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


The “Hippocratic tree” planted at WHO HQ in 1973 by Dr Candau (see page 2) the then Director-General (see page 2)

Other pictures are shown on page 2 and in the French pages

See Dr Gunn’s article on page 18
Dr Candau planting the Hippocratic tree

The real Hippocratic tree in Cos (Greece)

Photos from Sue Block Tyrrell and William Gunn

(See the other plaques in the French pages)
EDITORIAL

Elections for the Executive Committee will take place this year, as usual in October. We are hoping that new candidates will apply, especially younger retirees who can bring fresh ideas and energy to strengthen the team (see the poem by Sue Block Tyrrell on page 11).

Our annual reception will be held this year, on a trial basis, on 2 October, rather than at the usual time in December. This is in response to requests from several members who no longer venture out after dark and of course an earlier event should avoid the December snow and ice threats.

The new health insurance committees are now operational and functioning normally. The retiree representatives are active and working hard to improve our benefits. We will keep you informed of their efforts.

We are pleased to hear that our newsletter is becoming more and more appreciated and we encourage you to send us articles, stories of your travels, poems, pictures etc.

With warmest wishes to all our readers.

DC
**Health Insurance News**

**Complementary insurance/catastrophic expenses**

Those who have purchased complementary insurance to cover their co-payment (i.e. share borne by the participant) of medical expenses will be pleased to hear that, as from January 2014, the WHO Staff Health Insurance (SHI) will reimburse catastrophic expenses for such persons. This means that the complementary insurance will no longer be expected to reimburse the co-payment beyond the insured person’s catastrophic limit under the SHI scheme. As a consequence of this decision, the cost of the complementary insurance should be less as the risk is considerably reduced for the company providing such insurance. This should apply to companies such as Interfon who had previously informed WHO/SHI retirees that they were obliged to increase their premiums because of a few very expensive “catastrophic” cases. As a result of the change, Interfon should review their premiums with a view to lowering them. We thank all those who brought this problem to our attention and we are pleased that we could find a satisfactory solution in coordination with the WHO/SHI Administration who were understanding to our concerns in this regard.

For those who are not familiar with catastrophic expenses, they are defined as follows in the SHI Rules.

**Catastrophic expenses (paragraphs 202 and 203 of the SHI Rules)**

“An additional reimbursement will be made if, during the 12-month period prior to the date of reimbursement, the share borne by a staff member or a retired staff member themselves in the cost of services in Appendix B¹ (flagged as included in the catastrophic expenses calculation) on behalf of themselves and their eligible family members, calculated on the amounts and dates on which the reimbursements were made, exceeds their catastrophic limit. This additional reimbursement will be paid at 100% of the difference between that share borne by the staff member or retired staff member and his/her catastrophic limit.”

The catastrophic limit varies from person to person because it is based on the amount of the pension benefit and years of service. Details of the calculation for retirees can be found in the SHI rules (sub-paragraphs 203.2 and 203.3). It is important to note that the calculation is automatically made every time you submit a claim to SHI and if payment of catastrophic expenses is due, it is processed and appears on the same reimbursement advice as the claim itself.

It is also important to note that certain categories of expenses are excluded from the calculation (for example eye glasses, hearing aids, dental care, psychotherapy, etc. etc.) For full details, readers should refer directly to the SHI rules.

In view of the catastrophic benefit rule, participants are well covered under the Staff Health Insurance in the case of major medical expenses when the co-payment can be very high.

**Hospital accommodation**

In case of hospitalization, it is important to be aware that there are limitations in the amount which will be reimbursed for accommodation in private hospitals or clinics. Details can be found in Appendix B, paragraph B150 ¹.

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¹. This appendix refers to the new SHI rules which will be shortly distributed
Health insurance news (Cont’d)

A maximum regional daily rate is established each year. These should be communicated to the participants. If hospitalized, SHI can provide information on the current limits in place for a given area. We are working with the SHI Administration to make this type of information available through internet or by other means to the retired staff population. Active staff already have access to some information through the WHO intranet.

Global Oversight Committee

As readers may be aware, the newly-created SHI Global Oversight Committee (GOC) normally meets twice a year. The next meeting will be held in April and will be devoted mainly to financial matters. Prior to that meeting, a working group established by the GOC to study strategic options for the Staff Health Insurance will meet in March. The undersigned is a member of that working group. We thank those who have already expressed their views on relevant matters which will be taken up at the working group.

Ann Van Hulle-Colbert

Global Standing Committee (GSC)

The Committee is now meeting monthly, which is a great improvement from the HQ Surveillance Committee in the past. The Secretariat and the members of the Committee are making every effort to deal with all individual cases referred to the GSC. Representatives of retirees or their alternates (Marjory Dam, Françoise Hery-Persin, Carol Collado and myself) are present at all meetings of the GSC.

