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 AFSM Executive Committee and the Editorial Board wish you a very healthy, happy and peaceful New Year
General Assembly and reception on 8 October 2015

A view of the General Assembly

2 Photos taken at the reception which followed the General Assembly
Our General Assembly and annual reception took place this year on the same day. We look forward to receiving your views on whether to continue this practice or whether to keep the two events separate. The Assembly discussions were lively and interesting, with pertinent questions and good responses. Maria Dweggah made a relevant presentation on the need to rejuvenate our team, most of whom have been members of the Executive Committee for many years.

The theme for this year’s International Day of Older Persons was “How to get to 100 – and enjoy it!” – an exhibition and a debate were dedicated to this theme. The event provided the opportunity to remind everyone about the importance of their lifestyle (see p. 21).

In Geneva, the “Platform of Associations of Older Persons” of which the AFSM is a member, organized a day on loneliness of the elderly (see page 22).

Finally, we wish all our readers a happy and healthy 2016 in a peaceful world.

DC
Why vaccinate?

The first attempts to vaccinate concerned smallpox (notably in China from the XIth century) and consisted of deposition of pus or skin squamas on the nasal mucosa, or subcutaneous administration of an exudate from a lesion taken from a patient with a mild form of the disease (in Persia) etc., the aim being to inoculate a mild form of smallpox and thus induce life-long protection.

The most important discovery was that of the English doctor Edward Jenner in the XVIIIth century. Based on his observation that farmers in frequent contact with cattle infected by cowpox (vaccinia) never developed smallpox, he collected pus from cowpox lesions which he introduced in humans by skin scarification, and thereby proved in 1796 that exposure to cowpox protected against smallpox.

In 1877, Louis Pasteur studied chicken cholera and demonstrated that it was caused by a microbe. He isolated the staphylococcus, then the streptococcus, and proved that all infectious diseases are caused by an identifiable organism. He inoculated healthy chickens with the cholera bacterium. Later he inoculated them with freshly isolated germs and observed that they developed an attenuated form of the disease which was not fatal. Pasteur named the inoculated product vaccine in honour of Jenner. In 1881, he isolated the rabies virus and in 1885 created the human rabies vaccine. His successors later developed the range of vaccines that we know today.

Usefulness of vaccination

This does not need further proof: it is enough to cite the eradication of smallpox, certified by WHO in 1980, thanks to massive vaccination campaigns; eradication of poliomyelitis should soon become a reality; and huge progress has been made in reducing the burden of disease due to measles, neonatal tetanus and other communicable diseases for which vaccines exist. It is important to note that vaccination protects not only the vaccinated person but also the community, because after immunization he/she will not transmit the disease to others.

Indications, contra-indications, undesirable effects

In general, the routine 'classical' vaccinations are systematically indicated in the great majority of cases, with rare exceptions when there are contra-indications such as allergy to a vaccine component (egg protein…), contra-indication for live vaccines in pregnant women, in patients treated with immunosuppressive medication or with certain rare diseases….

For many years infants and children have been vaccinated, with increasing numbers of vaccines, and vaccination programmes in many countries have achieved dramatic reductions in child mortality. The age range for vaccination has been widened to include adults, and notably seniors: vaccination against influenza has been practised for some years for elderly and other vulnerable persons (chronic diseases, diabetes…), and in general from 50 years of age: other vaccinations (against pneumococcus, and in some countries against shingles), are now recommended for those over 60, and vaccination is recommended for people who have never been vaccinated in childhood, regardless of their age. In some situations vaccination may be recommended against hepatitis A and B, and meningococcal meningitis. In addition, there are vaccines which may be recommended or obligatory for travellers to certain countries (see www.who.int/ith).

Harmful effects of the anti-vaccine movement

The proportion of people opposed to vaccination tends to increase but remains marginal. This opposition is based essentially on fear of undesirable effects, whether important or not, such as the controversy over claims of an association with autism or multiple sclerosis, which have since been disproved. Those who oppose vaccination sometimes also invoke as a principle the refusal of any obligation to be vaccinated, certain associations claiming the principle of «vaccination freedom». Such denigration needs to be combatted constantly.

