Participants were invited to consult the Fund's **web site** which contains a lot of useful information.

Discussion focused on the following points:

Annual statement of benefits received

(raised by Robert Constandse): These are not very legible for the tax authorities – a new machine has been requested but it is hard to replace it quickly. Alternatives are being explored.

Quarterly statements (raised by Patricia Downes and Raemonde Blattner): These are often received very late. Unfortunately some had been lost in the UN postal service but such statements can be found on the web site. It is advisable to use the annual statements for tax purposes rather than the quarterly statements.

Certificates needed by the Fund (raised by Robert Constandse and Michel Fèvre): Michel suggested that a circular letter be issued to inform all AFSM members of what documents are needed by the Fund. Such information could be put in the Quarterly News.

Calculation of local track (raised by Maryvonne Grisetti): This matter has been considered and the basic principle of using the 120 months' average has been accepted but no changes are likely to be made in the near future.

Federation of Associations of Former International Civil Servants (FAFICS) (raised by Coby Sikkens): In Geneva, the Association of Former International Civil Servants is a member of FAFICS and participates in its meetings but the AFSM is not a member. The AFSM could adhere to FAFICS in order to be represented on the Pension Board. The AFSM President proposed that the Executive Committee review the possibility of applying for membership of FAFICS and agreed to communicate the Committee's views in the Quarterly News.

Future projections for the Fund in case of a reduction in the number of active contributors in view of the financial crises in the international organizations (raised by Lindsay Martinez): Projections and assumptions are reviewed during actuarial studies which are carried out every two years – the next one is due this year. It will include real rates

of return and a zero or 0.5 growth in the active population. Conservative assumptions will be used and long-term figures. If a downward trend in active participants was recognized and continued, the actuaries would revise their models.

The Assembly participants thanked the two UNJSPF representatives for their presentation and expressed their gratitude to the Pension Fund staff.

President's report¹

The key elements of the report were presented by Jean-Paul Menu, President, Sue Block Tyrrell, Vice-President, and David Cohen, Editor of the Quarterly News.

Jean-Paul referred to the main issue dealt with by the Committee during the period under review, namely its involvement in the reform process of the WHO Staff Health Insurance. The Committee had made every effort both to represent the interests of the retired staff in the reform process, and to keep AFSM members informed of the new developments. This unprecedented situation had given the Committee the opportunity to improve its strategy for communicating with members in the most effective and economical way.

Jean-Paul explained the need for the new post of Administrator in the Bureau and welcomed the visits, emails and letters by members of the Association, including their efforts to improve communications.

The report of the President was approved, including the new post of Administrator in the Bureau, and the participants expressed their thanks to the Executive Committee members for their increasing amount of work during the past year.

Financial report and auditor's report for the financial period 2009-2010

Jean-Paul Menu in his capacity as Treasurer for the financial period 2009-2010, presented the Association's assets, liabilities, income, and expenditure. He compared the income for 2009-2010 of CHF 18 220 with that of 2007-2008 of CHF 38 890. This situation was not alarming and was due to the following factors:

¹A copy has been distributed to all members and is available on the AFSM web site

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- the number of annual members (and the amount of their membership fees) in 2009-2010 was less than in 2007-2008, thanks to the efforts of Anne Yamada to encourage annual members to convert to life membership
- life membership had increased in 2009-2010 but contrary to previous biennia, only 1/12th of life membership contributions were recorded as income – the remaining 11/12th were recorded under liabilities as funds earmarked for future services required for life members: this new practice is similar to that used by the Association of Former International Civil Servants
- with regard to expenditure, the cost of the annual reception in Geneva was the largest item: WHO contributes about 15%, attendees contribute about 21% and membership fees cover about 64% of the costs.

The total assets of the Association were higher at end 2010 than end 2008. The assets of CHF 207 000 are being kept in reserve: in view of the current financial crisis it is prudent to keep as large a reserve as possible.

Charles Hager, AFSM Auditor, read out his report on the audit of the accounts for 2009-2010. He had found that the accounts were in order and the assets, liabilities, income and expenditure were correct and justified. The Assembly duly approved the financial report for 2009-2010.

Election of auditors for 2011-2012

In line with the AFSM Statutes, the Assembly elected two auditors for 2011-2012 - Charles Hager and Richard Saynor and thanked them in advance for their services.

Other business

- Inayat Khan referred to his



Other participants (see page 2)

autobiography on his work at WHO which can be found in the WHO archives

(www.who.int/archives/fonds/collections/special/former_staff_history/khan/en). He suggested that other senior staff about to retire be encouraged to consider writing an autobiography of their experiences: such works can be shared with the WHO archives and other interested parties.

- Ferdinand Littau mentioned the difficulties he had experienced as a retiree in trying to observe the World Health Assembly deliberations.
- Francis Kofi and Ferdinand Littau referred to the problems of the “courtesy badges” issued to retirees. However, the situation is the same as at the UN and other international organizations.
- Barbara Fontaine drew attention to the WHO Fitness Centre and suggested that the calendar of activities be put on the AFSM web site: retirees are welcome in the Fitness Centre classes.
- Robert Constandse proposed that retirees could be given a password to allow access to the WHO Intranet.

The Executive Committee took note of all the suggestions made by the participants and agreed to follow up as appropriate.

Closure

The Chairperson thanked the interpreters (Ursula Barter and Christian Stenersen) and the operator (Andrew Moyse) for their excellent services, and the President and other Executive Committee members for their hard work, including in preparing for the Assembly which had been a most interesting and worthwhile meeting.