By now, all participants in the WHO Health Insurance (SHI) will have received from SHI their annual statement of contribution together with the confirmation that the revised SHI Rules (effective in January 2014) are currently being translated and printed and will be sent to you shortly.

Representatives of retirees were assured that, after a long wait, options are now being actively pursued to permit access to SHI information by all retirees, at least for those who have access to internet. In the meantime, information on SHI matters will continue to be provided in the Quarterly News to AFSM members and to those participants who contact us for information and/or assistance.

Once again, I urge all our members who are insured by WHO to provide their email addresses to SHI.

Finally, we thank those of you who have started to use the “generic” email address of the Representatives of retirees to send us comments and suggestions.

Jean-Paul Menu

Save the date: Our annual reception will take place this year on a trial basis on 2 October at 17:00 and not in December as usual (see Editorial).
Our health

Our intestine: a "second brain"?

Sterile at birth, our intestine is little by little colonised by billions of bacteria (round, stick-like, spiral) ten times greater in number than our cells. The intestinal microbiota (intestinal flora) is increasingly considered as an entirely separate organ. Recent studies highlight and clarify the links between our intestinal bacteria and our brain.

As in blood groups, each of us possesses his/her own collection of bacteria, divided into three groups or enterotypes. Together the genomes of these microorganisms constitute the human intestinal metagenome.

These bacteria are called commensals ("which eat with us"); they feed on our dead cells, mucous, and food residues. They play a role in regulating different functions of the organism. They are also involved in synthesizing vitamins or immune functions.

The digestive immune system

A balanced intestinal flora is the ideal support for the immune system. Commensal intestinal bacteria guarantee the correct production of immune cells and immunoglobulins, thus guaranteeing also immune balance. Our immune system aims to defend us against external attacks: bacteria, abnormal or toxic cells. It has the ability to distinguish between "self" and "non-self". When everything works it is an admirable machine which fulfils its role. But sometimes it makes a mistake (or is tricked) and it starts to produce antibodies which attack its own organs or tissues: auto-antibodies attack and damage the tissue or the targeted organ. Damages cascade creating serious lesions and disturbing certain metabolisms resulting in what are known as auto immune diseases.

Formed during birth from maternal faecal and vaginal flora this non palpable organ, which nevertheless can weigh as much as two kilograms, ensures the essential functions for the host which permanently harbours it. These microbes contribute to converting food into nutrients and energy, as well as synthesizing vitamins essential for the organism. They also participate in the maturation of the immune system. Recent experiments with mice shed new light on the role of intestinal microbiota in several non digestive human pathogens, some of which are linked to brain functioning (Parkinson’s, Alzheimer’s and others).

Thus, our digestive tract contains an army of microbes which work for us by, in particular, playing an important role in fighting infections. The intestinal flora can also be implicated in certain diseases. For example, it is modified in people suffering from Crohn’s disease or haemorrhagic rectocolitis (inflammatory diseases of the colon). According to recent studies, this is also the case for obesity which is related to a dysfunction of the intestinal flora. This new research opens up exciting perspectives and leads us to hope that one day we will be able to master the genesis of several diseases.

David Cohen

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1. MetaHIT (METagenomics of the Human Intestinal Tract), project financed by the European Commission, involving 8 countries, 14 organisations under the leadership of INRA (Institut National de Recherche Agronomique, Paris)
Public Health

**Progress in the long fight against malaria**

In its *World Malaria Report 2013*, WHO estimates that the global efforts to fight and eliminate malaria have saved 3.3 million lives since 2000 by reducing malaria mortality rates by 45% in the world and 49% in Africa.

This progress is due, in part, to a significant increase of international disbursements for malaria control: from USD 100 million in 2000 to close to USD 2 billion in 2012, thanks to the action of numerous private and public initiatives: the Bill and Melinda Gates Foundation, the Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis, the President’s Malaria Initiative launched by President George W. Bush in 2012, the British Department for International Development (DFID), UNITAID and the Roll Back Malaria Partnership launched in 1998 by WHO, UNICEF, UNDP and the World Bank. Research programmes on drugs and vaccines are supported by NGOs, including Medicines for Malaria Venture, the Drugs for Neglected Diseases Initiative and the PATH Malaria Initiative, with the support of the Gates Foundation. Eighty products are currently under development.

In the area of prevention, in 2013, an estimated 136 million insecticide treated nets have been distributed. Malaria diagnostic tests have been developed: from 2010 to 2012, the proportion of suspected malaria cases receiving a diagnostic test in the public sector increased from 44 to 64% worldwide.

The Novartis laboratory has developed the antimalarial drug *Coartem®* (**artemether-lumefantrin**): it cures malaria in three days. Since 2001, Novartis has distributed more than 600 million packs of Coartem at cost price: USD 1 for the adult treatment, 50 cents for paediatric treatment: 60% of African patients were treated with Coartem in 2011. The US Agency of International Development buys 40% of the Novartis production, the Global Fund 20% and UNICEF 10%.

