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 cruise group

In the Canary Islands
(5-12 January 2013)
Photos of the cruise (see pages 12 and 15)

Volcanos (« Montañas de fuego ») in Timanfaya Park, Lanzarote

A view of La Palma

Mount Teide in Tenerife (more than 2,000 meters)

San Bartolomo Church, Gran Canaria

Riding on dromadery back

Gala dinner

The photos of the Gala dinner are from P. Carteret

See other photos in the French version
Dr Hiroshi Nakajima, WHO Director General from 1988 to 1998, died on 28 January at 85 years of age (see next page). As is so often the case, his management was praised by some and criticized by others. Dr Nakajima achieved a lot especially after Dr Halfdan Mahler, very popular after 15 years at the head of the Organization. Well, Dr Mahler will be 90 in April this year. We would like to associate ourselves fully with the tribute prepared by Dr Socrates Litsios, and send him our best wishes for long life in good health. Your new Committee continues to work for the interests of all the retirees and strives to meet your expectations. The new management structures of the Health Insurance are being put in place after a little delay. We hope they will give full satisfaction to those insured with SHI whether or not they are members of our Association. We remind you of the names of your representatives elected to the Global Oversight Committee: Ann van Hulle and Cläs Sandström (alternate) and Global Standing Committee: Marjory Dam, Jean Paul Menu and Carol Collado and Françoise Héry-Persin, (alternates). It is encouraging to note that all the representatives are members of our Association or a sister Association (AFSM/PAHO).

DC
Death of Dr Nakajima

Dr Hiroshi Nakajima, Fourth Director-General of WHO from 1988 to 1998, passed away on 26 January, 2013, in Poitiers, France.

Hiroshi Nakajima was born on May 16, 1928 in Chiba, Japan. He received his M.D. from Tokyo Medical University, Japan. After studying psychiatry and pharmacology at the University in Paris, he returned to Tokyo Medical University to earn a PhD in medical sciences. He spent the next seven years in research working in the Institute of Health and Medical Research in Paris. He then became research director for Nippon Roche, the Japanese subsidiary of Hoffman-LaRoche.

He joined WHO in 1974 in the position of Scientist, Drug Evaluation and Monitoring. In 1976 he became Chief of the WHO Drug Policies and Management Unit. In this position he played a key role in developing the concept of essential drugs as Secretary of the first Expert Committee on the subject. The programme was further reinforced by Dr Halfdan Mahler, the then Director General.

In 1978, the WHO Regional Committee for the Western Pacific nominated Dr Nakajima as Regional Director, an office he held for two consecutive terms until 1988 when he was elected Director-General of WHO. He served two terms as Director-General until 1998 when he stepped down. He had very close ties to the countries of the Western Pacific, including Philippines, and strongly supported the passage of the Philippines Generic Law to facilitate the use of generic pharmaceuticals in the country.

He led WHO in its fight against infectious diseases, including AIDS, tuberculosis and dengue fever. He boosted the WHO programme on health and environment and initiated the Organization’s work in emerging and re-emerging diseases. He also enlarged the Organization’s efforts on preventive medicine and vaccinations for children, as well as the fight against polio. He was remarkably prescient about the use of technology and information sciences in the health sector.

His decade-long term at the head of WHO became somewhat controversial, marked by accusations in the western press of undue influence by Japan in his elections as the first Japanese to head a United Nations agency.

The Executive Board and the current Director-General – Dr Margaret Chan – paid tribute to Dr Nakajima for his contribution to world health on 28 January 2013. Dr Nakajima is survived by his wife and two sons.

Dev Ray

Some personal reminiscences:

Fernando Antezana (DDG under Nakajima):
I always remember his invariable interest in the wellbeing of developing countries as well as the poor segments of populations and stressing the need for intensive north-south cooperation. I am sure that most of those who knew him will remember him as a very gentle and friendly person. Perhaps the future will be much fairer to him in assessing his accomplishments.

Jean-Paul Menu (former Emergency Coordinator):
I have a vivid memory of him visiting war devastated Rwanda and refugee camps in August 1994. He was the first Head of a UN agency to do so. Arriving clearly exhausted after a gruelling flight, his physical courage earned him admiration and respect from all present. A high point of his visit was a banquet offered by the top brass of the UN peace-keeping forces, consisting of canned sardines and army rations.
The 90 years of Dr Halfdan Mahler

Readers of the WHO Quarterly News know that Dr Mahler presided as WHO’s Director General for 15 years (1973-1988).

