Co-habitation: The First Time

For the first time ever former staff took part in the Annual General Meeting of the Staff Association, held on 23 and 30 October, co-habiting with serving staff on equal footing and having reports of our Executive Group and those of the WHO Staff Committee submitted jointly.

Representatives expressed the view that our Association was complementary to all associations of serving staff and not merely to that at headquarters, to which it is attached for operational reasons. They also stressed the importance of developing good relations between serving and former staff as all have emotional as well as professional ties to WHO. The response from the meeting showed that this message was well appreciated.

Our resolutions passed without difficulty. They requested the Director-General to make available to us office space and secretarial staff that are essential to our work, and that the contribution for 1991 would be the same as for 1990, namely 20 Swiss francs or the equivalent in another currency, with additional voluntary contributions welcome.

Draft revised Statutes were also submitted to strengthen coordination and cooperation in all areas while giving us greater autonomy so as to avoid administrative annoyances. As the draft was regarded as premature by some staff, concerned for their authority, it was judged preferable to defer this question until later when the reasons for it would be better understood.

Three of the resolutions submitted by serving staff were of universal interest. One called for respect of the independence of international civil servants; two addressed the question of medical care for detained or imprisoned staff, particularly WHO’s Ghennet Mebrahtu, jailed in Ethiopia since June 1989.

The discussions that took place underscored the link between many problems faced by both serving and former staff demonstrating as well the need for our members to contribute to the preparatory work for the next AGM.

HERE’S THE NEW TEAM

The following members were elected to the Executive Group:

General Secretary: Alain Vessereau
Assistant General Secretaries:
  Robert Munteanu, Rajindar Pal
Treasurer: Robert Chapou
Assistant Treasurer: Margaret Baker
Members: Yves Beigbeder, Gérard Dazin, Georges Esatoglu, Carlo Fedele, Stanislas Flache, Vitorino Pinto, Thomas Strasser.

HELP WANTED

Needed secretarial/clerical help. Executive Group seeks volunteer from ranks of former or serving staff. Flexi-time. Appreciation guaranteed.

(MORE) CHANGES, CHANGES

The following are recent developments at WHO Headquarters:

Office of the Director-General

Dr Aseffa Tekle, formerly Director, Programme Coordination, Promotion and Information, AFRO, has been
appointed Adviser on Programme Promotion and Integration in the DG's Office.

**Health and Development Policies**

Dr Aleya El Bindari Hammad has been named Advisor, Health and Development Policies, DGO while retaining her responsibilities in intersectoral action for health. She will also advise the DG on women's issue.

**Assistant Director-General**

Mr Denis G. Aitken, formerly Director, Administrative Division, International Maritime Organization, London, has been appointed Assistant Director-General responsible for the following: Budget and Finance (BFI), Conference and General Services (CGS), Personnel (PER).

**Ombudsman**

Mr Jean Leclercq, TRA has been appointed Ombudsman, serving until 31 March 1992.

**Diarrhoeal and Acute Respiratory Disease**

Dr James L. Tulloch has been appointed Director of the renamed Division of Diarrhoeal and Acute Respiratory Diseases Control (CDR), comprising the programmes of diarrhoeal diseases control (CDD) and control of acute respiratory infections (ARI).

**Epidemiological Surveillance**

Dr Stephen A. Saperie, formerly Scientist, Division of Family Health, has been appointed Chief, Monitoring, Evaluation and Projection Methodology (MEP) in the Division of Epidemiological Surveillance (HST).

**Tobacco or Health**

Dr Juan Roberto Menchaca, formerly Director, International Relations, Ministry of Public Health, Cuba, has been appointed Programme Manager, Tobacco or Health (TOH).

**Rehabilitation**

Dr Enrico Pupulin, formerly Coordinator of Rehabilitation Services, Regional Health Services, Venice, Italy, has been appointed Chief, Rehabilitation (RHB).

**Adolescent Health**

Dr Herbert Friedman has been appointed Chief of the newly created unit of Adolescent Health (ADH), Division of Family Health (FHE).

**Substance Abuse**

Mr Hans Emblad, formerly Deputy Director of the Global Programme on AIDS, has been appointed Director of the newly established Programme on Substance Abuse (PSA). Reporting directly to Dr Hu Ching-Li, ADG, PSA comprises the programme on the prevention and control of alcohol and drug abuse formerly within the Division of Mental Health (MNH) and the unit on Psychotropic and Narcotic Drugs (PD) formerly within the Division of Drug Management and Policies (DMP).