Prepared by Sue Block Tyrrell, with input kindly provided by Michel Fèvre, Buntly Muller and Coby Sikkens



During the coffee break

INCOME AND EXPENDITURE ACCOUNTS 2009/2010*(in Swiss francs)*

Income		Expenditures	
Item	2009/2010	Item	2009/2010
Membership fees		Office current expenditure	98.55
Annual members)*	7 159.35	Bank charges	607.70
Life members (new and conversions) *	1 496.84		
Total membership fees	8 656.19	Annual receptions	10 490.00
Interest			
Interest on current accounts	83.35	General Assembly	600.00
Interest on saving account UBS	293.45		
Interest on saving accounts Mutuelle UN	2 696.35	Hospitality	44.00
Total interest	3 073.15		
Donations		Donation to Médecins sans Frontières	1 000.00
Donations for annual receptions			
received from WHO	1 564.55	Donations to Dixon family	409.95
received from participants	2 225.50		
Donations not earmarked		Expenditure	13 250.20
received from members	601.45		
received by closing Memory and Website accounts	2 100.00	Excess of income over expenditure	4 970.64
Total donations	6 491.50		
Interest on saving account UBS	18 220,84	Total expenditure	18 220.84

BALANCE SHEET AS OF 31 DECEMBER 2010*(in Swiss francs)*

Assets		Liabilities	
Item	31/12/2010	Item	31/12/2010
Current assets			
Current account UBS	26 595,92	Capital funds as at beginning of period	186 119,47
Current account PostFinance	15 441,60		
Cash	200,95	Excess of income over expenditure	4 970,64
Total current assets	42 238,47		
Investments		Capital funds as at end of period	191 090,11
Saving account UBS	49 042,65		
Saving accounts Mutuelle UN	116 274,25	Funds earmarked for life members**	16 465,26
Total investments	165 316,90		
Total assets	207 555,37	Total liabilities	207 555,37

* Contrary to previous biennia, we have only recorded as income 1/12 (1'496.84) of life membership contributions received during 2009/10. The 11/12 (16'465.26) do not appear as "income" but are recorded in the "Balance sheet" as "Funds earmarked for life members" to be used for the future services provided for life members. In the past the total life membership contributions were recorded under income and included under. In the past the total life membership contributions were recorded under income and included under capital funds.

Eighth Joint Meeting of the Staff Health Insurance, Geneva, 24-28 October 2011

The following is a summary of the main issues discussed at the Staff Health Insurance (SHI) Joint Meeting. It is important to note that all decisions taken at that meeting were in the form of recommendations to the Director-General (DG). We have been informed that all recommendations have been accepted by the DG.

Participants

Participants

The six regions were represented at the meeting (normally by a representative of the Administration, a staff representative and the Secretary of the Regional Surveillance Committee (RSC). Likewise, HQ was represented by three members from the Administration, three staff representatives on the HQ Surveillance Committee (HSC), Secretary HSC and Head SHI.

Retired staff were represented by David Cohen (for the first day) and Ann Van Hulle.

In addition, for selected topics, Dr. A.M. Worning, Executive Director from the DG's Office, ADG Administration, Comptroller, Chief Accountant, Director, Office of Internal Oversight Services, Actuary (via teleconference) and a representative of PricewaterhouseCoopers (PwC) attended.

Agenda

The programme was divided into 4 sessions:

1. Financial matters
2. Governance
3. Benefits including Long-term Care
4. Administration

1. Financial Matters

The first day was devoted to a discussion on financial matters. The Chief Accountant made a presentation outlining the problems faced by the SHI and explaining the key concepts of international accounting standards (IP-SAS) which will be adopted by WHO as from 2012.

The main problem facing SHI in the years ahead is the growing number of retired staff and an expected zero growth or reduction in the number of active staff. As a result of these population trends, the deficit in respect of retired staff (claims exceeding contributions) will grow significantly. The Actuary projects this deficit at almost USD 4 billion in 20 years' time based on the current rates of contributions.

Under existing SHI Rules, a reserve is maintained for current retired staff but there is no reserve for future retired staff. The Actuary recommends that in order to ensure long-term sustainability of the SHI, a reserve be set up for future retired staff. This means that contributions should be increased (for all staff (including retired staff) and the Administration (on a one-third/two third basis respectively). If such action is postponed, we risk being confronted with steep increases in contributions in

the future. In view of the above, the Joint Meeting decided by consensus to recommend an increase of

10% in the rate of contributions in 2012 and thereafter of 4% per year until such time as the deficit for retired staff is funded. The situation will be kept under regular review.

The Joint Meeting also agreed to propose that a premium be paid for all recognized dependent children for whom the staff member receives a dependency allowance or D rate salary.

A proposal had been put forward to change the premium structure for a non-dependent spouse so that the staff member/retired staff member would have to pay both the staff and the Organization's share of the contribution. We strongly contested the idea of applying such a rule to retired staff as the notion of dependency no longer exists once one is retired and such a change would violate an acquired right. It was finally decided to postpone any consideration of this change. Any future consideration should also examine the split in contribution for other categories of non-primary dependants.

The proposal to increase the minimum number of years for eligibility to after-service health insurance from 10 to 15 years was rejected by the Joint Meeting.

2. Governance

Governance was the subject of lengthy discussions as from the second day of the meeting.

Some regions expressed very strong views on the proposal to dismantle the RSCs and to replace them by a Global Standing Committee. It will be recalled that several members of the AFSM Executive Committee also had reservations on this proposal and we had recommended that any dismantling be postponed until such time as the new governance structure could be evaluated.

After discussion, the Joint Meeting agreed to the following recommendations:

Establish both a SHI Global Oversight Committee (previously named Global Management Committee) and a SHI Global Standing Committee.

Maintain the RSCs for the time being. Any decision to terminate any of the RSCs in the future would be subject to an assessment of the performance of the two global committees as well as an evaluation of the RSCs themselves.

Retired staff representatives would be elected by retired staff "at large". The modalities of the election would have to be discussed between the SHI secretariat and retired staff representatives.