During this time his name became associated with the development of the Primary Health Care (PHC) approach, the advocacy of Health for All by the Year 2000, the development of an essential drugs programme, the creation of the Tropical Diseases Research programme, and the adoption of the International Code of Marketing of Breast-milk Substitutes. This period has rightly been called ‘a golden age of WHO’; the eradication of smallpox further added to WHO’s lustre.

Dr Mahler joined WHO in 1951 after having completed his medical studies in 1948 and served as Planning Officer for a mass BCG vaccination in Ecuador from 1950 to 1951. He spent almost ten years in India as Senior WHO Officer attached to the National Tuberculosis Programme.

Mahler’s experience in India made him realize that the control of tuberculosis had to be part of a broader approach to health and well-being. As Chief of the Tuberculosis unit at HQ (1962-1969) he became an advocate of integrating WHO’s vertical disease-control programmes into the basic health services. He also promoted the use of systems analysis in the work of WHO and health systems development. This led to Dr Candau appointing him Director, Project Systems Analysis (PSA), a position he held until being made, in 1970, Assistant Director-General responsible for PSA and the Divisions of Research in Epidemiology and Communication Sciences, Organization of Health Services, and Family Health.

His election as Director-General in 1973 coincided with important global developments, which included UN Reform efforts at country level, the onset of the New International Economic Order, the entrance of the World Bank in the war on poverty, and an inter-agency approach to rural development.

WHO, under Mahler’s leadership, contributed to these global developments. He challenged leaders in other sectors to become more sensitive to the central place of health in socioeconomic development, as well as to the Constitutional role expected of WHO as THE co-ordinator of global health. He also called upon political leaders to make tough choices in favour of health, choices that often went against the vested interests that make up national and international health.

On his appointment, Dr Mahler urged health professionals to broaden their functions and apply their skills to the most pressing needs. He employed the phrase ‘health for all by the year 2000’ in 1975, urging us to view health in the broader context of attacking social poverty, which he described as ‘a pernicious combination of unemployment and underemployment, economic poverty, scarcity of worldly goods, a low level of education, poor housing, poor sanitation, malnutrition, ill health, social apathy, and lack of the will and the initiative to make changes for the better’. In June 1975, he called for ‘leadership in social and economic development aimed at bringing the right solution to the right problems with the right amount and quality of resources at the right time and place’. These personal ideas preceded the 1978 Conference held in Alma Ata which set out the policy of improving the well-being of all peoples.

Mahler’s vision for WHO and for the health of all people was severely tested in the early 1980s and several decades had to pass before Mahler’s vision was to return to the central stage of global health. The People’s Health Movement, which Mahler ardently supports, along with many other progressive voices, have helped keep the message of Alma Ata alive. Today, there is as much enthusiasm, if not more than ever before, for the ideas to which Mahler has dedicated his life.

All of his many global health fans join in thanking him for how he has enriched our lives and wish him the best of health on the occasion of his 90th birthday.

Socrates Litsios
Our health

Common cold: a good traditional packet of handkerchiefs and saline water (0.9%)?

Winter is the time of colds and respiratory diseases. It is unpleasant to have a congested head and stuffed nose! There is a big temptation to fetch from the pharmacy any medication that would release the symptoms rapidly, and to use largely respiratory decongestants. However, be aware that these medicines, over-the-counter or under medical prescription, are not without side effects and contra-indications.

The cardiologic and neurologic negative side effects of vasoconstrictor decongestants (éphédrine, naphazoline, oxyméthazoline, phéniléphrine, pseudoéphédrine, tuaminoheptane) commonly used to release cold symptoms have been known for a long time. In France, the nasal sprays are obtainable only under medical prescription, whereas oral tablets can be obtained over the counter. Since the 1990s, these medicines have been subject to several “pharmacovigilance” studies, with similar findings (Prescrire, a medical journal February 2013). Some very serious side effects have been highlighted: myocardial infarction, cerebrovascular accidents, occurring sometimes in young patients. These negative side effects occur more often with oral medications than nasal sprays, when the duration of treatment and maximum dosage are not respected, and when administered jointly with other medications containing vasoconstrictor decongestants.

For information please see the commercial brand names of some medicines containing vasoconstrictor decongestants:

- **Nasal sprays**: Aturgyl®, Deturgylone®, Derinox®, Humoxal®, Néosynéphrine®, Pernazene®, Rhinofluimucil®, Rhinamide®, Rhinosulfuryl…
- **Oral medications**: Actifed®, Actifed LP rhinite allergique®, Humex Rhume®, Dolirhume®, Hexarhume®, Nurofen rhume®, Rhinureflex®, Rhinadvil®, Rhumagrip®, Sudafed…without forgetting Lemsip Cold and Flu® and Neo-citran®

NB: Prorhinel® and Rhinotrophyl® do not contain vasoconstrictor decongestants.