A dramatic example is that of influenza, recalling the so-called Spanish Flu in 1918-1919, (more than 20 million deaths estimated worldwide). This underscores the necessity to be vaccinated, particularly older persons who are much more susceptible. Besides vaccination against
influenza, regular updates of other vaccines should not be forgot-
ten...

At WHO HQ, free vaccination against influenza for retired staff who remain insured by SHI has been provided for several years, thanks to repeated requests by AFSM, and is carried out in close collaboration with the Medical Service and SHI. Everyone gains by this: the retirees, who no longer need to visit their doctor to be vaccinated, and SHI which benefits from the price of vaccines charged to WHO. As for the Medical Service, it is fully involved in this vaccination campaign and looks after the recruitment of the nurse who vaccinates. Furthermore, it should be emphasized that these sessions, which are held in the month of October (2 full days) are an opportunity for the retirees to meet with former colleagues.

AAPF –AFICS at the Palais des Nations in collaboration with the health insurance does the same. It is regrettable that the ILO has not followed this example.

David Cohen

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Our readers who are insured by the WHO Staff Health Insurance will soon receive several documents including:

- The Annual SHI Newsletter which includes the message from your Representatives on the two SHI management Committees.
- Information on the revised Staff Health Insurance Rules for 2016.

It is important that colleagues read these documents carefully, especially the Rules in order to avoid possible misunderstandings.

And, last but not least, if you have not already done so, do not forget to send your email address to the SHI Secretariat!

JPM

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We are pleased to share with you the dates of these informal social gatherings for retired UN system staff: We hope you can join us:

**Nyon:** New venue – Tearoom Le Cham’, 2 route de St Cergues, behind Nyon station, facing the new post office - on Mondays – 11 January, 4 April, 4 July and 3 October; Wednesdays – 3 February, 4 May, 3 August and 2 November; and Fridays – 4 March, 3 June, 2 September and 2 December.

**Ferney-Voltaire:** Lunches on the last Monday of the month at Chez Toni (Café Voltaire), 10 Grand’rue at 12 noon. The restaurant is inside the café, opposite the bar, on the left.

**Geneva:** First Wednesday of the month, “International Carrefour” coffee afternoons from 2-4 pm at Cité Seniors, 62 rue de Lausanne/28 rue Amat. Cité Seniors offers many activities – their programme can be found at www.seniors-geneve.ch or give them a free call on 0800 18 19 20. On the first Tuesday of the month, from 1.30 - 5 pm, they have a health information session – a qualified nurse is available to give health advice, respond to questions, take blood pressure and check blood sugar levels. The Cité is open on Tuesday to Friday from 9 am to 5 pm and on Sundays from 11 am to 5 pm.

SBT
Report of the General Assembly on 8 October

was opened by Dev Ray, AFSM President, who welcomed the participants’s (especially those from outside the Geneva area – Ingar Brüggemann from Berlin) and invited guests, including sister associations from the ILO and WMO, the AFSM Auditors and Polling Officers.

On behalf of the Director-General, Dr Isabelle Nuttal (left), Director, Office of the Director-General, welcomed the participants. Dr Nuttall conveyed the DG’s thanks to the Association for the work it carries out. Dr Chan was in Berlin attending a meeting of G7 Health Ministers and was about to speak on the important topic of microbial resistance. Dr Nuttall referred to WHO’s work over the past year, notably on the Ebola response and the difficulties in rapidly mobilizing resources to handle the outbreak and to get to zero cases. She paid tribute to the efforts of the staff from WHO, national governments and other entities who have been working endless hours to get the outbreak under control. A call had been launched for volunteers and many retired staff had responded and brought knowledge and experience to help in taking the difficult decisions. It is good to know that the Organization can count on help from former staff when necessary. Former staff can also assist as messengers and talk to people to set the facts straight and avoid misperceptions, based on their knowledge of the Organization. Dr Nuttall thanked the former staff for their continuing commitment to WHO and wished the participants a successful General Assembly.

Election of Chairperson and Polling Officers

On the proposal of William Gunn, Catherine d’Arcangues was unanimously elected as Chairperson.

In accordance with the AFSM Statutes, four Polling Officers were re-elected for 2015-2016 – Janet Clevenstine, Sandra Edgar, Helena Mbele-Mbong and Andrée Prodham. The Assembly thanked them for their continuing help.