According to Dr R. Newman, then Director of the WHO Global Malaria Programme, «the remarkable progress accomplished against malaria is still fragile».

Jeffrey Sachs, Special Adviser to the UN Secretary-General, believes that the financing of the fight against malaria «is money well spent if you consider the lives spared and the impact on social and political stability of the concerned countries. It amounts to national security and diplomacy at low cost and high efficacy!» *(Le Monde, 5 November 2013).*

Yves Beigbeder

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**Prize award**

We are pleased to inform you that our friend and colleague, Roberto Masironi, member of the AFSM Executive Committee for many years, has recently been awarded a gold medal by the Italian Federation Against Tuberculosis and Pulmonary Diseases for his contributions to the global fight against tobacco. Several years ago, he also received a medal from the prestigious school of medicine of the University of Prague. Roberto is Honorary President of AMETOS (European Medical Association on Tobacco or Health) and of the International network for tobacco-free hospitals.

Many congratulations to our friend and colleague and we wish him many more years of successful efforts in the fight against tobacco.

Laura Ciaffei
News from WHO

Executive Board – 134th session

As usual, the Board had a heavy agenda and considered key programmatic, managerial and governance issues. It was chaired by Professor Jane Halton, Secretary of the Department of Health and Ageing of the Government of Australia. Resolutions were passed on:

- the appointment of Dr Poonam Khetrapal Singh as Regional Director for South-East Asia for five years from 1 February 2014; appreciation to Dr Samlee Plianbangchang for his ten years of service as Regional Director, SEARO and his designation as Regional Director Emeritus
- the re-appointment for five years of Dr Shin Young-soo as Regional Director for the Western Pacific from 1 February 2014
- a recommendation to the World Health Assembly to adopt the Global strategy and targets for tuberculosis prevention, care and control after 2015
- recommendations to the World Health Assembly to adopt resolutions on:
  - public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention
  - traditional medicine
  - strengthening of palliative care as a component of integrated treatment within the continuum of care
  - contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion)
  - implementation of the International Health Regulations (IHR) – adoption of revisions to Annex 7 of the IHR on requirements concerning vaccination or prophylaxis for specific diseases: yellow fever
  - combating antimicrobial resistance, including antibiotic resistance
  - health intervention and technology assessment in support of universal health coverage
  - follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage
  - access to essential medicines
  - regulatory system strengthening for medical products
  - hepatitis
  - access to biotherapeutic products and ensuring quality, safety and efficacy

The Board also received received and noted reports on other technical and managerial topics including WHO reform, engagement with non-state actors, financial and staffing matters, and on the renovation of the headquarters’ buildings in Geneva. The construction of a new 1100-desk, low-energy, low-maintenance building is proposed. A loan has been requested from the Government of Switzerland. If approved, the concept for the new building and renovations will be submitted to the Sixty-seventh World Health Assembly for approval in May 2014. Three buildings will remain: the new building - on the site where the current X and C buildings stand; the to-be-renovated main building; and the UNAIDS D building: all other buildings will be demolished including the current restaurant building.

Highlights of other news

- WHO continues technical support and shipments of medical supplies to health providers in both government-controlled and opposition-controlled areas of the Syrian Arab Republic
- The Sochi Olympic Organizing Committee and WHO started the idea of creating an alliance of smoke-free cities in Russia in October 2012: since then 17 cities have signed up, including Sochi. Under the tobacco-free Olympic Games, smoking was forbidden in all Olympic and Paralympic venues, including all bars and restaurants in the Olympic park and no tobacco products were on sale at any of the Olympic sites.
- Since mid-January, India is no longer considered a country where polio is endemic as wild poliovirus has not been found there for three years. It sets the stage to certify all of South-East Asia polio-free very soon.

In late January, WHO launched an on-line road safety video library to encourage and inspire countries to carry out road safety mass media campaigns.

(Cont'd page13)
What a nice surprise the other day, when opening my local newspaper (La Côte, Switzerland), to find a lovely photograph and an article about Catherine Soo Sim Browne.

This was in recognition of her 254 hours of voluntary support at sports events in Switzerland in 2013 for Swiss Olympic Volunteer. In December, Catherine was presented with a cheque from the programme for having been the most diligent volunteer in the Suisse romande. The photo (taken from the Swiss Olympic website) shows Catherine (third from the right) and four other prize-winners receiving their awards in Arosa, during an international hockey tournament. Catherine has helped with events all over the country, also for Volontaires sportifs lausannois and other individual events, including the national gigathlon, the Nyon, Lausanne and Geneva triathlons, the Geneva Escalade run, and competitions in Montreux, Bienne, Zürich, Brugg, Grindelwald, Basel and Lugano. No task is too menial, and Catherine has been up preparing breakfast for gymnasts at 3.30 a.m. or frying fish nuggets and chips for eight consecutive hours in a plastic tent where the outside temperature was 38 degrees! After the latter experience, she had to wash her hair three times to clear the smell of grease! In addition to her support to sporting events, Catherine also does a library round for the patients at Nyon Hospital, sells mimosa for the Red Cross and lends a hand at the Nyon film festival and at her local chapel in Crassier. Sometimes, I have taken the local bus and found Catherine on board, happy and smiling, on her way to the train station to help out with yet another event. She is passionate about volunteering, and puts into practice her mother’s code of ethics about helping others.