So, be careful if you are being treated for coronary disease, if you have suffered a cerebrovascular accident, if you are being treated for hypertension, diabetes or hyperthyroid, if you are suffering from ocular hypertension (risk of glaucoma) or uretral prostatic problems (risk of acute urinary retention). Alcohol consumption is also inadvisable.

Furthermore, one should be more vigilant regarding the elderly who are more prone to the negative side effects of the vasoconstrictor decongestants (orthostatic hypotension, vertigo, sedation, confusion, constipation, urinary retention).

To summarize, needs to be balanced against benefit of solving a temporary discomfort (unpleasant of course!) the risk of side effects. When in doubt seek the advice of your treating physician, or stick to saline water and a pack of handkerchiefs.

Dr Pascale Gilbert-Miguet

Sources: journal Prescrire, OTC safety.org; www.medscape.com/viewarticle/484014, and many other sites

The DG writes to us

At the end of 2012, Dr Margaret Chan wrote to us regretting she could not attend our reception «but I would like to take this opportunity to wish you every success with the reception and look forward to our continuing collaboration to support the interests of former WHO staff»
A new CEO, Sergio Arvizú of Mexico has taken over the responsibilities of UNJSPF from Bernard Cochemé. The most recent actuarial study indicates that there is an actuarial deficit of 1.87%. The figure has to be taken with a pinch of salt since actuarial studies are based on a myriad of assumptions – from projections of future life expectancies to inflation rates. For instance, the real rate of return on investment is assumed to be 3% per annum after deducting for inflation and the rate can vary quite a lot. However, when all these assumptions are fed into the model to estimate future revenues and liabilities, a figure emerges which is marked by a false sense of accuracy by being quoted up to two decimal figures. A few changes in assumptions can easily change the estimated deficit. It is said that a figure of +or – 2% should not cause any undue worry.

A working group has been appointed to look at the long-term sustainability of the Fund. Also, the Pension Board had proposed to the UN General Assembly to raise the normal retirement age to 65 which would halve the deficit. The UNGA has, in principle, agreed to do so for those joining in 2014 or later but left the final decision to its session in the Spring of 2013. Also, a change in the accounting system would further reduce the deficit.

The Fund’s financial health is robust – its assets are of the order of USD 46.1 billion – the highest so far. While the value of the assets fell to a low of USD 33 billion during the financial crisis, it has fully recovered. In 2012, the contributions to the Fund and its payment of benefits or pensions are fairly balanced and were USD 2.192 billion and USD 2.128 billion respectively. In other words the investments of the Fund are not being used at all to pay for the benefits.

The rest of the seminar dealt with practical questions and answers as provided by Aliamane. For instance, many retirees are afraid that their pensions will be suspended if they do not return the annual certificates of entitlements (CE) sent out in October. It was pointed out that in case of non-receipt of CE’s a reminder is sent in January and the pension is suspended only in June if that also remains without response. The quarterly statements of pensions are sent out only in case the pension changes, but there is often a delay in sending them since two other services are involved – the UN Distribution service for putting them in envelopes and the UN postal service for mailing them. In order to reduce these concerns, it is strongly desirable for those with access to computers to register themselves with the Pension Fund and to access their personal data with a PIN code sent by the Fund.

The Pension Fund also generates attestations at the request of retirees e.g. the total annual pension, the period of contributions and the period of receipt of pensions – with or without the specified amounts. Aliamane also explained the forms to use for changing Bank details, the currency of payment (one of 15), and the residential address. It was stressed that the Bank details should be carefully checked and a RIB (relevé d’identité bancaire) sent, which ensures that the correct IBAN is specified. Some banks levy a charge for receipt of pensions particularly if it is in a currency which is not the local currency of the bank.

In order to ensure that the survivor’s benefit is paid on the death of a retiree, it is strongly suggested that personal files be completed with certificates of marriage, of birth, a proof of identity (e.g. passport or identity card) attested by a UN staff member or the mayor’s office. The surviving spouse has to exercise a choice re the double track pension and forms can be pre-filled and sent to the pension office for possible future use.

Finally the Geneva office is now accessible by Skype (address “unjspf.geneva”); hence telephone calls from anywhere in the world are free provided the retiree has downloaded Skype and has access to internet. It is becoming clearer that retirees will have much more access to all their details if they can use internet.

Dev Ray
Staff Health Insurance

SHI Claims processing at HQ

We have recently learnt that SHI claims processed at HQ are now distributed among the staff dealing with claims by date order rather than by alphabetical order. This means that there is no point in contacting a particular individual regarding a particular claim. Queries should be addressed by email to insurance@who.int or by telephone (022)7911818.