Following the Adoption of the agenda, the Assembly moved on to the Proposed amendment to the AFSM Statutes. Dev Ray, AFSM President, explained the rationale for amending Article 7 which refers to a maximum continuous mandate of four years for all Bureau office holders, namely the President, two Vice-Presidents, a Treasurer, an Assistant Treasurer and an Administrator. This article has created problems in trying to fit in, sometimes artificially, previous office holders into other functions. It was therefore proposed that the limitation of the four-year mandate should apply only to the President, thus enabling him/her to select, subject to approval by the whole Executive Committee, the rest of the office holders in the Bureau. The GA agreed unanimously to amend accordingly Article 7 of the Statutes: the last sentence will therefore read “They may be re-elected every two years, with the provision that the maximum duration of continuous mandate for the President shall be four years.”

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1 About 65 people

6
The key elements of the report were presented by Dev Ray and by Sue Block Tyrrell and Jean-Paul Menu, members of the Executive Committee. Samy Kossovsky, Honorary Member of the Executive Committee, encouraged participants to get vaccinated against influenza to help protect themselves and others. Roger Fontana referred to the preparation and development of the vaccination sessions.

In accordance with the request from Zohra Ben Musa, an AFSM member who was unable to attend the Assembly, her message of thanks to the AFSM for its work and help was read out. The participants expressed their appreciation of the communications sent out by the Executive Committee, and of the Quarterly News, with special thanks to David Cohen (absent) who has been Editor in Chief since 2003, from the 51st issue. The report of the President was welcomed and approved.

Financial report and Auditors’ report for 2013-2014
Anne Yamada, who was Treasurer for the period under review, introduced the financial report (see pages 11-12). She referred to the decline in membership of the AFSM, especially annual members due in part to the fact that many annual members have converted to life membership. With regard to expenditures, the cost of the annual receptions was higher than in 2011-2012, in view of the change in date of the reception to October: three receptions had therefore been charged to the 2013-2014 biennium. The Executive Committee only spends what is necessary. Participants raised the following points:

- The increased cost of miscellaneous office expenditures in 2015-2016: this charge is for the purchase of three new computers for the AFSM office, as WHO could no longer provide suitable second-hand computers.
- The allocation for future services to life members: in line with procedures used by the Association of Former International Civil Servants (AFICS), Geneva, since 2009, eleven twelfths of AFSM life membership contributions have been set aside to provide for future services to life members; however this allocation would be insufficient to cover the long-term costs of printing and mailing the Quarterly News, which are currently covered by the WHO Administration.
- The reduction in AFSM membership: in case this proves to be a continuing trend, the Executive Committee should develop a strategy to cope with diminishing income – ideas are welcome.

Richard Saynor, one of the two AFSM Auditors, read out the Auditors’ report on behalf of himself and Charles Hager, the other Auditor. They had found that the balance sheet and the income and expenditure statements were consistent with the accounting; the accounts were properly kept; the assets and liabilities were justified, as well as the revenues and expenses. The Assembly duly approved the financial report for 2013-2014 and accepted the Auditors’ report.

A copy has been distributed to all members and is available on the AFSM website.
Election of Auditors for 2015-2016

In accordance with the AFSM Statutes, the Assembly re-elected the two Auditors for 2015-2016 – Charles Hager and Richard Saynor, and thanked them for their continuing services.

Questions on Staff Health Insurance (SHI)

The Assembly welcomed Samantha Bell-Shiers, Head, Staff Health Insurance, and Wilfrid Planchamp, the new SHI Medical Adviser.

Jean-Paul Menu, member of the AFSM Executive Committee and one of the retiree representative members on the Global Standing Committee (GSC), referred to the close collaboration of the six retiree members on the SHI governance committees – Ann Van Hulle–Colbert (absent due to a short-term contract in SEARO) and Clas Sandström on the Global Oversight Committee (GOC), and Carol Collado, Marjory Dam, Françoise Héry-Persin and himself on the GSC. Françoise and Clas were present in the room. The retiree members appreciate their good and close relationship with SHI. Jean-Paul thanked Thierry Lambrechts, the recently retired Medical Adviser, for his collaboration and welcomed him as a new AFSM member. Jean-Paul looked forward to collaborating with his replacement Wilfrid Planchamp. Jean-Paul remarked that the AFSM is often asked by its members to provide advice on health insurance matters and/or to intervene with SHI.

