The Association of Former WHO Staff Members originated in the realization that the links between a staff member and WHO are deep and durable -- going far beyond a simple work contract.

Yet when the time came to leave, it was difficult to maintain even the frailest bond among colleagues. The years of work together is like a life lived with a "family". Though that life had to be left behind, we told ourselves that one would keep in touch with colleagues, and that all would be fine.

That life, pleasant as it has been, did not facilitate our coming to grips with the world around us, where one has to take it upon oneself to solve problems that in the past had been dealt with by others.

That is why so many former staff expressed the wish to find, somewhere, a structure to which they could turn, where they might find the information or advice to help them with decisions and the solution of problems.

Our Association is concerned with all former WHO staff, wherever their place of residence. The responses received from them illustrate the interest in such an Association. Colleagues have expressed the hope that it would help them break out of the isolation into which they were slipping, to reduce the delays with which they were informed of decisions that might have a bearing on their living conditions, or simply, to know how WHO and their former colleagues were getting on.

To meet these expectations, we intend to maintain close links with staff associations, with retirees' representative bodies, as well as with the WHO Administration. Only thus can our Association play a useful and effective role and have a bearing on interests, especially pensions and health insurance, of former staff.

We will also be at the disposal of members to try and help them solve any problems to which they see fit to draw attention.

---

This bilingual publication, tentatively called the News, aims at providing news and views of general interest to readers.

This means information, both good and bad, not only about health insurance, pensions, and taxes, which are important, but also items about the international civil service.

For, even though readers have left WHO because of the rules, it is our belief that their interests remain as wide-ranging as ever.

Our aim is more than to just fill pages with words, but to provide reporting that is straight-forward and understandable that readers want to read.

Although English and French texts may differ, the context is the same. Drop us a note of comment or even of criticism. For only with you there is dialogue and the News.

We hope this ambitious programme will not prove too heavy. Ours is, as yet, only an Interim Group whose task, for a few months, will be to place the Association on firm foundations and, once that has been done, to organize elections as provided for by the Statutes, which will elect a group of representatives chosen by you all.

In order to succeed, we need your help, your suggestions, your proposals, your constructive comments. We also need your practical help, even if only sporadically (it will be more sporadic if there are plenty of volunteers).

To conclude, I should like to turn to those who have written to us, and to whom we may not yet have answered: we will be writing to you.

-- Alain Vessereau
HERE'S THE INTERIM GROUP

The provisional list of officers of the Association is as follows:

-- General Secretary: Alain Vessereau
-- Associate General Secretaries: Robert Munteanu, Rajindar Pal
-- Members: Yves Beigbeder, Gérard Dazin, Warren Furth, Thomas Strasser

HERE'S THE MEMBERSHIP

The Association is open to all those who worked for WHO and includes surviving spouses or children.

However, for practical reasons, membership is limited to present only those who belong to the WHO health insurance fund. Although all former staff members have the right to become members, and are considered as such unless advised to the contrary, services furnished are reserved for those who are dues-paying members.

Update: HEALTH INSURANCE

The following decisions taken at the meeting of the Headquarters and Regional Surveillance Committees, held in Geneva last November, mainly affect former staff:

-- On the minus side, the minimum pension for calculating contributions will be based on 30 instead of 20 years' service, a measure that will hit hard certain categories of retired staff. (See separate item elsewhere.)

-- On the plus side, the contribution borne by WHO will be twice that borne by the participants, namely 2/3 by WHO, 1/3 by participants.

-- The proposal to make the retired staff alone pay for their deficit was again rejected by a large majority.

(Its had been possible to build up a reserve fund because the contributions of former staff were higher than the benefits paid out. The consequences of not increasing contributions at the appropriate time -- a problem of management -- should not weigh more heavily upon the retired staff than on other participants.)

-- The Director-General agreed to WHO's meeting the deficit until the year 2000 when it is expected that the actuarial shortfall will be eliminated.

(Since the number of former staff is constantly increasing, costs attributable to them is expected to increase proportionately in the coming years. Given present recruitment policy, those costs will be less and less offset by the inflow of young staff. We must therefore remain on guard and defend our interests. A major argument: our contributions are calculated on the basis of a gross pension on which we pay income tax, unlike present staff whose contributions are based on net remuneration.)

-- It will in future be possible to provide better coverage for geriatric care.

(A major problem, the ambiguity of the present rules sometimes results in inequalities and hence in injustices.)

-- The problem of domiciliary care for those who have become dependent, but whose condition does not warrant hospitalization, is expected to be considered with more objectivity and understanding, and above all with more efficacy.

(The question of long-term hospitalization in geriatric facilities was also studied. A major problem is the definition of geriatric care. Thus the measures taken, though a step in the right direction, are not yet satisfactory. We must on no account drop our guard during the study that is to be conducted in each region this year.)

-- Retired staff will be allowed a representative, with the right to vote, and an alternate on Surveillance Committees, subject to the Director General's approval.

Acknowledgements

The Interim Group thanks those who have made possible this pilot issue, especially Rosalynd Carrier, Marianne King & Peter Ozorio.
HERE'ERE THE FEES

The membership fee for the Association for 1990 has been set at a modest Swiss francs 20, or US$12, or the equivalent in other currencies.

However, those who find the fee beyond their means will be given consideration of a reduction. So that the Association can discharge its obligations, additional contributions are welcome.