Interfon Complementary Insurance

Retired staff who have complementary insurance with Interfon to cover the portion of expenses which are not reimbursed by the WHO Staff Health Insurance (SHI) (i.e. normally 20% share) have been surprised by the steep rise in Interfon premiums as from 2013. According to the information received from some of our members, Interfon has stated that the increase was necessary due to the increase in claims’ expenditure. One of the problems which Interfon has pointed out to some members is the fact that unlike some other international organizations, WHO SHI members affiliated to Interfon claim catastrophic expenses from Interfon rather than from their primary insurer (which is WHO SHI). This of course results in higher claims for Interfon.

In view of the situation, Interfon has informed WHO retired staff who are members of Interfon complementary insurance that it will no longer cover catastrophic expenses covered under paragraph 202 of the SHI Rules. Interfon has provided an attestation concerning their new policy so that it can be passed on to SHI.

We have referred this matter to the SHI Secretariat and their comments are awaited.

Details of the definition of catastrophic expenses and the reimbursement rules can be found in the SHI Rules booklet. The relevant paragraph is 202. In addition, paragraph 204 which specifically deals with reimbursement from other sources is also relevant.

Until such time as we hear more from the SHI Secretariat, we can only recommend that SHI members who have complementary insurance with Interfon, send the Attestation they have received to SHI requesting confirmation that such expenses will in future be covered by SHI if Interfon refuses to reimburse them.

Ann Van Hulle

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On the lighter side

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Meeting of Chaplin and Einstein

-- What I most admire about your work, said Albert Einstein, is its universality. You do not say a word and yet everybody understands you.

-- That is true, replied Chaplin. But your glory is even greater: the whole world admires you, although nobody understands you.
WHO Staff Health Insurance:

What are the elected retiree representatives doing?

I am pleased to give you a brief update on our activities. We have been told that the new structures (Global Oversight Committee and Global Standing Committee) will be in place later this year. Without waiting, we have already been consulting with the WHO Staff Health Insurance Administration (SHI). While our primary role will be to contribute to the healthy management and functioning of the Insurance, we have a particular responsibility towards our “constituency”, retirees, surviving spouses and dependants affiliated to SHI (henceforth referred to as “retirees”). Above all, we want to assist the Administration in ensuring that retirees are treated on equal terms with serving staff in so far as access to information related to SHI is concerned.

One key element is therefore to improve communication with the retirees. Serving staff are physically close to the Administration which informs them through the internal network “intranet”. Retirees do not have that access and other means have to be devised to ensure that they receive official information in a timely fashion.

Early March several of us had a meeting with Claude Hennetier Rossier, Coordinator Health Insurance and Pensions. Much to our regret, there have been delays in sending out information to retirees. However, during our meeting, the reasons for the delays were explained and seemed legitimate to us. We were told that very soon all retirees will receive by mail a package of useful information together with the usual statement concerning their contributions for 2013. At the same time, they will be provided with information on the results of the election of retiree representatives to the global committees. Those who have access to internet will also be invited to provide an email address, as a first step towards a better access to information. Later this year they will also receive the revised SHI rules.

While SHI will do its best to improve speedy information to all retirees, our Quarterly News (and when appropriate our information letters) will continue to serve as an informal medium of communication with our members.

Of course not all retirees are members of our association but many others have joined sister associations, such as AFSM (Washington) and AFSM (New-Delhi). The SHI Administration welcomes our efforts to help disseminate information.

As in the past, we remain at your disposal to assist you individually and to liaise with the Administration. Please also refer to Ann Van Hulle’s article in this issue.

Jean-Paul Menu

1 Carol Collado (on the phone from Washington), Marjory Dam, Françoise Hery-Persin and Jean-Paul Menu. Although unable to attend, Ann Van Hulle provided valuable inputs for the discussions.

WHO Bookshop

The new-look WHO Bookshop is open for business in the Main Hall of WHO Headquarters. It will continue to offer a wide selection of WHO publications. They will be sold at a discount of 50% to staff members and visitors. A large collection of WHO postcards commemorating milestones in the Organization’s history and CD-ROMs are also available. WHO souvenirs are also a very important part of the Bookshop. Drop in to the WHO Bookshop or have an idea of what lies in ‘store’ at http://apps.who.int/bookorders
January 2013 Session of the Executive Board

The 132nd Session of the Executive Board was held from 21 to 29 January. This was preceded on 17 and 18 January by a meeting of the Programme, Budget and Administrative Committee which considered the proposed Programme Budget among other items. The Board coincided with the death of Dr. Hiroshi Nakajima, Director General Emeritus, who passed away on 26th January.