Well done to Catherine for her award, and bonne continuation!

Sue Block Tyrrell
What’s age got to do with it?

I recently took a trip to Orlando, Florida to visit some friends. I was invited to a dance party at one of those gated communities for “active” adults.

The music was 50s and 60s and the lead singer was from a 50s girl group from New Jersey, platinum blond hair, mini skirt, deeply tanned, great legs, great voice and as lively as if she were a teenager again. This was a whole new scene for me and I kept looking around and thought to myself, “Hey, there is life after retirement, after all! And maybe I can find a reason to come back.”

I was eying a nice looking gentleman sitting not far from my table, a full head of curly blondish white hair, deep tan, muscular, bright blue eyes, wearing one of those “on the waterfront” Brando style t-shirts. When I asked about him, I was told it was the singer’s boyfriend and that he was 82! She herself, I was told was in her early 70s. All around me were active adults in their late 60s, 70s and 80s dancing up a storm and being quite demonstrative in their feelings for each other. “Wow”, I said to my host, “look at how they’re dancing, so great that they can still be so lovey dovey on the dance floor after so many years together.” “Honey” someone said to me “they’re probably married, but not to each other.” I think my mouth fell. “You mean they date at that age?” “Honey, look around.”

Several major surveys, including the National Social Life, Health and Aging Project and the National Survey of Sexual Health and Behavior, report that among people age 60 and older, more than half of men and 40 percent of women are sexually active 1.

I am really naïve, really… I guess living in Switzerland all these years and a sheltered work life at WHO, seldom getting out and having friends younger than me, I never really gave this much thought. But how refreshing it was to see people my age and older getting out there and having fun, reliving their youth, you might say, or doing what was not possible years ago with family responsibilities and all. And then, my friend whispered, “why do you think Florida is the capital of STDs 2?” “Well”, I said, “why?” “Well, look around.”

So, I did some on line search, contacted Dr Beard 3 who shared an article with me from the Bulletin, also contacted UNAIDS; and, yup, there is a not so negligible increase of STDs among older adults, not only in Florida and other states with retirement communities but also here in Switzerland and also in retirement homes as well. We live longer, we are healthier, we travel more, we can’t get pregnant (well not us women), Viagra gives the added long lasting punch, and there is a second chance of life, and maybe if we haven’t died by then, we can still believe we are immortal.

We are after all from the love generation before AIDS, not really used to condoms. And, as with the younger generations, the “it’s-not-going-to-happen-to-me attitude”, kicks in, especially after a few of those colourful drinks they serve. Important to note is the fact that our physicians, clinicians, generalists and social workers do not question us about our sexual life, nor do we volunteer that information. Neither group is comfortable in talking about sex in general and protected sex in particular. Caregivers must be aware of these trends and not overlook STD screenings when treating older patients. Consequently, while younger persons get bombarded with prevention messages on safe sex, our older age group is left out.

At least one TV series is taking a lead in breaking the taboo of sex among the older generation. If you have been following “Emmerdale” the second longest running soap opera after “Coronation Street,” you can get a sense of what is going on out there. Here is a brief summary of the latest drama. “Val (the wife) found out that a man she had a fling with on holiday (Ian) is HIV positive. Distancing herself from her husband (Eric), it’s not long before he ends up in the arms of another woman - none other than Val’s own sister, Diane. But when Diane finds out the awful truth, will she be able to be there for her sister? It looks as though she might have her own worries after spending the night with Eric (the husband).”

I wish to thank Dr John Beard, and UNAIDS for their helpful assistance. Follow up articles will appear in an upcoming QNT.

Maria Dweggah

2. Sexually Transmitted Diseases
3. Department of Ageing and Life Course, WHO
Astronomy

Skies for April – June

Right now, there are three bright planets on display in the evening sky, so it is a good time to do some comparing and contrasting. They are easy to spot, as they are just about the brightest objects in the night sky (apart from the Moon) and, even without a telescope or binoculars, you can tell the difference. As they are planets with a real size in the sky, rather than points of light like stars, they rarely twinkle.

Starting in the west, Jupiter is now beginning to get much lower than it has been in the first part of the year. It is creamy white in colour and very bright. The two bright stars nearby and to its north, are Castor and Pollux, in Gemini, the Twins.