Eighth Joint Meeting of the Staff Health Insurance (Cont'd)

Concerning membership, retired staff will be represented on the Global Oversight Committee by one member and one alternate member and by two members and two alternates on the Global Standing Committee. We recommended that retired staff representation should be reviewed again in the future as the number of retired staff increased in relation to active staff. **The Joint Meeting agreed with the recommendation that retired staff membership should be reviewed again in the future (and in any case as soon as they represent 50% of total staff) with a view to increasing their membership on the global committees.**

3. Benefits including Long-term Care

There were no significant changes to benefits recommended. Most of the changes agreed upon were to reflect in the SHI rules some current practices.

With regard to direct payments of medical bills, any medical bill representing 15% or more of the monthly salary (or in the case of retired staff of the full pension payable after 30 years of service) can be submitted to SHI for direct payment to the healthcare provider. We requested that the Secretariat review the feasibility of basing this entitlement on actual pension paid and not on a notional 30 year pension for those who had less than 30 years of service. The Secretary agreed to review this question.

Conclusion

The DG having approved these recommendations, this will have been the last joint meeting held. In our opinion, the participation and discussions were of a high level and from that point of view, we consider that the Joint Meeting has proven itself as an effective means of reaching consensus on required revisions to the SHI rules and practices both at this last meeting and at previous joint meetings. It brought together all parties involved in SHI decision-making.

Ann Van Hulle, David Cohen

On the important subject of **Long-term Care**, the Joint Meeting noted the Actuary's estimate that an enlargement of the coverage to include care provided by non-medical personnel would entail an increase in contributions of 20%. The Joint Meeting considered that such an increase was not acceptable at the present time. It was noted that SHI currently reimburses the cost of assistance provided by medical personnel up to a limit of USD 100 per day. Long-term care expenditure already accounts for approximately 10% of total expenditure (after adjustments of figures appearing in the 2010 Annual Report).

The Joint Meeting agreed with our recommendation that further studies should be conducted on Long-term Care (with input from AFSM) and that various options (including the possibility of a separate insurance (internally or externally)) should be examined.

4. Administration

The Joint Meeting reviewed the budget for 2012/2013 and agreed that some of the administrative costs related to SHI claims processing in the regions should be charged to the SHI Fund (in accordance with a decision taken at the 7th Joint Meeting). We recommended that the level of financial assistance should be motivated by efficiency and not just on current staff levels.

New members

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

Life members:

Jacques DEVILLE; Patrick KADAMA; Ruth MAILLEFER MOREIRA; Serge MOURLON; Gilbert PADEY; Marie-France ROUX; Dorothee ROVALETTI ; Victor SALVO

Annual members:

Kenneth LANGFORD; Catherine Soo Sim BROWNE.

Highlights of events over the past few months

24 October is World Polio Day. Since 1988, polio had declined from an estimated 350 000 cases to 1 349 reported cases in 2010. Only Afghanistan, India, Nigeria and Pakistan remain polio-endemic compared to over 125 polio-endemic countries in 1988.

- During the week of 7 November, WHO headquarters hosted the 6th Global Meeting of Heads of WHO Country Offices. Some of the specific meeting objectives were to identify success factors from past achievements which can be applied in similar country contexts; and to agree on the way forward to implement WHO reform in countries and support Member States to tackle the prevention and control of noncommunicable diseases and achieve universal health coverage.
- The world will soon have more older people than children. For World Health Day 2012, WHO will focus on preparing health providers and societies to meet the health needs of older populations. This includes preventing and managing age-associated chronic diseases; designing sustainable policies on long-term and palliative care; and developing age-friendly services and settings, so that older people retain their health and remain a resource for societies.
- A special session of the Executive Board was held from 1-3 November to review the proposed WHO reforms for a healthy future. The Board reached agreement on the broad proposals for reform which aim to better position WHO to improve health outcomes, create a greater coherence in global health and exercise its leadership functions as a more efficient, effective and transparent organization. The Board agreed that WHO's five core areas of work should concentrate on health development, health security, strengthening health systems and institutions, generating evidence on health trends and determinants.

The Board emphasized the intergovernmental nature of WHO and its unique mandate as the directing and coordinating authority for work in global public health. It supported WHO's engagement with an increasing number of public health actors, including foundations, civil society organizations, partnerships and the private sector, provided that WHO's independence and integrity were protected from undue influence by those with vested interests. Proposals were welcomed to strengthen the governance of WHO; develop criteria for priority setting; improve WHO's financing, with increased predictability and flexibility; establish a contingency fund for WHO's work in public health emergencies; strengthen country offices; facilitate collaboration across the Organization – clarifying the roles and responsibilities of the three levels – country offices, regional offices, and headquarters – to create a tightly networked, leaner and streamlined Organization; improve human resource policies; increase accountability to better measure the impact of health investments on health outcomes within countries; and develop an approach to independent evaluation. Some Member States expressed the need for caution in proposing the relocation of global functions to regional or country offices, and their concern about the dilution of technical expertise with further downsizing. The work done during the special session enables the regular January 2012 session to do the groundwork for taking specific reforms further, for presentation to the World Health Assembly in May 2012.

- The deadline for nominations for the post of Director-General expired on 15 November. Only one candidature was submitted – Dr Margaret Chan, proposed by the Government of China. The Executive Board in January 2012 will consider Dr Chan's candidature. and the World Health Assembly will decide in May.

Sue Block Tyrrell

Our health

28 billion dollars!

An article in Time magazine caught my eye: "Nutrition in a pill? I took 3,000 supplements over five months. Here's what happened". I thought that the subject might interest our readers.

The author of the article, John Cloud, said to himself: vitamins, probiotics (products supposed to improve or correct certain biological factors, such as yoghurts for intestinal flora) Omega-3 capsules, anti-oxidants – they can't do any harm, can they?

As each birthday arrives, new threats loom: arthrosis, Alzheimer, cancer....An enormous industry has grown in the field of prevention: 28 billion dollars a year are spent in the USA on food supplements (twice as much as in 1995: 5 billion dollars more for membership of fitness clubs).