**Health Protection and Promotion**

Dr Jean Rochon, formerly Director, Programme Management, EURO, has been appointed Director of the Division of Health Protection and Promotion (HPP). The newly-established Food and Nutrition Programme, with Dr A. Pradilla as Manager, has been added to HPP.

**Expanded Programme on Immunization**

Dr Robert Kim-Farley, Acting Director since 1 January 1990, has been appointed Director of the Expanded Programme on Immunization (EPI).

**Division of Drug Management and Policies**

Dr John Dunne, who continues to carry out functions as Chief, Pharmaceuticals, has been appointed Director of the Division of Drug Management and Policies (DMP). He is being assisted by a Deputy Director, Dr J. Idanpäät—Heikkilä, formerly Senior Medical Officer for Pharmacology, National Board of Health, Finland.

**Global Programme on AIDS**

Dr Karin Edström, formerly WHO Representative, Sri Lanka, has been appointed Chief, Office of Cooperation with National Programmes (CNP), Global Programme on AIDS (GPA).

**Emergency Relief Operations**

Dr D. Tarantola, formerly Chief, National Programme Support, GPA, has been appointed Chief, Relief Programme (REL) in the Division of Emergency Relief Operations (ERO).

Dr I. Galli, who formerly held the post has been appointed Chief Emergency Preparedness and Response (EPR).

**HEALTH INSURANCE: APPEALS SUSPENDED**

The Association’s executive group, with the assistance of Mr Klaus Samson, an advocate, had selected four candidates — out of approximately 130 who had written to the DG — to appeal against the increase in health insurance contributions. But after meetings with the ADG and Director, Budget and Finance it was decided to suspend the appeals, thus allowing further discussions and further actuarial studies to take place. In view of the Administration’s understanding — it will not invoke time limits in the appeals — there is every hope that a solution will be found.
FLU VACCINATIONS

The Secretary, Headquarters Surveillance Committee (SHI) has announced that the Permanence du Groupe Medical d'Onex, 3 bis route de Loex, 1213 Onex, Geneva will vaccinate former staff against flu at a price of Sfr. 20. When fixing the appointment please indicate that you have WHO health insurance.

PENSIONS: THE FUTURE OF “FLOOR RATES”

The Joint Staff Pension Board meeting in Geneva from 29 to 31 August, adopted by consensus a recommendation to the UN General Assembly on “floor rates” applicable next year, as below:

RETIREMENT: 1 JANUARY 1988 TO 31 DECEMBER 1990

Pensioners continue to benefit from the floor rates for pensions paid in local currencies.

RETIREMENT: JANUARY 1991 TO MARCH 1992

Pensioners will receive: Either — a dollar base pension calculated on their employment status (grade, step, years of service) and final average remuneration (FAR) at the date of retirement; Or — if opting for the “double track” which means submitting proof of residence in a “floor rate” country, pensioners will receive a local currency base pension equal to that which they would have received had they retired on 31 December 1990.

However, their pensions will not be adjusted for further service after that date, or for changes in the rates of pensionable remuneration, or take into account promotions or increments.

While this recommendation is subject to approval, and is likely to be known only towards the end of the year, recommendations approved by the Board, (mainly by representatives of governing bodies, organizations and participants) are normally accepted by the Assembly.

RETIREMENT AFTER 31 MARCH 1992

Although how the local currency base pension will be calculated has not yet been decided, it will not be as described above. A tripartite preparatory group has been set up to prepare proposals for consideration by the Board and the General Assembly in 1991.

GS-staff are not affected by the recommendation adopted. Their pensions, to be reviewed by the Board in 1991, will be known only in the second half of next year. Their dollar pensions are converted into local currency pensions using the average exchange rate of the last 36 months before the date of retirement.

(To come: An item about the plight of pensioners who chose the dollar track, in the light of the dollar’s decline today.)

Robert Munteanu

LETTERS

AMRO’S FORMER STAFF

We congratulate you on founding the WHO Former Staff Members Association. We started ours in January 1990 and have been working steadily since then. Please send us a copy of your bylaws, work programme or any other information you think could be useful.