Over to the south (or the north in the southern hemisphere) is Mars, noticeably redder in colour, though certainly not blood-red as some poetic authors like to make out. It is a sort of salmon colour. Roughly between Jupiter and Mars is the bright star Regulus, the main star in Leo, the Lion.

To the east of Mars is Saturn, which is noticeably yellowish. The bright star between the two of them is Spica, the main star in Virgo, the Virgin.

All these objects are in a huge line arching across the sky, so you can go from one to another and pick them off.

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

Article kindly provided by the British Society for Popular Astronomy

Articles for the UN Special

As many of you will be aware, the UN Special is a joint WHO/UNOG (UN Office in Geneva) magazine which is issued monthly and distributed to the UN agencies and diplomatic Missions in Geneva. It has a new editorial team whose members would welcome articles of 300, 600 or 800 words in any of the six UN official languages. AFSM members may be especially interested in writing anecdotes about WHO’s past activities which could be included in the new “Flashback” section of the magazine. Current and past issues can be consulted on the web site www.unspecial.org. Articles and any queries should be sent by email to unspecial@unog.ch and unspecial@who.int or by post to UN Special, Bureau C507, Palais des Nations, 1211 Geneva 10, Switzerland. Queries can also be dealt with by telephone: +41 22 917 25 01.

We encourage members to get writing - both articles for the AFSM Quarterly News and for the UN Special!

Sue Block Tyrrell

On the lighter side

"This computer is equipped with an airbag in case you fall asleep."

How the internet changed my life
A ftermath of Earthquake - am I ready?

Recent episodes of earthquake shook many Delhiites. What was most disturbing this time was that many of us did not even know that an earthquake had shaken the city until we picked up the newspaper next morning. Agreed that the intensity was not much, but a lot of damage could have resulted because this time the shocks happened in series.

Next morning I reflected on the consequences of such an event in the future. If I have to rush out in my sleeping clothes (there are hardly a few seconds to even do that), will I be prepared to tackle the aftermath of the earthquake? Will I have money to buy even a cup of tea or biscuits for the family, especially children? How can medical help be sought without any money in the pocket?

So, I prepared a small pack containing:

1. Currency notes of approx. Rs. 5000 with various denominations.
2. A credit card to be used, if necessary
3. A sheet of paper listing various Bank A/c Nos, PAN Nos., Passport Nos., Important phone nos. of close relatives/friends etc. which I now carry in my pocket 24 hours. I am now self-assured that I shall not feel handicapped if an unfortunate eventuality takes place in the future.

In the most negative situation, if something happens to me as a result of the earthquake, this pack will serve as my identification.

I thought I would share the above idea with you. If you like it, please try to replicate.

Best wishes,

7 Lovely Logics

1. Make peace with your Past, so it does not spoil your Present.
2. What others think of you is none of your business.
3. Time heals almost everything. Give the time some time.
4. No one is the reason of your happiness except you yourself.
5. Don’t compare your life with others, you have no idea what their journey is all about.
6. Stop thinking too much, it’s alright not to know all the answers.
7. Smile, you don’t own all the problems in the world.

Shiv K. Varma
ex-AORD/SEARO

...I would like to take this opportunity to refer to the top of page 16 of QNT91 of April 2013. The question is asked “Who, in the old guard of WHO, remembers Bruno Doppler?”

I remember him very well. In the early days of the OCP (1974-1975) many staff members from WHO/HQ came to Ouagadougou to assist in setting up some of the Programme’s admin support units – Personnel, Budget and Finance, Supplies, etc. Among them was Bruno Doppler. Other visitors who I am sure also knew him included, Yves Beigbeder, Jeanne Bellosat, Jim Donald, Wendy Gray, Norma Little, Edward Scholl. He was also well known and liked by OCP staff; J. Pierre Ziegler; Bob Helmholtz; J. Frank Walsh; Seve Axell,…

David Baldry
News from WHO (Cont’d)

- End February, WHO drew attention again to the need for regular physical activity which can reduce the risk of heart disease, diabetes, depression, breast and colon cancers. WHO recommends that adults do at least 150 minutes per week of physical activity of moderate intensity such as walking, cycling, household chores or doing sport.
- On the occasion of International Ear Care Day on 3 March, whose theme this year is “Ear care can avoid hearing loss”, WHO staff were advised of simple principles to care for their ears:
  - Never insert any object, even ear buds, or introduce any liquids into the ears. Ears are self-cleaning organs and the one part of our body which does not need to be washed. The ear does not require to be cleaned internally; only the external part of the ear needs to be wiped gently with a soft cloth to keep it clean.
  - It is essential that we protect our ears from loud sounds.
- This year’s World Health Day focuses on vector-borne diseases, notably those transmitted by mosquitoes, sandflies, bugs, ticks and snails. The campaign aims to raise awareness of the threats and to stimulate families and communities to take action to protect themselves.

The Executive Board documents and other WHO news can be found on the WHO web site – www.who.int

Sue Block Tyrrell

Join the Executive Committee!