Send your cheque to: The Association of Former WHO Staff Members, WHO, 20 Avenue Appia, 1211 Geneva 27

CALL FOR CANDIDATES

You will shortly be asked through a circular letter to stand or to propose candidates for the Executive Group of the Association. (For practical reasons, candidates should reside in the Geneva area.)

The Group now serving is provisional, constituted to get the Association on its feet.

New elections are planned so that the Association will be directed by members selected according to Statutes.

We hope that there will be many candidates, particularly women who formerly belonged to the General Services category.

average increase of remuneration of 5% in New York and an equivalent increase in other duty stations.

Although all measures do not directly affect pensioners, they contribute in ensuring and maintaining the actuarial balance of the Fund.

Pensioners frequently ask about the financial health of the Fund. The financial problems experienced by the UN and its agencies have not affected the Fund because contributions to it have been paid regularly. Nor has the Fund suffered significant losses as a result of adverse movements of financial markets and exchange rates because of the nature of investments and the distribution of currencies used.

INSURANCE: INCREASING CONTRIBUTIONS

The decision taken, despite acquired rights, to calculate the contribution of former staff to the health insurance on the minimum basis of 30 years of service, penalizes those who were able to serve WHO only for a shorter time.

Some retirees see their contribution rising by as much as 60%, representing 6 to 7% of pension (12-14% for a couple) against 1.1% of the salary for a serving staff member (2.2% for a couple).

The Association is asking those penalized to describe, confidentially, their cases which will serve as an argument for us. Indicate years of service, the amount of pension and the contribution requested by the health insurance.
The following are recent developments at WHO Headquarters:

**Assistant Directors General**

Dr R.H. Henderson, formerly Director, Expanded Programme on Immunization (EPI), and Dr P. Napalkov, formerly Director, Petrov Research Institute of Oncology, Leningrad, have been appointed as ADGs.

---

Dr Henderson is responsible for the following Divisions: Control of Tropical Diseases (CTD), a new Division, Communicable Diseases (CDS), Diarrhoeal Diseases Control (DDC), Expanded Programme on Immunization (EPI), and the Special Programme for Research and Training in Tropical Diseases (TDR).

Dr Napalkov is responsible for the following Divisions: Environmental Health (EHE), Mental Health (MNH), Health Education (HED), and Health Protection and Promotion (HPP). In addition, he is responsible for coordination between the International Agency for Research on Cancer (IARC), and the WHO cancer programmes.

These appointments have been accompanied by a significant reorganization of units and functions, including these changes in the "portfolios" of the other ADGs:

---

Dr Hu Ching-Li: Family Health (FHE), Drug Management and Policies (DMP), Noncommunicable Diseases and Health Technology (NHT), and the Special Programme of Research, Development and Research Training in Human Reproduction (HRP).

Dr J. Peltier: Health and Biomedical Information Programme (HBI), Epidemiological Surveillance and Health Situation and Trend Assessment (HST), Information Systems Support (ISS), Strengthening of Health Services (SHS), and Development of Human Resources for Health (HRH).

---

**Control of Tropical Diseases (CTD)**

A Division of Control of Tropical Diseases (CTD) has been established. As a consequence, the Division of Vector Biology and Control (VBC), the Malaria Action Programme (MAP), and the Parasitic Diseases Programme (PDP) have been disestablished.

Dr J. Najera-Morron (formerly MAP) has been appointed Director, CTD and Dr P. de Raadt (formerly PDP), Associate Director, Operations. Dr R. Sloof (formerly VBC) has been reassigned to the Office of the Director of the Division of Environmental Health (EHE).

These units report to the Director:

---

Operational Research (OPR);
Chief: Dr L. Molineaux
---

Training (TDT);
Chief: Dr P. Beales

---

These units report to the Associate Director:

---

Malaria Control (MAL);
Chief: Dr E.B. Doberstyn
---

Trypanosomiases & Leishmaniases Control (TRY);
Act. Chief: Dr P. de Raadt
---

Schistosomiasis Control (SCH);
Chief: Dr K.E. Mott
---

Leprosy Control (LEP);
Chief: Dr S.K. Noordeen
---

Filariases Control (FIL);
Chief: Dr R. Le Berre

As a part of this reorganization, the staff of the toxicology of insecticides (VCT) has been transferred to the re-named Promotion of Chemical Safety (PCS) in the Division of Environmental Health (EHE), and the secretariat of the Panel of Experts on Environmental Management to the Community Water Supply and Sanitation (CWS) unit, also in EHE.

---

**Public Information and Public Relations**

The Division of Public Information and Public Relations (INF) has been disestablished and its functions distributed as follows:

The responsibilities of the Media Service are being carried out by a new Office of Information under a Programme Manager, Mrs T. Gastaut (formerly with the United Nations in Geneva). She reports to the DG and acts as his spokeswoman. This Office is also responsible for programme support and linkage.

The audiovisual staff and functions have been transferred to the Division of Health Education (HEP) under Mr H. Benaziza.

World Health magazine (Mr J. Bland) and World Health (Dr E. Lisberg) have become the responsibility of the Health and Biomedical Information Programme (HBI).

---

**Human Resources for Health**

The name of the Division of Health Manpower Development (HMD) has been changed to Division of Development of Human Resources for Health (HRH), which remains under the directorship of Dr E. Goon.

---

**Manpower Resources Administration**

Mr F. Verzelloni has been appointed Chief, Manpower Resources Administration (MRA), which is a part of the Division of Personnel.