Are they really effective? These supplements are not food, nor nutriment nor drugs: they are subject to no particular regulations, nor surveillance. A new word has emerged in English in recent years: *nutriceuticals* (a combination of nutriment and pharmaceuticals). "I hit 40 last year" said the author; "I decided to follow a diet of *nutriceuticals*." He did a blood test in January, contacted a specialised firm to which he submitted his biological results as well as some facts about his medical history, his eating habits and his lifestyle. The computers of the firm digested all this information and he received in return a nice box of various products accompanied by explanations and a plan for taking the pills: 8 in the morning, 8 in the evening, and 6 others throughout the day. He took his 22 pills a day for five months.

The "morning health package" consisted of 4 types of pills, each containing several ingredients: Vitamin C, manganese, glucosamine phosphate (used to fight arthrosis) an antioxidant, vitamins A, B6, B12, C, D3, E and K as well as 19 other ingredients. What do these substances consist of? No governmental agency defines them. According to a 1994 law, the US government defines as a food supplement all vitamins, mineral or plant (as well as some other more obscure substances) intended to be absorbed to complete regular alimentation. The FDA (Food and Drug Administration) can only intervene after an additive has been marketed, even if it is proved that it is risky. FDA has only forbidden one substance since 1994 – ephedrine, a slimming aid, which is dangerous in cardiovascular terms. In fact, the problem is not safety – nearly all the substances are inoffensive – but the reality of their action: they are not worth the money spent to acquire them.

Since the discovery in 1912 of the first vitamin, named B1, the history of adding to ordinary food pills or powders of vitamins, mineral salts, plant extracts, yeast, etc has been unclear scientifically and controversial in political terms. Many distinguished scientists have expressed great scepticism. In 1940 a famous cardiologist from Columbia University described the vitamin

industry as the shadiest racket ever foisted on the population.

Certain studies showed that an excess of anti oxidants was harmful to the organism. The five months of treatment over, John Cloud did a new blood test. It showed a few changes. The concentration of vitamins was higher, in particular vitamin D; while it had been just under the normal lower level, it had risen a little above. But this raised the question of the value of what was considered to be the normal lower level; it is in fact uncertain: the benefits of the treatment became questionable. The other parameters: glucose, mineral salts, etc., had not changed to a statistically significant degree. His weight had gone from 77.1kg to 81.6kg and the author had to let out his belt a notch; the explanation seemed to be that taking substances to which was attributed a protective value unconsciously led to more dietary transgressions, and to more self-indulgence: more frequently a sweet soda rather than mineral water, more often French fries rather than green vegetables, chocolate rather than fruit, a "fish" capsule rather than actual fish, etc. Of course you can take vitamins if you are convinced that they are good for you; this would indeed be the case if you really have a deficiency.

Scientifically speaking there is another way to absorb vitamins: eat in a balanced manner and with moderation.

Samy Kossovsky

Health snippets

Superbroccoli, cardiovascular diseases and some cancers

The John-Innes Centre and the Institute of Food Research (IFR) of Norwich (United Kingdom) have developed a “superbroccoli” enriched with an ingredient known to combat cardiovascular diseases and certain cancers...Broccoli is known for its anticancerous properties. British researchers obtained through cross-fertilisation a broccoli boosted in natural components good for health.



The research started with a wild broccoli discovered in 1983 which possessed high levels of a component called glucopharanin. The super broccoli, named “Beneforte”, already on sale in the UK, contains two to three times as much glucopharanin, which transforms into active molecules (sulforaphan) on contact with intestinal flora. This active component helps to reduce chronic inflammations and to fight the development of certain cancers.

To be eaten several times a week

Several studies have shown that regular consumption of cruciferae (broccoli, cauliflower, cabbage, brussel sprouts) can prevent certain cancers. The broccoli, if consumed several times a week, diminishes the risk of colorectal cancer, and cancers of the stomach, lung and prostate.

To retain all its qualities, it must, however be eaten raw, cooked in water, or pan-fried. It is also effective against cardiovascular diseases. According to Professor Richard Mithen of IFR “our research has given us new knowledge regarding the role of broccoli and similar foods and shows how this knowledge can lead to the development of more nutritive varieties of common vegetables.”

David Cohen

1. www.jic.ac.uk/ et www.ifr.ac.uk/

Caffeine and Cancers

It was already known that caffeine was protective against ultra violet rays of the sun. To explain this, researchers at the Faculty of Medicine of Seattle, USA, demonstrated that in mice genetically modified to inhibit the function of



the protein ATR¹, responsible for the multiplication of cells of the skin damaged by the sun, cancer of the skin developed later than in the control group of mice. The results of this research indicate that the protective² effects of caffeine against UV rays, is probably explained by the neutralisation of the protein ATR during the precancerous stage, before the skin tumour is fully developed.

According to the researchers, applications of caffeine on the skin could help to prevent the development of cancers. Moreover the caffeine absorbed the ultra violet rays, acting as a sunscreen. Skin cancer is the most common cancer in the USA with over a million new cases diagnosed annually, according to the National Institute of Cancer. Most are not melanomas – the most serious form – and are very often curable if the diagnosis is made sufficiently early.

DC

1 ataxia telangiectasia, Rad3

2. Protection from UV-induced skin carcinogenesis by genetic inhibition of the ataxia telangiectasia and Rad3-related (ATR) kinase
Proceedings of the National Academy of Sciences of the United States of America, 11.10.2011

More about vitamins and other supplements

Dietary supplements and other vitamins, taken in an ill-considered manner and without a precise medical reason (such as proven deficiency) could be at the origin of an increase in mortality in women of a certain age. This is what emerged from a study¹ carried out on 38 000 women over 50 years of age who had taken supplements during the previous two decades. This study did not take into account other possible factors. Multivitamins, folic acid, vitamin B 6, magnesium, zinc, copper and iron, in particular, seem to increase the risk of death...