Much of the following is derived from an official account of the Board session by the Director General (e-mail of 1 February to all staff) but some personal comments are interspersed. The Board is now attended by not only the elected members, but also observers from other member states, other international institutions and many NGO’s. There were nearly 900 registered participants although not all spoke. However, this makes the deliberations more time consuming. Some of us have commented on the progressive shortening of the length of the Board and the Assembly during the past decades, from three weeks to one week. This shortening has been performed by the rich and powerful member states under the guise of economy, when it has been perhaps a subterfuge for them to dominate more forcefully the deliberations since they are represented by bigger delegations and permanent missions in Geneva.

The Board began with a series of items on NCDs (non-communicable diseases), including a global monitoring framework, an action plan for prevention and control of NCDs; a mental health action plan; and action plans for blindness and disability. A second group of items considered the MDG’s (Millenium Development Goals) and the place of health in the post-2015 agenda. It is clear that the targets of MDG’s will not be achieved by 2015 in many countries. The proposed programme budget (PB) for 2014-15 and the draft twelfth GPW (general programme of work) (2016-2021) were discussed. The lack of specificity in the PB was remarked on but here the Organization is faced with a dilemma of reporting either in too great detail or in great a level of generality – both inviting adverse comments. However, the connections between the GPW and the PB are not clear enough. The Board did not think that the proposed PB reflected adequately the priorities identified earlier and even convened a meeting of only the members of the Board without the Secretariat to discuss the PB.

The proposed 12th GPW is a progressive step in outlining the priorities of the Organization in more meaningful terms and the formulation of a goal of Universal Health Coverage rather than Universal Health Care. However, it is still not well-defined and the tendency of some of the health advocates to define it in financial terms alone exposes some of the problems. While the financial coverage is a major element in universal health coverage, it is particularly so in free-market health service countries (e.g. so-called “Obamacare” in the USA) rather than in those where the state plays a major role.

There was considerable discussion on other proposals for WHO reform including relationships in partnership arrangements and with NGO’s. Some of these considerations will continue including the working methods of the governing bodies. The Board appointed Dr Carissa Etienne of Dominica as Regional Director of AMRO/PAHO replacing Dr Mirta Roses of Argentina whose term of office had come to an end. The Board was very ably chaired by Dr Joy St John of Barbados. WHO seems to be at the front edge of gender equality – currently the Chair of the Board, the DG and two RD’s being women.

New members

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

Life Members
Amsalework BEKELE, Patrick William FALLON, Cecilia HVEDDING, Elizabeth HARALDSDOTTIR-THOMAS, Henrica JANSEN, Van To NGUYEN, Cathy WOLFSHEIM

Conversion to Life Member:
Ruth E. SCOTT-SMITH, Nadia SHOIB-HAMDY

Annual Members:
Catherine ELLEKJAER, Judith CIANCI

Two other new members did not wish to have their names in QNT.
News from WHO

Highlights of events over the past months

- At least six people working on a polio vaccination campaign were shot dead in Pakistan on December 17. All WHO staff are safe and accounted for, but staff and partners on the ground and across the world stay shocked and saddened. These deaths follow the shooting and death of a WHO-supported polio campaign community supervisor in Karachi, during the first day of Sub-National Immunization Days.

- In December 2012, WHO and other UN Agencies received an award from UNEP for their intersectoral work in promoting chemical safety. WHO had identified a group of 10 chemicals of major public health concern To know more about those chemicals see http://www.who.int/ipcs/assessment/public_health/chemicals_phc/

- January was marked by the 132nd session of the Executive Board, reported elsewhere in this issue.

- In January, WHO reported unprecedented progress against 17 neglected tropical diseases, thanks to a new global strategy, a regular supply of quality assured, cost-effective medicines and support from global partners. The report Sustaining the drive to overcome the global impact of neglected tropical diseases reveals new momentum has shifted the world closer to the elimination of many of these conditions that take their greatest toll amongst the poor. More on it at www.who.int/entity/neglected_diseases/en/

- On 18–19 February WHO and the World Bank co-hosted a ministerial-level meeting on Universal Health Coverage (UHC). UHC is about ensuring that all people have access to services that promote good health, prevent illness, offer treatment and rehabilitation. To read about universal health coverage: www.who.int/universal_health_coverage/en/

- According to new global estimates on prevalence released by WHO for International Ear Care Day on 3rd March, more than 360 million people in the world have disabling hearing loss, One in three persons over the age of 65 years lives with hearing loss. Although hearing loss from ageing can often be helped with hearing devices, there are not enough produced to meet the demand.