Also, please, include our association in your mailing list for the next issues of your newsletter. The pilot issue has been of much assistance to us in the preparation of our first newsletter.

Helena M. Irwin
PAHO/WHO Association of Former Staff Members

(Send us a copy of your publication, or news, for consideration in our newsletter. On a related issue, SEARO former staff may pay subscriptions to our Association in local currency.)

THANKS FOR THE MEMORY

In September 1990, on the initiative of the British Association of Former Civil Servants (BAFUNCS), the UN Career Records Project was started at St. Antony’s College, Oxford, OX23 6JF.

UK nationals played an important part in the establishment of the United Nations. In the early years, more experts were recruited from the UK for the technical assistance programmes of the agencies than from any other country. A record of their experiences will be of considerable interest to future researchers, historians and readers.

The project’s secretary, Diana Hartnell, formerly with ILO, UNDP, and UNHCR has sent out a questionnaire to the 600 members of BAFUNCS. About 120 replies have already been received.

Among them are accounts by former WHO officials on the Congo operation, the malaria eradication campaign. There may be other former WHO staff members who are British, or live in Britain, with whom the project is not in touch. Should any of them feel willing to contribute to the project it would be appreciated if they would write to me.

Richard Symonds
Hon. Director (formerly UNDP)

PLANNING FOR THE 50TH

Many former staff members must have read some of the early publications of WHO, such as the “First” and the “Second Ten Years at WHO”. The 40th Anniversary of WHO was marked by a relatively small pamphlet describing the past forty years, but there is as yet no overall history of WHO.
Many of us have enjoyed the history of "Smallpox and its Eradication". SEARO has recently published a book entitled "Collaboration in Health Development in South East Asia" and the finishing touches are now being put to EMRO's history. I have been assisting EURO to produce, by 1991, a description of the development of a common European health policy, approved by the Regional Committee in 1984. In my opinion one should start now to prepare for a 50-year publication (1948-1998), to be issued just before the year 2000. There has to be, of course, in due time - not too late - an official WHO decision to go ahead.

What can former staff do for the 50th anniversary? Everyone must have had some exciting moments or challenges in the field, or in projects, or programme planning and execution. Former staff could collect and perhaps publish these individual experiences. They could also assist a historian writing about the 50-year history of WHO to understand the human element. There are also many technical fields comparable to smallpox eradication, which would warrant their own chapters in the full story of WHO.

Let's start a discussion on how our Association could contribute.

Leo Kaprio
(formerly Regional Director, EURO)

(Send suggestions to the Association for forwarding)

HEALTH CORNER

WHAT'S IN A DRUG?

A friend and fellow retiree told me a couple of weeks ago, he had been treated for moderate hypertension for some time. But, he said, recently he became confused. In the absence of his treating physician, he went to see another practitioner, but this one prescribed a different drug. Then he went to see a specialist who gave him a third kind of drug; and, when on holiday in his home country, a friendly family physician gave him a fourth type of pill. So, what to do?

This situation may indeed confuse the patient, but even physicians may become embarrassed by the abundance of anti-hypertensive drugs on the market. There exist dozens of such medicaments, belonging to at least 7-8 families, such as the diuretics, beta-blockers, calcium antagonists, vasodilator, centrally acting drugs, alpha-blockers, ACE inhibitors, serotonin inhibitors and still newer ones in the "pipeline".

All of these drugs can be combined with other preparations, leading to hundreds of possible combinations. They act through different mechanisms, and some of them (e.g. calcium antagonists) have been reported to suit elderly patients better than others. In practice, however, differences are only marginal: all of these drugs are effective and their side effects not too significant if taken in moderate doses. Some are more expensive, though not necessarily better, than the others.

Coming back to my friend's question, each of the four drugs he was given was good. However, common sense dictates not to switch from one drug to another, unless the effect has been unsatisfactory. If blood pressure is under control, it is better to keep to the drug with which control has been achieved.

If blood pressure does not come down to normal values, another drug family should be tried, or two drugs combined. However, in mild and moderate blood pressure elevations, non-drug therapy should be applied first: weight reduction, salt moderation, abstinence from alcohol. Drugs should be added only if blood pressure elevation persists after three months of such treatment: these are the recommendations of WHO.

SOCIAL ACTIVITIES

Margaret Baker has agreed to organize social activities for members. She would appreciate suggestions. Her address and telephone: Les Moulins sous Peillonnex, 74250 Haute-Savoie, Tel: 50 36 88 63.