According to the authors, dietary supplements have changed their objective: instead of preventing deficiency they claim to promote well-being and prevent illness. They warn: “We consider that for all the nutriment, the risk comes from doses that are too weak or, on the contrary, too high.” Helen Bond of the British Dietetic Association warns that certain persons, particularly the elderly, may need some supplements, such as Vitamin D which is recommended for those over 65 years of age. But, she adds, in general all the necessary vitamins and minerals can be absorbed from a balanced diet. Some people take the supplements like an insurance policy, believing that they are inoffensive “But too large a quantity can be toxic and it is easy to inadvertently exceed the daily recommended dose.”

DC



1. archinte.ama-assn.org Dietary Supplements and Mortality Rate in Older Women: *The Iowa Women's Health Study*; [British Dietetic Association](http://BritishDieteticAssociation)

Point of view

Consider the lobster¹

Is it all right to boil a sentient creature alive just for our gustatory pleasure?

What does “all right” even mean in this context? Is it all just a matter of individual choice? A group, called People for the Ethical Treatment of Animals, thinks that the morality of lobster-boiling is not just a matter of individual conscience. They tell us the lobsters die in terrible pain and you shouldn’t eat them.

According to marine zoologists, it usually takes lobsters between 35 and 45 seconds to die. Time-thrifty cooks sometimes microwave them alive. Some chefs cut the lobster in half before cooking; others tear off the claws and tail and toss only these parts in the pot. “The nervous system of a lobster is very simple, similar to the nervous system of the grasshopper. It is decentralized with no brain”. “In humans it is the cerebral cortex that lets us feel pain, and lobsters’ brains don’t have this part.” As you know by experience, if you touch accidentally a hot stove you yank your hand back before you’re even aware that anything’s going on. This is explained by the fact that many of the processes by which we detect and avoid painful stimuli do not involve the cortex as they take place in the spine.

Similar reasoning underlies the practice of what is termed “debeaking” chickens in factory farms. Commercial efficiency requires that enormous poultry populations be confined in unnaturally close quarters where birds go crazy and peck one another to death. “Debeaking” is usually an automated process and chickens receive no anesthetic. This is similar to “dehorning cattle” in commercial feedlots, cropping swine’s tails in factory hog farms to keep psychotically bored neighbors from chewing them off.

Questions: how different kinds of animals feel pain, and whether and why it might be justifiable to inflict pain on them in order to eat them?

“Since pain is a totally subjective mental experience, we do not have direct access to anyone or anything’s pain but our own; and even just the principles by which we can infer that others experience pain and have a legitimate interest in not feeling pain involve hard-core philosophy—metaphysics, epistemology, value theory, ethics”.

The fact that even the most highly evolved nonhuman mammals can’t use language to communicate with us about their subjective mental experience complicates our reasoning about pain and morality to animals. It gets

progressively more abstract as we move into cattle, dogs, rodents, birds, fish, and finally invertebrates like lobsters.

The animal-cruelty-and-eating issue is quite uncomfortable to me but....

My own way of dealing with this unpleasant conflict has been to avoid thinking about it. It is too much to bear.

Imagine a “Festival” including watching live cattle driven down the ramp of a truck and slaughtered right there under your eyes—there’s no way.

Let’s return to our lobster. However stuporous the lobster seems to be when you buy it, it tends to come alarmingly to life when placed in boiling water. You see its claws over the kettle’s rim like a person trying to keep from going over the edge of a roof. You can also hear the cover rattling and clanking as the lobster tries to push it off. The lobster behaves very much as you or I would behave if we were plunged into boiling water (with the obvious exception of screaming).

Some pretend that the pain is not distressing to the lobster or something they want to get away from. But the lobster’s behavior by trying to get out of the kettle appears to be the expression of a *preference*; and it may well be that an ability to form preferences is the decisive criterion for real suffering.

Are animals less morally important than human beings?

When it comes to defending such a belief, I have to acknowledge that I have a selfish interest since I like to eat certain kinds of animals and want to be able to keep doing it, and I have not succeeded in working out any sort of personal ethical system in which the belief is truly defensible.

Is my refusal to think about any of this the product of actual thought, or is it just that I do not want to think about it?

I am not preachy. What I really am is confused.

But, to me, eating a lobster is now out of the question. Even the most diehard carniphile will acknowledge that it’s possible to live and eat well without consuming animals.

But to modify drastically my eating habits built up since birth is certainly quite a difficult prospect. I’m curious about whether the QNT reader can identify with any of these reactions and discomforts.

JJ Guilbert

Should we make animals suffer in order to satisfy our gustatory pleasure?

¹ These are my thoughts based on an article by David F. WALLACE in *Gourmet* August 2004. David F. Wallace was a prolific writer, depressive; he hanged himself, age 46, on 12 September 2008. His style, full of irony and humour, broke with narrative linearity by frequent use of lengthy foot-notes. Mixing abbreviations and ancient words his prose was qualified as “labyrinthine”. (*this text contains many quotations from him*).

In and around Geneva

Influenza vaccination

As every year, since several years ago now, the free influenza vaccination session for retirees in Geneva met with the usual success.

215 people were vaccinated during the sessions held on Tuesday 11 and Tuesday 18 October.



In addition to the main objective of protection against influenza, these sessions enable retirees to meet up with each other, see former colleagues and perhaps enjoy a coffee together. This is one more reason for their continuation.

David Cohen

The WHO Fitness Centre

Membership in the WHO Fitness Centre is open to all WHO staff, retired staff, and their spouses; the cost is CHF 20 per year. New members can join at any time and membership is renewed every year at the annual enrolment session held in early September in the WHO main building foyer. A membership card can be obtained from the membership secretary--call AFSM for contact information,

The International Civil Servants Mutual Association (formerly MEC)

is offering season tickets at a reduced rate for the Geneva public transport system UNIRESO and the Swiss railway CFF. Contact: Office 8-214, Door 20, Palais des Nations, tel. +41 22 917 0071.