Do come and join the AFSM crew
On the Executive Committee, we need you!
Some long-standing members need a rest,
Let’s put some younger blood to the test,
Bring your skills, energy and new ideas
To help improve services to our peers,
In doing so, you’ll stay up to date
On the trends which can affect our fate,
And you’ll help others who may need advice,
Please show your interest, don’t think twice!

Poem by Sue Block Tyrrell

New members

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

Life members
Maria Pilar BUETAS ROMAN; Patrice MARCHESEAU; Idrissa SOW;
François TRAMBELLAND, Maged YOUNES, Catherine ZAKAR HAFFA,

Annual members
Diane SIMMANCE; Janet SIMKIN; Fabio ZICKER..
In memoriam

Ann Patricia Pedersen, a wonderful friend and colleague, died after a long illness at a hospice in Denmark on Sunday, 15 December 2013.

As most of you will know, Ann had a long and successful career with WHO-EURO culminating in being selected for the post of Finance Officer. She then moved to headquarters in Geneva where she spent a number of enjoyable and enriching years, both with regard to work, which she valued, and to making many new friends.

Ann’s large network and numerous friends, some of whom came over from Switzerland and neighbouring France to visit her during the last few weeks of her life, will miss someone whose integrity and many other fine qualities were valued by everyone who knew her.

We will cherish our memories of Ann. May she rest in peace.”

Jill Conway-Fell

Dr Han Tun, a fixture in the South East Asian Region of WHO for nearly forty years, died after a fall at his home in Bangkok on 25 October 2013, at the age of 86. He was known, liked and respected by two generations of SEARO-ites. Han Tun was born in Upper Burma and received his MBBS from the Institute of Medicine in Rangoon in 1953, following which he became an officer in the Burma Army Medical Corps. In 1962, he joined the Ministry of Health, and thirteen years later became Assistant WHO Representative in Burma. In 1978 he went to Nepal as WHO Senior Public Health Administrator, and then in 1984 was appointed WHO Liaison Officer with ESCAP, the UN regional office in Bangkok, where he advised several UN programmes on health-related matters and ably represented the Organization in innumerable regional meetings. Although officially retired from WHO at the end of 1986, he continued to represent WHO at ESCAP, and eventually was also acting WR to Thailand (1989-1991). He retired fully in 1999, and continued to reside in Bangkok.

Dr Han Tun was always willing, even enthusiastic, to help with whatever was asked of him, and he was a great support to the WR’s office and the office staff. His daughter, Khin Mar Tun, summed his attitude up very nicely in quoting him: “If the thing is humanly possible, I will make it happen; the word impossible is not in my dictionary.” She adds that “he would be up by 4:30 in the morning, always studying, reading or writing something. My father would help anyone; he believed in kindness, helpfulness and forgiveness.”

Dr Han Tun is survived by his wife of 65 years, Daw Tin Tin, four children, seven grandchildren and six great-grandchildren.

We were fortunate to know the man, and WHO and its member countries were fortunate to have the services of such a capable and dedicated individual. He will surely be missed.

Brian Doberstyn

Bruno Colussa, 83, passed away in his beloved « Friuli » region of Italy, on 16 January 2014. His wife Marcelle had passed away May 2013.

Bruno had spent the greater part of his working life as a WHO Technical Officer in one mosquito/malaria programme or another across the breadth of the African continent. He seldom talked about that period of his life, and was very modest with regard to what he had actually been doing. Few people knew that in the 1960’s he had worked with the distinguished mosquito entomologist, Prof. G. Davidson (Ross Institute, London) on the application of the sterile male release technique for the control of the major malaria vector, Anopheles gambiae. Later on, with the AFRO entomologist Dr J. A. Odetoyinbo, Bruno’s technical focus veered away from mosquitoes and malaria towards black-flies and onchocerciasis in that part of West Africa.

(Cont’d next page)
Happiness - that forever elusive dream has been pinned down. At last it is clear. For the second time, the UN published its report containing a list of the happiest countries in the world. First comes – Denmark, the southernmost of the northern countries. The notion of pure inner happiness (PIH) originated in Bhutan, the minute Himalayan monarchy and also one of the poorest countries in the world. The king created this notion to show that there are values other than riches. The purpose of the report is to measure country by country the level of happiness of the citizens, and also to determine what criteria are most important in measuring the feeling of happiness. The report helps us to see a little more clearly. Thanks to some of the data provided by States, but also those derived from work conducted on wellbeing by organisations such as OECD or the American Gallup Institute, researchers were able to go further than last year. These studies covered the period 2010-2012. The researchers identified, in particular, six important factors for happiness which range from some solid denominators such as PIH, life expectancy, and the absence of corruption, to other psychological factors such as freedom of action, being able to count on others, and generosity. On that basis Scandinavian countries seem to come out of it better than others. The top six are: 1 Denmark, 2 Norway, 3 Switzerland, 4 The Netherlands, 5 Sweden, 6 Canada.