- The International Women’s Day was observed on 8 March. The 2013 UN theme for the Day is: “A promise is a promise: Time for action to end violence against women”. On International Women’s Day, WHO reinforced its commitment to addressing gender inequality, promoting women's empowerment and improving their health at all stages of life. More about it on http://www.un.org/en/events/womensday/

- On April 4 2013, the theme for World Health Day 2013 will be on high blood pressure. High blood pressure- or hypertension- increases the risk of heart attacks, strokes and kidney failure. Uncontrolled blood pressure can also cause blindness and heart failure. The risk of developing these complications is higher in the presence of other cardiovascular risk factors such as diabetes. One in three adults worldwide lives with hypertension. You can follow the World Health Day 2013 campaign on WHO’s website at: http://www.who.int/world-health-day/en/
Future of WHO hangs in the balance

David Legge of Australia has written an article in the BMJ outlining why WHO is declining into irrelevance.

He states that member states are tying much of their voluntary contributions to specific programmes thus reducing the ability of WHO to respond to challenges in a holistic fashion. His analysis regarding the growth of voluntary contributions as compared to assessed contributions is sound and well reasoned. The assessed contributions, or those that countries are obliged to pay, have reduced in proportion from 80% in 1978 to 25% in 2011 as a proportion of total revenue. Since assessed contributions have remained relatively constant during the last 25 years, and the need for WHO interventions is increasing, the shortfall is made up by seeking voluntary contributions over which the donors like to maintain control.

However, his primary concern with the donor dependence simplifies the issue. What is forgotten are the progressive politicization of the Organization whereby the public health officials from member states are giving way to political representatives and affecting the selection of staffing of the Organization. The Directors General and the Regional Directors are also subject to similar political pressures for their elections and are bending to the demands of member states even when they are in contradiction to the global policies.

The current efforts at reform are well intentioned but will bear fruit only when member states are willing to subjugate some of their own interests and directions to the collective will for progress. Unfortunately, he who pays the piper calls the tune and it is no different in WHO. A more threatening development is the growth of multiple institutions and bodies that are being established outside the purview and control of WHO – e.g. the Global Fund, the UNITAID, etc. They are drawing interest from that assigned to WHO earlier. In addition, the leadership of WHO has also not measured well in proposing and sustaining global visions which made WHO a catalytic presence in global public health earlier. The fate of primary health care is an illustration in this respect.

Comments by Dev Ray on David Legge’s article in BMJ 2012;345; October 2012

Cruise to the Canary Islands, 5–12 January 2013 (see photos page 2)

This cruise, undertaken with the Compagnie CroisiEurope was, as usual a big success. The group comprised 23 participants.

We flew from Paris to Tenerife where the boat "La Belle de l’Adriatique", already used for the cruise to Croatia, awaited us. We visited 6 of the 7 main islands that make up the Canaries.

The island of Fuerteventura, that we did not visit, is known mainly for its beautiful beaches. All the others have particularly interesting volcanic scenery, full of contrasts, and a number have been classified by UNESCO.

The tour began with Gran Canaria with its very varied scenery and microclimates which have made it one of the most popular tourist destinations in the world, called the "miniature continent". Then on to Lanzarote with Timanfaya national park, their "mountains of fire", a fascinating work of nature: an active volcano (and a restaurant which uses the heat from the volcano to cook its meat).

(Cont’d page 15)
Talking about art

Francesco Guardi 1712-1793, Museo Correr, Venice, 29 September 2012-17 February 2013

To mark the tercentenary of his birth, the Fondazione Musei Civici di Venezia devoted a large retrospective to Francesco Guardi, reflecting the long and complex artistic career of one of the last great masters of Venetian painting. At his death he had fallen into oblivion. His works were rediscovered in France in 1850 in the wake of the rococo style.

His success was such that it offset his traditional inferiority compared to Canaletto. The Fondazioni assembled 121 works from the greatest museums of the world. The exhibition followed a chronological path from the paintings of his youth to views, landscapes and “caprices”, to parties, and views of Venice in his mature years. In fact, he began by copying the work of other great painters of the past. His first paintings show his exceptional gifts of observation and he began to observe his inland city in the “new style” of the painter Pietro Longhi, very well known at the time. The paintings Il Ridotto and Il Parlatorio delle monache di San Zaccaria are anthological; they contain all the typical elements of life such as the Venetian mask, lovers, salons, in precise detail. He continued to paint places where important events took place such as the Convegno diplomatico (meeting of diplomats), amazingly topical. The most interesting section of the exhibition was certainly that dedicated to views. The concentration of these works for the first time enabled comparison and differences over time to be noted. The phase of experimentation of views, which ends with paintings such as the Piazza di San Marco from the National Gallery in London, or the Bacino di San Marco from the Metropolitan Museum of New York, corresponds to a period of ten years – his 40s-50s. The organisers wanted to bring together landscapes and “caprices”, even if they are found throughout his career, to highlight his originality compared to painters from the same region. He took the engravings of others that his eye like a magnifying glass transformed and developed into original creations. This is the case with the landscapes of l’Ermitage of St. Petersburg. The case of the “caprices” is different: he started from a real landscape and introduced an element of fantasy. Guardi was also the last painter/chronicler of the festivals and rituals of Venice as seen in Il Bucintoro a San Nicolo del Lido at the Louvre.