Cité Seniors

Invites you to make new friends over a coffee, find useful information and documentation, participate in seminars and debates, use the internet, take a course or discover new interests, For more information and the schedule of activities, visit the web site: <http://www.seniors-geneve.ch/>

Monthly lunches in Ferney-Voltaire

Friendly lunches are organized on the last Monday of each month at Chez Toni (Café Voltaire), 8 Grand'rue, Ferney-Voltaire at 12 noon. The initiative was launched by AAFI/AFICS and all retired international staff are welcome. The restaurant is inside the café, opposite the bar, on the left. We look forward to seeing you there! Next lunch will be on 31 October.

Coffee mornings in Nyon

Sunset restaurant¹, opposite Nyon station 10 – 12 noon

Dates for the first half of 2012 are:

Tuesdays – January 17 and April 17: Wednesdays – February 15 and May 16

Thursdays – March 15 and June 21.

We hope that you can join this friendly group of former UN staff.

1. We apologize for omitting the name of the restaurant in QNT85

Comment : Dr Inayat Khan : inadvertently the link to the web site for the autobiography of Dr Inayat Khan was wrongly cited in QNT85. With our apologies. The exact link is :

http://www.who.int/archives/fonds_collections/special/former_staff_history_khan/en/index.html



17th Annual Solidarity Fair

Now a tradition

The WHO/HQ staff celebrated its 17th Annual Solidarity Fair on Wednesday, 14 December 2011. AFSM collaborated with the Staff Association, as it has done for a number of years through Roger Fontana, long time member and former President of AFSM. This year, apart from informing staff on its work, AFSM also held a tombola organized by Maria Dweggah and Sue Block Tyrrell, members of the AFSM Executive Committee. The lucky winner of the basket was Catherine Michel-Baussay, Assistant to the Office of the Ombudsman. Total benefits from the tombola of CHF 350 will be donated to the Staff Association Solidarity Fund.



As many of you may recall, the first Fair was held in December 1995 following the call for the RIF (reduction in force), whereby a number of staff lost their jobs and at least 17 support staff had their posts cut in half. Profits from this event were used to create the WHO Staff Association Solidarity Fund. For the past 16 years, the Fund has helped staff in need as well as a number of charities, through grants and interest free loans. **Maria Dweggah**

International Agency for Research on Cancer, Lyon (IARC) Seminar on preparation for retirement

Our objective has always been to bring the goals of the Association to the attention of the greatest number of future retirees. Since quite some time ago, the WHO

Association are thus being shared with all WHO offices around the world.

For the first time, in September 2011, we were also invited to take part in a pre-retirement seminar at the International Agency for Research on Cancer in Lyon. The seminar was organized on a similar basis as those in Geneva and about 15 participants attended.



We presented the three goals of the Association (Support, Represent and Inform). Many questions were raised on Health Insurance and a video conference facilitated dialogue with Claude Hennetier-Rossier in Geneva.

We would like to thank Dina d'Amico, Human Resources Officer, for her welcome and we

administration has included a session for the Association in the annual pre-retirement seminars held in Geneva. In 2011 Headquarters produced a CD of the pre-retirement seminar for use in the Regional and Country Offices and we were invited to take part in the filming. We are delighted that the advantages of joining our

in human resources management, for her welcome and we wish all these young retirees a long and happy retirement.

Jean-Paul Menu

The European sky for January - March 2012

Wherever you are in the world, Orion the Hunter stalks through your skies at this time of year. The line of three bright stars of Orion's Belt are unmistakable, and the whole figure advances from east to west through the sky as the night draws on, and indeed as the season progresses.

This slow movement must have helped the ancient storytellers who would have pointed out to their listeners around camp fires that Orion is clearly advancing on Taurus, the Bull, who constantly backs away from him. The Belt points northwest to the bright red eye of Aldebaran glowing in the V-shape of the bull's head, which today we call the Hyades star cluster. And faithfully following Orion through the sky are two dogs, Greater and Lesser, with their stars Sirius and Procyon. Orion's Belt points southeast to Sirius, the brightest star in the sky.

Even Sirius is outshone at the moment by the planets Jupiter, over to the west, and Venus, which follows the Sun down in the western twilight. Mars rises in the east in late evening. It is closest to Earth at the beginning of March, and although this year it is not particularly near, this is the best time to view it through a telescope. You might just get a glimpse of its south polar cap and some markings on its disc with a magnification of about 100.

You can get more sky news from the Society for Popular Astronomy website: <http://www.popastro.com/youngstargazers/skyguide/>.

Article kindly provided by the British Society for Popular Astronomy

In memoriam

Chand N KAUL passed away on 24 October 2011 in New Delhi.



I first met Chand Kaul on a visit to AFRO where he was working as AFO. I could instantly see that he was admired not just for his professionalism but also for his interaction with other WHO staff and friends. I remember going to the market with him and other WHO

colleagues on a Saturday morning to do some of the weekly shopping. It was a real communal outing and I could see that he enjoyed it.

Shortly afterwards in May 1991, Chand moved to HQ on promotion to the post of Chief of Finance and I had the honour and pleasure of working within his Finance team from then up to the moment of his retirement. Chand had many fine qualities. Apart from his well recognized pro

fessional competence, he was an excellent leader who knew how to motivate his staff. He never showed the slightest favouritism which meant that we worked as a real team. He had an incredible capacity to remain calm and pleasant even under the most stressful circumstances. Though he knew how to be firm when needed, I never once remember him to show real annoyance. In spite of his total commitment and loyalty to WHO, Chand was a person who managed to strike a balance between office and private life. He always made himself available for his family when required.

When Chand reached retirement, he seemed happy to be able to return to New Delhi with his wife in order to be with other family members and friends. I met him there a few years later when I was working as DAF in SEARO and he came to visit me in the office. From time to time, we met at the Delhi golf club although I never dared to venture onto the course with him as I knew he was known to be a very good player!