Changes can be seen over the period covered by the research – 2010-2012. Thus, if the Sub-Saharan African countries have seen their happiness levels increase, the industrialized countries have seen a decline. Out of the 130 countries for which comparative data were available, 60 saw an increase from one year to the next, and 41 a decline. In the report, the advantages of being happy are stressed: the more one is happy, the more one is more productive, lives longer and behaves with more civility in society. Happiness and wellbeing should be elevated to public health objectives, not only as an end in themselves but for positive secondary effects. The 2013 report proves that the level of happiness can teach us a lot about how to increase wellbeing and sustainable development worldwide.

For more information: http://unsdsn.org/resources/publications/world-happiness-report-2013/

Laura Ciaffei

In memoriam (Cont’d)

My first meeting with Bruno was in 1982, when I returned to the OCP as the Western Extension Coordinator and when Bruno was assigned to work with me and thus contribute to the preparation of a WE Plan of Operations, which it was hoped would be accepted by the OCP Participating Countries, by WHO and by the OCP Sponsoring Agencies. Initially, Bruno and I operated from an office in Koulouba, Bamako, as a two-man fact-finding and planning team for the WE, spending much of our time moving around western Mali, Guinea, Guinea-Bissau, Senegal and Sierra Leone, in a faithful old LWB Land-Rover. Our zone of activity measured ca 161 000 km² (X4 the area of Switzerland) and contained some 7 000 km of rivers which would probably need to be subjected to aerial vector control operations, if the WE became a reality.

Then the paths of Bruno and I diverged; he remained in Koulouba on the WE doorstep, and with a new group of control and evaluation colleagues, while I returned to OCP/HQ in Ouagadougou.

I think that everyone who worked with Bruno would agree that it had been a privilege to have known him. He has to be remembered for making a major contribution to the planning of the large and complex task of launching the OCP Western Extension. From a personal viewpoint, those of us who were closely associated with Bruno will remember him for the way he touched our lives, for his many kindesses and generosity and for his entertaining, resourceful and good-hearted manner in which he lived his life. Ciao, Bruno. You will be sadly missed by your sons Roberto and Guido, and by your many friends and colleagues.

David Baldry
Readers are informed in the QNT about the dates and times for these coffees and lunches. I finally made it to the Ferney-Voltaire lunch, held on the last Monday of each month at Chez Toni (Café Voltaire), 10 Grand’rue, at 12 noon. I was warmly welcomed by Carl Freeman, ex-UN, who kindly sends out the messages about the lunches and makes the reservations. WHO was well represented in the group of 10 that day, with John Bland, Dorothy Hoffmann, Diane Simmance and myself. Our youngest member round the table was about one year old, as one lady had brought her daughter and granddaughter with her. The lunch was good and not expensive and the company was even better. We do hope that you will join the group for lunch. If you would like to get on Carl’s email list to receive confirmation of the monthly lunches, please contact him on carlfreeman33@gmail.com

The monthly Nyon coffee mornings are still going strong – from 10 a.m. to 12 noon in the café “Les Saveurs d’El Medina”, 11 rue de la Combe. These are organized by Robert Yazgi, ex-UNHCR. Here again, WHO is often well represented: shown in the photo are Mary Kehrli-Smyth and Marcel Nicolet. Some people stay for an hour or so, and others just call by for a quick coffee and a chat and then rush off for their other commitments. It’s a nice way to catch up with former colleagues and to make new friends from other UN organizations. The dates for the first half of 2014 are published in QNT 94 – the coffee mornings take place during the third week of each month, but rotate around Tuesdays, Wednesdays and Thursdays. We hope to see some of you at a coffee morning.

The “International Carrefour” coffee afternoons are held on the first Wednesday of each month at Cité Seniors, 62 rue de Lausanne/28 rue Amat. Details will be given in the next QNT.

If readers in other parts of the world know of such social events for UN system retirees, please send us an article and we will be happy to include it in a future QNT.

Sue Block Tyrrell
On the lighter side

Age-Activated Attention Deficit Disorder (AAADD)

I decide to water my garden.
As I turn on the hose in the driveway,
I look over at my car and decide it needs washing.
As I start toward the garage,
I notice mail on the porch table that I brought up from the mailbox earlier.
I decide to go through the mail before I wash the car.

I lay my car keys on the table,
Put the junk mail in the garbage can under the table,
And notice that the can is full.

So, I decide to put the bills back
On the table and take out the garbage first...
But then I think,
Since I'm going to be near the mailbox
When I take out the garbage anyway,

I may as well pay the bills first.
I take my check book off the table,
And see that there is only one check left.
My extra checks are in my desk in the study,
So I go inside the house to my desk where I find the can of Pepsi I'd been drinking.