The exhibition ends with works from later years where the very personal style of Francesco Guardi becomes ever freer, the perspectives mobile to the point of deformation with no link to reality. This is most apparent in the Regata sul Canal della Giudecca at the Alte Pinakothek at Munich in Bavaria. This new style has led him to be viewed as a forerunner of impressionism.

Laura Ciaffi Preti

La regata sul Canal della Giudecca
Publication

Je voudrais que son nom apparaisse partout (I should like her name to appear everywhere)  
18E. 192 pages Editions L’Harmattan http://editions-harmattan.fr (in French only)

What is lurking behind the wealth of culture of our colleagues? Often, unusual destinies, sometimes, tragedies. At ease in many circles but belonging to none, is how Marion Deichmann, former Personnel Counsellor at WHO, defines herself, having inherited the breakup of her family in the 1930s.

Child at the heart of genocide, Marion Deichmann, whose life was marked by the war, speaks both sincerely and simply of the feelings of loss and guilt which she suffered following the arrest of her Mother, before her eyes, during the raid on Vel d’Hiv on 16 July 1942. She was sweetness, the arts, knowledge. My world collapsed on that dark day...

Marion Deichmann invites us on the inner journey of a child born several weeks before the coming of Hitler and her reconstruction over the years and across several countries, culminating in this passionate and very moving book, I should like her name to appear everywhere, in which she has finally been able to put her story into words.

EXTRACT

“My Mother and I went to a fair in the spring of 1939. Two things happened. One was happy because I won a large doll which turned its head to left and right while walking. The other was troubling: a gipsy approached my Mother and took her hand to tell her fortune. She told her several things and then said that she would pass through fire. My Mother was alarmed by that apocalyptic vision and did not move for a few moments. I had, of course, heard this omen but did not understand it. Moreover, I do not know whether my Mother was able to rationalize it. The camps of Dachau and Buchenwald already existed and the fortune teller probably guessed my Mother’s or my origin. However, at that time the crematoriums did not exist. We went home sadly…”

Catherine Michel-Baussay

This poignant narrative, which combines the souvenirs of a little girl caught in the torment of an era which is beyond her understanding (beyond everybody’s), and memories of historical events, will leave no-one indifferent. It took nearly 70 years for the surviving victims or their descendants to finally be able to speak and mourn. Reading this sober and moderate narrative, one can only ask oneself: why? Is there no limit to human barbarity?

I highly recommend this book which I found immensely moving.

David Cohen

Readers’ Corner

Dear Sirs,

I can see myself in the photo No.1 on the left at the top (photos of the December reception) with my fibreglass cane standing upright (Silver Prize at the Lépine competition). I was 90 years old on 12 October and I hope to come back again this year. I was a bit disappointed not to see Mr. Fontana. Also, Jacques Hamon from VBC, and all the old friends from that unit which has since disappeared, as have many of the team.

Warm greetings to all

Best regards / Cordialement / Un saludo / Cumprimentos / Saluti / Χαιρετισμούς / تحيات

Dr. Pierre Jolivet
Dear Editor,
Following the International Conference on Primary Health Care held in Alma Ata, USSR, in September 1978 "primary health care" became the buzz word in the late 70s and early 80s. It was the mantra for everything: all health activities were to be carried out under the umbrella of primary health care. The health worker at the periphery was to take on the role of a multipurpose member of the health team.

However, smallpox eradication was carried out successfully as a vertical, special programme. The leprosy control programme and the polio eradication programme (which is nearing successful culmination), also followed a similar pattern.

In the late 50s and for the next two decades or so, emphasis was on strengthening of public health administrations in many (developing) countries around the world that attained independence recently, and WHO provided considerable support to these projects. Even today health services at the periphery in many countries need strengthening.

Is PHC receiving the same priority these days? I do not hear much about primary health care nowadays (I hope I am wrong). What is the current status of PHC in WHO? With shifting of priorities (malaria, tuberculosis, etc.), did WHO focus move away from PHC? Should WHO revisit this area in this century?

What is the current status of Health-for-All and HFA/2000--now that we are in 2013 (am I a Rip van Winkle!)?