Samantha thanked the retiree representatives on the SHI committees for their collaboration and raised the following points:

- Claim reimbursement time: SHI staff are trying to process all claims within 15 days, with 20 days maximum; the GOC, at its next meeting, will be asked to approve an increase in staffing in the Regional Offices to ensure this target is reached.
- Email addresses: all former staff who are SHI participants are encouraged to provide their email address to SHI – so far only 40-50% of former staff have done so.
- SHI extranet which is accessible to former staff: improvements are necessary to enable former staff to get the same level of information as active staff. The WHO Legal Office has just approved the creation of a new SHI internet site which should become live in 2016 and provide improved information and services for everyone.
- Claims on-line: a system to submit claims on-line is being piloted with a few active staff and its extension is under study.
- Self-service: this service will be developed over the next two years to enable participants to check on the status of processing of their claims and to print out attestations.
- SHI newsletter: the next newsletter will be available end 2015/early 2016 and will be distributed with the annual statement of contributions. It will contain the new SHI rules: Françoise Héry-Persin and Jean-Paul Menu are on the working group which is looking at the new rules: the proposed changes will be submitted to the GOC in November and Clas Sandström will be the retiree representative at that meeting – the proposed changes will then be sent to the Director-General for approval.
- Long-term nursing care: SHI plans to develop new rules in this area and will recruit a consultant to look at these needs across the world – hopefully new rules will be drawn up within the next few years.

Discussion followed on several areas:

- Preventive medicine: some countries, e.g. Germany, focus too much on surgery, rather than preventive medicine and rehabilitation. Preventive care is in line with the World report on ageing and health just released by WHO. This is a complex global issue and SHI has been in contact with the consultant working on the report in the WHO Department of Ageing and Life Course. Wilfrid Planchamp commented on his personal interest in this area and on his hopes to be active in helping SHI to play a role in encouraging and putting in place preventive medicine activities.
Analysis of rejected claims due to submission after the deadline: SHI has such statistics and there are very few claims which are rejected. The database rejects the claims, not SHI staff. Each year about five such cases (mainly from active staff who travel frequently) are contested and are submitted to the GSC. There is only one retiree case this year. All cases this year have been refused except for one from a family member who had found a claim after the participant had passed away. The Assembly participants expressed their appreciation of the Staff Health Insurance and thanked the SHI representatives and their staff for all their help.

**Questions on pensions**

The Assembly welcomed Alan Blythe, Chief of the Geneva Office of the UN Joint Staff Pension Fund, and Aliamane Bacar Said, Chief, Client Servicing and Records Management. SecDev Ray, AFSM President, thanked the staff of the Geneva office for their help and close collaboration, and highlighted some key issues:

- The Pension Fund is in a good financial position, with assets at around USD 54 billion and rendering a 3.5% rate of return at the end of 2014.
- There have sometimes been problems with disbursement of pensions, mainly due to banking problems.
- The introduction of the new Integrated Pension Administration System (IPAS) is ongoing: there have been a few teething problems.
- The recent charges instigated by representatives of UN staff unions against the CEO of the Pension Fund, e.g. that the CEO wants to control the investments and that investments in hedge funds are being considered. Such allegations have caused alarm amongst retirees. The AFSM tries to find out the facts and until now the allegations seem to be baseless. The investment side of the Fund is kept separate from the operations side. In addition, the revision of the Memorandum of Understanding between the UN and the Pension Fund governing administrative procedures, which would allegedly give more power to the CEO, seems to have been put in abeyance indefinitely. It would be a good idea if the Pension Board designated an independent expert to answer all the questions on the allegations.

Alan Blythe provided the following responses:

- He welcomed the positive feedback on the support given by the Geneva office.
- Regarding the status of the Fund, 2014 had been a very good year: 2015 may see a drop in the return rate to 3.1%, with assets at USD 51 billion, in view of the volatile market conditions. Carol Boykin is in charge of investments and will be able to explain the situation.
- With regard to the introduction of IPAS, pension disbursements have not been an issue but there have been other problems, e.g. for new retirees to secure their pension. The staff are working hard to resolve the problems. Aliamane has spent a lot of time in New York and other staff have had to back him up in the Geneva office. It has been a difficult period to cope with the IPAS introduction and the allegations.
- It would be a good idea to secure an independent expert to respond to questions on the allegations.
- A report will be made to the UN General Assembly and delegates are likely to ask questions.
- The revised Memorandum of Understanding between the CEO and the UN administration, which includes some delegation of authority to the CEO for appointment of staff and procurement etc., has been under difficult discussion for some years now. The debate became political and the staff unions got involved. Confidence and trust need to be re-established.