A REMINDER

The annual reception for former staff and spouses will be held at the WHO restaurant from 1700 to 1930 on Monday, 3 December 1990. The Director-General, Dr Hiroshi Nakajima, will speak.

GUEST AUTHOR

AS NEEDS CHANGE SO DOES WHO

As WHO emerged from the ashes of the Second World War, the immediate priorities reflected the concerns of the majority of the membership: only 22 of the 55 members were from the developing world, and there was only one African Member State. Emphasis was given to the re-establishment of the health care systems in the war zones, and to the fight against the great epidemics that were passing frontiers and threatening the developed world. The priorities listed by the First World Health Assembly were: malaria, tuberculosis, maternal and child health, venereal diseases, nutrition and environmental sanitation. The first decade was the time of the mass campaigns: some successful, like the yaws campaign, some less successful, like those against malaria, tuberculosis and smallpox.

In the 1960s, it became clear that the campaign type of approach could do little in the fight against tuberculosis. The only viable long-term strategy was the incorpora-
tion of prevention, diagnosis and treatment of tuberculosis into the basic health care system. At the end of the 1960s it had become clear that malaria also had to be integrated into basic health care in order to ensure continuity and community participation.

The smallpox eradication campaign, on the other hand, was going ahead successfully, thanks to excellent management, but also to the fact that a highly effective one-dose vaccine was available. The only snag with integration was that basic health care was a rare commodity in many countries.

NEW CONCEPTS

The 1970s therefore, saw WHO starting to concentrate on development of health systems and new concepts of health care. That process culminated in the Alma-Ata Declaration on Primary Health Care in 1978, and on the Global Strategy for Health for All. At the same time, it became clear that chronic degenerative diseases were emerging as major problems in developing countries, and that life-styles and social, environmental and economic conditions were powerful pathogenic factors that could not be dealt with by medical care. The President of the First World Health Assembly, Professor Stampar, had already said so, but it took some thirty years before serious attention was given to these matters by WHO.

"Health for All" took some time to gain ground as a serious proposal, illustrated by the joke about the World Meteorological Organization's slogan about "Good Weather for All by the Year 2000". The 1980s therefore became the years of clarification, of experimentation, and of promotion of the ideas of primary health care. They also in some ways became the years of disillusion: morbidity and mortality in some countries showed a rising trend, health budgets were on the decline in many developing countries and considered prohibitive in the rich countries, malaria was coming back in epidemic proportions, and the Water Decade looked as though it had been less than successful. The paradox that primary health care, which had been developed with the poorer countries in mind, was more eagerly adopted in the rich countries was noted by many. The success of smallpox eradication could not hide the fact that AIDS was spreading around the globe at a fantastic speed, and that we could do little about it.

LIFESTYLES

The beginning of the 1990s sees WHO gearing up to the challenges of action in the implementation of more equitable health care systems, the development and sharing of appropriate technologies, and support of research that is geared to the solution of the great global killers such as the tropical diseases and AIDS. The importance of lifestyle and environment is fully recognized. Activities in the promotion of health through multisectorial action in such fields as drug abuse, tobacco and nutrition are strengthened.

In order to concentrate efforts on the major issues, the Director-General has selected five areas for priority action.

- Firstly, in the name of equity, human rights and international solidarity, special attention will be given to the least developed countries whose economies are crumbling and where infant mortality is still far above 100 per thousand and maternal mortality close to 1 per 1000 live births. Intensified technical and economic support will be provided to these countries, including planning and rationalizing the financing of health care.


- Nutrition is the third area of major concern. Problems of malnutrition have been high on the WHO agenda since the first World Health Assembly. WHO, together with the Food and Agriculture Organization, will organize an international conference on nutrition in two years' time to speed up progress in combating malnutrition in all its forms.

- The fourth area of concern is the integration of disease control into primary health care, in particular to strengthen the fight against tropical diseases such as malaria and dracunculiasis in developing countries, and against AIDS.

- Finally, the whole field of health information, health promotion and health education will be given particular attention.

However, as experience has shown, the perception of problems and priorities changes over the years. No doubt that, as always, WHO will be ready and able to adapt to the emerging needs of the Member States.

Eilif Liisberg, M.D.
Editor, World Health Forum

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