I'm going to look for my checks,
But first I need to push the Pepsi aside
So that I don't accidentally knock it over.

The Pepsi is getting warm,
And I decide to put it in the refrigerator to keep it cold.

As I head toward the kitchen with the Pepsi,
A vase of flowers on the counter Catches my eye--they need water.
I put the Pepsi on the counter and
Discover my reading glasses that I've been searching for all morning.
I decide I better put them back on my desk,
But first I'm going to water the flowers.

I set the glasses back down on the counter,
Fill a container with water and suddenly spot the TV remote.

Found on the web by Sue Block Tyrrell

Someone left it on the kitchen table.
I realize that tonight when we go to watch TV,
I'll be looking for the remote,
But I won't remember that it's on the kitchen table,

So I decide to put it back in the den where it belongs,
But first I'll water the flowers.

I pour some water in the flowers,
But quite a bit of it spills on the floor.

So, I set the remote back on the table,
Get some towels and wipe up the spill.

Then, I head down the hall trying to
Remember what I was planning to do.

At the end of the day:
The car isn't washed,
The bills aren't paid,
There is a warm can of Pepsi sitting on the counter,
The flowers don't have enough water,
There is still only 1 check in my check book,
I can't find the remote,
I can't find my glasses,
And I don't remember what I did with the car keys.

Then, when I try to figure out why nothing got done today,
I'm really baffled because I know I was busy all day,
And I'm really tired.

I realize this is a serious problem,
And I'll try to get some help for it, but first I'll check my e-mail....

Do me a favour.
Forward this message to everyone you know,
Because I don't remember who I've sent it to.

Don't laugh -- if this isn't you yet, your day is coming!
P.S. I don't remember who sent it to me, so if it was you, I'm sorry
The “mysterious” WHO Memorial Rock and Hippocratic Tree

Some of our members will recall that, in December 2013, we were approached by the HQ Intranet team. They wanted to find out about the origin of this rock which is located in the WHO grounds. None of us knew anything about it. We therefore decided to email our members and, after many exchanges, we discovered that it was our friend William Gunn who was involved. This exercise proved to be an excellent opportunity to mobilise our members and, thanks to them, to discover an important event to commemorate WHO’s 25th anniversary. Tempus fugit… It is interesting to note that our Association had affixed a plate on this rock in 1998. Obviously, we do not have memories like elephants as none of us remembered!

William Gunn’s solving of the “mystery”

It is spring 1973, the World Health Organization has just attained the youthful age of 25, while its classical predecessor is marking the 2500 years of clinical medicine: two historically paramount mileposts arching from antiquity to modern times that light humanity’s quest for wellbeing and the promise of health for all people, significantly memorialized at this spot in WHO.

In the classical world the art of healing attained its highest development during the Golden Age of Greece. The cult of Asclepius and the power of the Olympian gods still pervasive, magico-religious practices could not, of course, be simply laid aside, but rational thinking was beginning to gain stature, and Hellenic medicine making its decisive turn away from myth and superstition. Gradually physical examination and clinical thinking dethroned priestly liturgy, and natural observation began to prevail. The physician historically associated with this overwhelmingly enlightened advancement in health is Hippocrates, a contemporary of Socrates and Pericles.

Hippocrates was born on the Aegean island of Cos. There he founded his school of medicine and is reputed to have held clinical classes and taught his aphorisms under the shade of a plane tree which, according to legend, still flourishes at Cos. Near the ruins of the Asclepion the medical pilgrim will today find a huge tree (platanus orientalis linnaeus) spanning over 15 meters in circumference, a living arboreal monument held together with wooden beams and Grecian columns. The Hippocratic tree at WHO is a direct descendant of this tree.

At the University of British Columbia, Canada, our Department of the History of Medicine and Science initiated a programme whereby the Hippocratic tradition could be honoured and maintained. Seeds from Cos were scientifically selected and husbanded for planting at medical schools, health institutions and research centres across the world. The University presented such seedlings to the Medical Society of WHO, and a tiny sapling of this platanus was ceremonially planted by the Director-General, Dr M.G. Candau, in the spring of 1973, to commemorate the Organization’s coming of age. The event also recorded respect for the first D-G of the Organization, Dr Brock Chisholm, who was a Canadian, with links to the University of British Columbia. The platanus now stands as a full-grown tree on WHO grounds, proud of its medical and historic associations. As in Cos, may WHO doctors and physicians from all countries find Hippocratic wisdom under its shade, inspired by the marvellous odyssey of human, social and scientific endeavour over 25 centuries.

The Memorial Rock marks this remarkable association at the foot of the tree with a plaque. The rock was presented to the Organization by the Medical Society in 1970, and has since become a continuing historical depository, carrying different inscriptions, medals and records of important events associated with WHO. As a continuing monument it attracts a wide array of interested persons, from medical students to professors, from historians to Nobel laureates.

William Gunn