General discussion focused on the following points:

- Participants expressed their gratitude for the UN Pension Fund which works very well, despite its complexity of being global and dealing with so many fluctuating currencies.
Participants were encouraged to convey this message to younger colleagues – it is important that the Fund remains a defined benefit scheme.

- With regard to the governance of the Fund, under its tripartite system only the governments, administration and participants (active staff who contribute) have voting rights: beneficiaries are only observers and it would be good for them to have voting rights. However, it was noted that the participants and the Pension Board as a whole usually pay attention to the beneficiaries’ points of view. Beneficiaries work in harmony with participants, who convey their points of view, and beneficiaries are included in working groups. It would be difficult to change the situation.

- Concerning the impact of FICSA (Federation of International Civil Servants’ Associations) and CCISUA (Coordinating Committee for International Staff Unions and Associations of the UN System), such bodies also have observer status at the Pension Board and are invited to make statements. The Board needs to be attentive to all points of view.

- The new IPAS system will bring improvements of interest to retirees:
  - The merging into a single payment for those who have more than one retirement number and more than one pension.
  - A choice of payment schedule for those who have small pensions, e.g. these could be paid monthly, or be grouped and paid quarterly or annually etc.
  - Certificates of Entitlement can be printed online for those on the dollar track, but not for those on the double track.
  - The Geneva Office can now service all aspects of the Certificate of Entitlement for beneficiaries in Europe: such Certificates no longer need to be mailed to New York.
  - In due course, a self-service section will allow beneficiaries to see their payment details on a monthly basis.

The Assembly participants thanked the UNJSPF representatives and their staff for all their help.

Rejuvenating AFSM – restoring vitality, reviving and ensuring continuity

Maria Dweggah, member of the Executive Committee, summarized the benefits of joining the AFSM and made a strong and lively plea to the participants to help the Executive Committee, by being a candidate at the next election, volunteering as a co-opted member for special tasks, volunteering to join the editorial board of the Quarterly News and/or submitting articles, encouraging others to join, sponsoring an event, and helping to reduce the costs and work of the Treasurer by becoming a life member.

Various comments, suggestions and offers of help were made by participants.

Comments:
- The situation of declining membership and of fewer volunteers to help is being faced by other associations – members like to get the benefits but are not prepared to support the associations. Staff no longer spend their career in the international organizations and this can impact on the Pension Fund.
- Some staff leave the organization under unhappy circumstances and do not wish to remain in contact.
- Staff on the point of retiring, have so many more important matters to deal with and it would be better to approach them after they have had time to settle in retirement: however, their contact details are not always easy to find.
- Staff could be approached when they are nearing retirement.
- Continuing emphasis should be placed on joining the AFSM at the pre-retirement seminar: however, people who indicate at the time of the seminar that they are interested often do not join.
- About 40% of the WHO workforce will retire in the next couple of years.

Suggestions:
- Insert a box on joining the AFSM in the optional section of the clearance checklist that staff leaving WHO have to complete.
- Publicize more stories on the help that the AFSM can provide.
General Assembly

Offer to send the Quarterly News to each new retiree for one year whether they join or not: ask at the pre-retirement seminar that those interested in such an offer should share their private email address with the AFSM.

Several participants offered their help on specific tasks, either during the Assembly discussions or after the meeting had ended.

All AFSM members are kindly requested to submit other ideas, Volunteer their help if they can, and at minimum encourage their friends who are not members to join the Association.

Closure

The Chairperson expressed her gratitude to the presenters, the interpreters (Geneviève Clément and Christian Stenersen) and the operator (Mme Hoang) for their excellent services. She also thanked the participants for their constructive and helpful comments and the Executive Committee members for all their efforts to help AFSM members. Dev Ray, AFSM President, thanked Catherine d’Arcangues for her excellent chairmanship of the Assembly and invited all those present to the reception.