Ann Van Hulle

Chand had a great sense of humour which diffused any confrontational situation which might arise. His deep, authoritative but calm voice was always effective and his open-minded approach was appreciated by all.

We grew closer after retirement and I deeply regret that this friendship was cut short by his passing away.

Our sympathy goes out to his wife, Raj, daughter Namrata in India, sons Navin and Nitin in London, his son-in-law and two daughters-in-law and his six grandchildren. Chand will be missed not only by them but by his many other friends in India and around the world."

Sova Bhandary

Eveline Bennett died on August 25th 2011.

She was an intelligent, energetic person and these characteristics served her well in the tough situations she faced whilst working in some of the world's poorest countries.

We met at the WHO Regional Office for Africa when Eveline was working in Northern Nigeria. As the only WHO staff member, she became a partner in the local health team improving and extending a Community Health Service. Later, when I visited Nigeria after she had left, staff spoke affectionately of Eveline and her contribution to health care development. She also worked in a similar capacity in Afghanistan, India, Libya and Western Samoa.

Following her retirement Eveline enjoyed the gatherings of nurses, WHO retired field staff, which took place almost every year, in Western Europe until 2007. Her last outing at age 93 was to Poland. Eveline had many interests and travelled to many parts of the world. Sadly, her sight began to fail and she became blind. Undaunted she carried on, learned braille, and to use a computer.

Eveline had an interesting background. Losing both parents at an early age, she was placed in an orphanage. At age 3, she was adopted by Emmeline Pankhurst, the leader and pioneer of the Suffragette Movement campaigning for Votes for Women. Eveline and three other girls were transferred to a wealthy home, cared for by nurses and governesses. Later, the girls were sent to boarding school. Eveline loved it as it was the first time she experienced stability. However, her happiness was short-lived as Emmeline ran out of money. At age 16, the girls were sent for re-adoption or fostering to different parents. Eveline was very unhappy and ran away at age 18. Eventually, she was able to enter a school of nursing, followed by midwifery training. After a period working in England, she joined the Red Cross in Kenya. It was from there that she joined WHO. Eveline was a generous person giving of her time and funds to help people and she leaves behind many friends.

Elizabeth Barton

In memoriam

John Edward Dowd passed away on 26 September 2011



John Edward Dowd, known as Ed Dowd to his friends, passed away in Geneva on 26 September at the age of 84. He joined WHO in 1966 as a Statistician and was a prime mover in the area as part of a new Division of Research in Epidemiology and Communication Sciences established in 1966. With the winding up of the Division, he moved to the Statistics Division and continued there until his retirement. He was a pioneer in the use of mathematical models in epidemics and created innovative approaches in the study of the elderly. He continued his work after retirement and was funded by the US National Center on Ageing. Ed was a very cheerful man, full of stories and joie-de-vivre.

He leaves behind his wife Mira and many family members who remember him fondly. He will be sorely missed.

Dev Ray

Dorothy Hall passed away on 11 November 2011.

Dorothy's first WHO posting was in Thailand in 1950 and she served in SEARO as Regional Nursing Officer from 1957 to 1967. She was the Regional Officer for Nursing and Midwifery in EURO from 1973 to 1981 when she retired and returned to Canada.

Following her analysis of the situation of nursing/midwifery in the European Region, Dorothy developed the first six-year Medium Term Programme for Nursing/Midwifery, the corner stone of which was her "Position Paper on Nursing". The programme had four components, including the Multinational Research Project on the needs of people for nursing care. Its implementation was made possible thanks to the creation of the very first ten Nursing Collaborating Centres in Europe and in fact within the six WHO Regions.

Dorothy's persistent plea for the development of research-based nursing practice, education and management, including appropriate legislation, convinced a number of leading European personalities and decision-makers to invest in the development of nursing in their countries and to support the implementation of the Medium Term Programme by providing funds to EURO/NUR.

Dorothy came back to Europe in 1985 and attended, with great joy and satisfaction, the WENR Conference in Vienna at which the Directors of the Collaborating Centres pre-

sented the final research reports of their respective country studies. The overall report of all the involved countries had been prepared by Dr Marie Farrell and was published by EURO under the title "People's Needs for Nursing Care. A European Study". After her retirement, Dorothy continued to invest her energies in the development and introduction of Nurse Generalists into health services. One such project was the "Joint Danish-Newfoundland Project" and a second one had been requested and sponsored by the Ontario Governmental Health Authorities.

Dorothy is certainly remembered by all the European nurses who had the privilege to meet her, listen to her most foresighted lectures or to work with her. We could say that the seeds sown in Europe at the time of the first Medium Term Programme have risen and grown. They have led to the quality of today's nursing practice, education, legislation and evaluation programmes within the nursing services of the Region. Europe has greatly benefited from Dorothy's presence. We are most thankful for her most constructive contribution which now enters into history and should not be forgotten. Her enthusiasm for the profession serves as an inspiring model for future generations.

Elisabeth Stussi, former Regional Officer, EURO/NUR

Celestin GANTIN September 2011; Predrag MICOVIC 11 September 2011; Joan BUSH Taylor 13 August 2011

My two loves: my country and...

Malta: Jewel of an island in the Mediterranean

Coming from India I have got close to Malta through marriage and many visits.

It is a fascinating island – full of history and contradictions. Two countries cannot be more dissimilar as well as similar. Malta, along with its two other islands, is slightly more than 300 sq km. India, on the other hand, is more than 3 million km or 30,000 times larger. Malta's population is around 400,000 while that of India is close 1.2 billion or 3,000 times. Malta is not a rich country but its per capita GDP is around USD 24,000 while that of India is around USD 1,200 (or USD 3,300 PPP).