May be in the new nomenclatures, the above two got submerged?

JV Perumal

Cruise to the Canary Islands (Cont’d)

A camel ride on the slopes of a volcanic cone. The cruise continued to El Hierro called the "nature reserve of the biosphere". The smallest island but offering a wide variety of scenery, from the dry "lajiaries"and the volcanic formations of the south and west to the spectacular valley of El Golfo with its vineyards and irrigated cultures, passing through the fertile fields of the centre and the north, the prairies and the central plateau to the orchards of the south. We visited the ecomuseum of Guinea and Mirador de las Penas with an exceptional view of the valley of Golfo. Then on to the island of Palma with its terraced plantations and luxurious vegetation. Then to Gomera, with its typical villages and the national park of Garajonay, declared a heritage site by UNESCO, and finally the Island of Tenerife.

The Teide national park situated in the centre of the island of Tenerife provides the perfect example of vegetation of the supra canary layer. With an average altitude of over 2000 metres, it is one of the most spectacular examples of volcanism in the world. Created in 1954 on account of its unusual biological and volcanic features, at 18 990 hectares it is the largest national park of the Canary Islands.

The atmosphere on board was friendly and congenial, with entertainment every evening, in particular the crew evening, a folklore show and other distractions. A lecturer described nearly every evening the history and geography of these very interesting islands, the first inhabitants of which were the Guanches from North Africa in prehistoric times. A gala dinner with dancing ended this interesting cruise.

As usual, with CroisiEurope the food was excellent in quality and quantity.

David Cohen
In memoriam

Who, in the old guard of WHO, to which I have belonged for 15 years, remembers Bruno Doppler?

A very likeable person, fiendishly efficient in settling travel claims when he was working at Headquarters, then Brazzaville and then Ouagadougou, and full of life. Ready to flirt with anyone in a skirt who passed nearby, he was always ready to relate amazing tales such as having a liaison with a German passenger in a night train from Geneva to Bayonne! That was Bruno. We pretended to believe him much to his delight. One anecdote among many others. From his vineyard in the Bordelais, coming and going between Hossegor, Biarritz and Saint Jean de Luz, we remained in contact.

After the death of his wife, Irène, he struggled on at Biarritz until he resigned himself to moving into a retirement home in Bordeaux, near to his children Pascal and Brigitte. It was there that we were planning to visit him in early October when he asked us to delay our visit as he was not feeling well, and was about to be hospitalized. He died on 30 October, a few days after his 94th birthday. Ciao Bruno. We shall miss you.

Jean Claude Lataste

Madeleine Brown-Chaillet worked for WHO for more than 25 years. My mother was a global citizen long before the word globalization was a commonly used word, and she valued her global career at WHO. She had seen it all from the old building to the new one, the field offices and back. She retired from WHO in the early 1980s, but was never very far. My mother entertained numerous long time friendships with many WHO staff members both in Geneva and abroad, and some of her dear friends are are still working at WHO. She passed away on January 2nd after a long illness. She will be sorely missed by her family and many friends.

Caroline Straessle-Brown

Andrew (Rikk) Davis passed away peacefully in his sleep during the night 9-10 January 2013.

Dr Andrew Davis BS (Bachelor of Surgery), MD with distinction, Life member of the Swiss tropical Medicine Society, was a research physician of international repute, integrity and passion. He was a scholar activist and physician first and foremost.

In between climbing the Kilimandjaro in the then second time ever; medical officer in an ascent of Everest; rugby, cricket and poker, squash, and skiing; in addition, he also exhibited a showman’s love of jazz, playing double bass and piano, to fund his studies and later to captivate audiences from Brazil to Shanghai, usually accompanied by a shared bottle of wine, beer or champagne. His musicality was rooted in an enthusiast’s encyclopaedic knowledge and love of the jazz standards.

During a distinguished career, he was awarded the Ranken Lyle prize; the gold medal of the University of Durham for clinical obstetrics; the silver medal of the Société de Pathologie Exotique, Institut Pasteur, Paris; Sir Richard Christophers’ medal of the Royal Society of Tropical Medicine and Hygiene and the medals of Akademia Meddycznna, Poland, and the Vth Congreso National de Parasitologia, Salamanca. After a long career with the Medical Research Council, Rikk was offered a post at the World Heath Organization, and by retirement in 1989, he was Director of the Parasitic Diseases Programme, having also served as Assistant Director-General supervising six major areas of tropical medicine.

The cremation and family commemoration took place at Oxford Crematorium.

Zbigniew Pawlowski

Other deaths

Peter BEALES; Inayat KHAN; Abdoulaye KANE; Aldo LANDI