The text is from Sue Block Tyrrell and the photos are from Samy Kossovsky and Jean-Paul Menu

Financial report


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<td><strong>Total assets</strong></td>
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<td>Funds available at the beginning of the period</td>
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<td>Funds available at the end of the period</td>
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<td>Cumulative allocations for future services to life members</td>
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<td>2011-12</td>
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<td><strong>Total</strong></td>
<td>39,789.90</td>
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Income and expenditure accounts 2011-12 & 2013-14 and Budget for 2015-16
(in CHF)

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<td>Flowers (funeral)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Reimbursement of AFSM representation costs</td>
<td></td>
<td>535.30</td>
<td>300.00</td>
</tr>
<tr>
<td>Hospitality</td>
<td>697.75</td>
<td>225.90</td>
<td>400.00</td>
</tr>
<tr>
<td>Donation to Solidarity Fund</td>
<td>350.00</td>
<td>875.00</td>
<td>800.00</td>
</tr>
<tr>
<td>Membership fee to Geneva Plateforme</td>
<td></td>
<td>400.00</td>
<td>400.00</td>
</tr>
<tr>
<td>Allocation for future services to life members</td>
<td>12'621.15</td>
<td>10'703.49</td>
<td>11'000.00</td>
</tr>
<tr>
<td><strong>Total expenditures</strong></td>
<td>24'096.65</td>
<td>25'339.84</td>
<td>24'850.00</td>
</tr>
<tr>
<td><strong>Excess income over expenditures</strong></td>
<td>5'600.69</td>
<td>1'009.57</td>
<td>480.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>29'697.34</td>
<td>26'349.41</td>
<td>25'330.00</td>
</tr>
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</table>
As indicated in the article on the International Day of Older Persons on 1 October (see page 21), WHO issued its World report on ageing and health – available through the link www.who.int/ageing - and is preparing a Global Strategy and Action Plan on Ageing and Health.

On 19 October, the WHO Global status report on road safety 2015 was issued, with information from 180 countries, showing that the total number of road traffic deaths has plateaued at 1.25 million per year worldwide. While there has been progress on improving road safety legislation, the pace of change is too slow.

On 10 November, WHO announced that Africa is close to elimination of meningitis A, thanks to successful vaccination campaigns of MenAfriVac which costs less that USD 0.50 per dose.

16-22 November was the first World Antibiotic Awareness Week which aimed to encourage best practices among the general public, health workers, policy-makers and the agricultural sector to avoid further emergence and spread of antibiotic resistance. Five simple instructions were drawn to the public’s attention:

- Only use antibiotics when prescribed by a certified health professional
- Always take the full prescription, even if you feel better
- Never use left-over antibiotics
- Never share antibiotics with others
- Prevent infections by regularly washing your hands, avoiding contact with sick people and keeping your vaccinations up to date.

On 17 November, WHO called upon countries at the UN Climate Change Conference to make bold commitments to protect our planet and health. WHO has produced a new series of Climate change and health country profiles which illustrate how investments in low-carbon development, clean renewable energy and strengthening climate resilience, are also investments in health.

With regard to Ebola,

- in October, WHO announced that preliminary results of a study into persistence of Ebola virus in body fluids have shown that some men produce semen samples that test positive for Ebola virus 9 months after onset of symptoms
- on 7 November, WHO declared that Ebola virus transmission had ended in Sierra Leone
- on 23 November, an Independent Panel on the Global Response to Ebola, chaired by Professor Peter Piot, Director of the London School of Hygiene and Tropical Medicine and co-discoverer of the Ebola virus, concluded that a slow international response and a failure of leadership were to blame for needless suffering and death cause by the recent Ebola epidemic. The experts’ report, published in The Lancet, criticizes WHO for being too slow to declare Ebola an international public health emergency. Some political leaders were also criticized for playing down the outbreak and not calling for international help. The report makes recommendations for improving systems to cope with future outbreaks. Quoting Peter Piot “The AIDS pandemic put global health on the world’s agenda. The Ebola crisis in West Africa should now be an equal game-changer for how the world prevents and responds to epidemics”.