Malta has megalithic temples going back to 5,000 BC or about 7,000 years ago. Some of these temples are constructed with huge stone blocks but by whom? The early inhabitants must have come by sea but left no written or hieroglyphic record except these fantastic temples and the associated sculptures – one being the fertility figure or “the fat lady”. They built a hypogeum – a set of underground caves chiselled out of rocks – in which they probably buried their dead. Anything extra-ordinary could have wiped out the population of the island – e.g. the tsunami around 1700 BC caused by the volcanic eruption of Santorini. Since then, Malta has been visited - or occupied - by the Phoenicians, Greeks, Romans, Arabs and Normans as it lies on the trade routes



Valetta Bastion from Sliema

in the Mediterranean. However, its recent fame is as the abode of the Knights of the Hospital of St John of Jerusalem – who were driven out Rhodes by Suleiman the Magnificent and were then given this barren island in 1530 by Charles V of Spain in perpetuity against an annual payment of a Maltese falcon. The

Knights became famous for the valiant defence of the island against a huge Turkish armada sent by the same Suleiman in 1565 AD. Malta then stood between the Saracen Empire and the Christian Europe. More recently, the island also showed its resilience during the Second World War against Italian and German aerial onslaughts. India also had an ancient civilization – as the caves in Bhimbhetka near Bhopal where earliest paintings are supposed to be around 12,000 years old. Its Indus valley civilization flourished around 2500 BC, the Vedic-Aryan period from 1500 BC and then a se



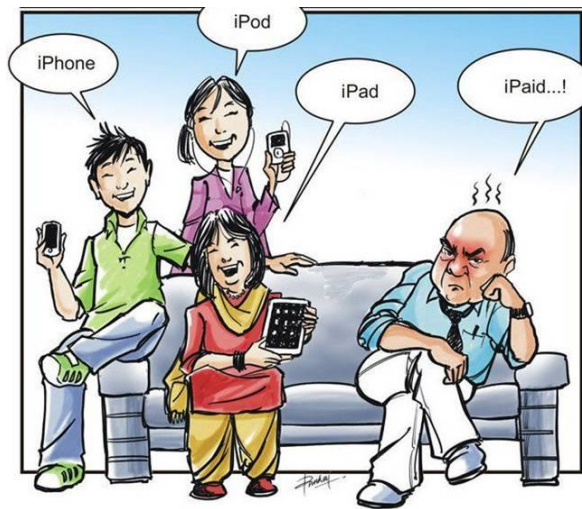
Tarxien Temple

quence of empires until the Muslim conquest around 1400 AD. Both Malta and India came under British rule although Malta became British later.

As for current common characteristics both are quite religious. In Malta, at every turning there is some religious symbol – whether a church or the name of a saint – all Catholic. India is also full of religious structures – temples and mosques – in every village and town. In both countries, people are proud of their heritage. Both countries are moving towards a materialistic culture and increasing wealth – perhaps for the middle class. In both these countries, what matters more is who you know rather than what you know. While corruption in India has become pandemic, in Malta it is still under wraps. Both countries drive on the left – not surprising given the British heritage but share similar chaos and indiscipline on roads. Finally the people tend to be friendly except on the road.

Dev Ray

On the lighter side



Oh listen pretty one

Pretty one, let's see if my aching bones,
Which this morning weigh like heavy stones,
Since the alarm cut off my slumber deep,
Abruptly ending my night of sleep,
Will loosen up, let me move with ease
After some exercise, I pray so, please!
See how life puts me to the test,
Alas, I really need to rest.
My aches and pains do not improve,

Alas, they confine me, I can't move.
How cruel is nature as we age,
Pain herds us steadily towards a cage.
So, listen pretty one, from today make room,
Whilst your beauty flowers in full bloom,
Make the most of life, enjoy
Your youth, ere the years attack, destroy.
From the roses of life take your fill
Before age presents its bitter pill.

With poetic license, translated from French by
Sue Block Tyrrell

pcc Pierre de Ronsard (Mignonne, allons voir si la rose...)

Readers' Corner

Dear Dr Cohen,
As you know, there was informal "Self Help" group for a number of years, the last few still meet for coffee/lunch at the Buffet de la Gare in Geneva on the first Friday of every month. Margaret Baker and I soon learned, happily, that the social services in Geneva and neighbouring France are so good that very few people had problems that needed the help of former colleagues. There have been desultory discussions over the years on what might be helpful and I would now like to put forward a suggestion.
Filling in the health insurance claim forms is always a chore - with advancing age, I find it more difficult to organize all those bills and receipts. What about AFSM calling for volunteers to help those who have real problems in filing their claims? The Committee obviously couldn't take on the job but could arrange for the coordination of offers and needs in this area but also perhaps elsewhere in the world where there are a many retirees living close together.
Readers of QNT, please let the Committee know if you think this would be a good idea.

Rosemary Bell

RED: Thank you Rosemary: yes, the idea is a good one. The Committee and others will be informed.

To : Dr. Jean-Paul Menu and Dr. David Cohen.
Warm greetings, hoping that all members of the AFSM Committee, especially the Editorial Team of the AFSM Quarterly News, and their families are well and enjoying good health. I wish to express to the Editorial Team my congratulation and appreciation for the wonderful issues and the contents of the AFSM Quarterly News which I receive regularly and really enjoy reading its articles and learn about our previous WHO colleagues.
As I did in the previous years, I wish to inform you that I have transferred the sum of USD 200... reflecting my yearly contribution to support our AFSM Quarterly News. May I seize this happy occasion to convey to you and to all members of the AFSM Committee and their families me and my wife Leila's regards and good wishes for the coming X-Mas, wishing you all good health and happiness all through the coming 2012 New Year.
HAPPY NEW YEAR
With kind regards. **Dr. Khaled Mneimne, Beirut, Lebanon**

RED: Many thanks, Dr Mneimne for your kind appreciation and your constant generosity. We wish you also a very happy New Year.