Sue Block Tyrrell

Further information can be found on the WHO website – www.who.int
Whilst in England recently, I was invited to attend with my daughter (who, as Miss United Kingdom, was on the judging panel), the 2015 Awards Ceremony of the Young People of the Year (YOPEY) in Cambridgeshire, held at St Catherine’s College, Cambridge. The YOPEY campaign was founded about 10 years ago by Tony Gearing, a former national newspaper journalist, to give young people a fairer image in the media, and society as a whole, by “revealing, recognising and rewarding” young unsung heroes and setting them up as positive role models for other young people to copy. As part of its mission, YOPEY improves relations between the generations, including helping to reduce the elderly’s fear of teenagers. YOPEY is active in various counties and is mainly sponsored by local companies.

Many senior local dignitaries attended the event but the whole evening was run by young people. Ten finalists had been chosen from Cambridgeshire and their activities were presented to the audience by students from a local sixth form college. Each of the finalists has done and continues to do good work in their community, ranging from caring for and inspiring others, raising money and campaigning for good causes, training other young people, cleaning graves of those who have died in war, and befriending seniors.

It was a very hard task to choose just two winners, for the senior and junior categories. The senior category was won by Amira Haque, age 20, who has devoted hundreds of hours to set up and run campaigns to encourage young people to love themselves and not their image. Amira was awarded £500 – just £100 for herself and £400 for her chosen charity – Vinspired which is dedicated to helping young people volunteer for causes they care about, providing them with opportunities to gain new experiences and skills for life.

The junior category was won by Tiffany Baldwin and Corben Russell, both aged 14, for setting up a befriending scheme between young and old. Corben became inspired to start this initiative after reading on social media that many young people in his area were engaged in anti-social behaviour and he had seen a group of boys taunting a pensioner in a local sheltered housing scheme. Corben approached his friend Tiffany and they came up with their “Connecting the Community” project to bring the generations together. See the photo of these two amazing young people - taken with the High Sheriff of Cambridgeshire – they have kindly consented for their photo to be in our Quarterly News magazine. Their prize was a cheque for £300 – just £100 for themselves and £200 to their chosen charity – the Ramsey Neighbourhood Trust that provides support to the community of Ramsey which is an area of Cambridge.

For me, it was a very special evening. Most inspiring to learn that such an organization exists to help promote and recognize good work by young people. As quoted by its founder, “YOPEY is helping to create today the great citizens of tomorrow”. Well done to all those teenagers who participate in good causes and good luck to YOPEY in pursuing its mission for many years to come.

More information on YOPEY can be found on www.yopey.org or www.youngpeopleoftheyear.org

Sue Block Tyrrell

New members

Life member: Maria Santamaria
Annual member: Muriel Lisk
**Astronomy**

*Skies for January – April 2016*

This is the time of year for bright stars. Actually, the only bright planet around at the moment is Jupiter, which rises over in the east in mid evening. But look south (or north, in the southern hemisphere), and you will see the unmistakable constellation of Orion, with its three stars in a line, Orion’s Belt, framed by a quadrilateral of other stars.

There is a reason why there are so many bright stars in this part of the sky. The whole area is the nearest star birth region to the Sun, and the brightest stars here have all formed comparatively recently – by which we mean in the past few million years.

The most massive stars are very bright, but they pay for this with short lifetimes. Whereas less massive stars such as our Sun live for billions of years, monsters such as the brightest in Orion last only a few million, blazing hundreds of thousands of times as brightly. So starbirth regions are studded with brilliant stars, but these will soon die, leaving just the lesser ones.

Some of the gas from which stars form is visible in the form of the Orion Nebula, some way south of the three Belt stars. Scan the area with binoculars and you should see it.

But do not expect a new star to suddenly shine out – the process takes tens of thousands of years.

If you want a map of the whole sky for each month, go to the Society for Popular Astronomy website at [www.popastro.com/youngstargazers/skyguide](http://www.popastro.com/youngstargazers/skyguide).

*Article kindly provided by the British Society for Popular Astronomy*

**Public Health Leaders in WHO**

While WHO’s governing bodies and the Director-General have the principal roles in approving the organization’s programmes and budgets, a number of individuals have played, openly or discreetly, an important role as advisers to the chief executive, or as significant leaders in specific programmes. Among them:

**Milton Siegel** (USA) served WHO in 1947 until 1971 as Director of Administration then Assistant Director-General for Finance and Administration. He is credited for having created and maintained WHO’s administrative policies and structure, gaining the reputation of the best-managed UN agency at the time.

**Joshua Cohen** (Israel) was a close and influential adviser to Dr Mahler from 1973 to 1988. He claims that he was the initiator of the “Health for all by the Year 2000” concept and that he resisted political pressures and battled against UNICEF’s Jim Grant. He left WHO when Dr Mahler’s term ended.

**Donald A(DA). Henderson**

Dr Henderson, American physician and epidemiologist, was head of the WHO Smallpox Eradication Programme at its Geneva headquarters from 1966 to 1977. He was born on 7 September 1928 in Lakewood, Ohio, USA.

Henderson received his M.D. in 1954 and an M.P.H. degree in 1960. He worked in the Epidemiology Service of the US Communicable Disease Center (now the National Centers for Disease Control and Prevention) in Atlanta, Georgia (1955-1957 and 1960-1966).

Henderson joined WHO in 1966 as chief of the Organization’s Smallpox Eradication Programme. In October 1977, the last case of smallpox was reported in Somalia. In 1980, smallpox was declared eradicated by WHO, a major and lasting achievement for WHO.

**The WHO Smallpox Eradication Programme**

Over the twentieth century, smallpox caused around 300 million deaths worldwide, mainly in low- and middle-income countries. It threatened 60 percent of the world’s population, killing every fourth victim, scarring or blinding most survivors, without known treatment. The initial response of Member States to WHO’s proposed establishment of a smallpox eradication programme was tepid. However, the offer of a vaccine initially supplied by the US, and its later production in the WHO laboratories in Geneva, provided the impetus to flatten the curve of transmission enough to enable the World Health Assembly to declare smallpox eradicated in 1980.

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1 Interview of Milton P. Siegel, in *Archives of WHO*, 1982 and 1986
http://www.int/archives/fonds_collections/special/oral_history .

programme in 1950, and between 1953 and 1955 was negative. It was only in 1958, following a successful national smallpox eradication programme in the USSR based on compulsory vaccination, that eradication was thought to be feasible.

In May 1966, the World Health Assembly approved the intensified global smallpox eradication programme (Res. WHA19.16).

According to Dr Henderson, the Director-General, Dr M.G. Candau, was not happy with the Assembly’s endorsement of the proposed smallpox eradication as the eradication of malaria was not going well. Candau was concerned that the failure of a eradication programme would reflect badly on WHO and the public health community. As the United States was eager to have the programme approved, he asked that an American be assigned to head it, so that if the programme failed, the responsibility would be shared with the United States. The US Assistant Surgeon General called Henderson to Washington to tell him he was assigned to WHO in Geneva. Dr Henderson himself was reluctant to accept the international job, as he had been in charge of a US smallpox eradication-measles control programme in Africa for only a year under the US Centers for Disease Control in Atlanta, Georgia. He accepted to come to Geneva for eighteen months and stayed for eleven years.

In the words of Henderson, the virus had qualities, which made it “a relatively easy disease to eradicate”. “The vaccine was effective, long-lasting, relatively cheap, easy to administer, easy to transport, it worked with only one dose and required no refrigeration”. Outbreaks were easily identified because every victim had a visible rash.

In the late 60s and early 70s, conventional wisdom held that the way to eradicate a disease was to vaccinate the entire population. Mass vaccination turned out to be insufficient. Henderson stressed the need for surveillance and containment, i.e. reporting and controlling of cases where, when a case was identified, the sick person was isolated quickly and all the patient’s primary contacts (relatives, neighbours, co-workers) and secondary contacts (contacts of contacts) were vaccinated. The programme work was done by local public health workers in countries with the support of nine staff members in the smallpox unit in Geneva and 150 international staff in the field. WHO staff served as a catalyst.

The programme had to overcome many problems: lack of funds, unavailability of vaccine of adequate potency, bureaucracy in WHO, countries’ political and financial problems. National and international smallpox workers had to toil under gruelling conditions, often living in villages without electricity or running water.

In October 1977, a young man from Somalia named Ali Maow Maalin became the last human case of naturally occurring smallpox in the world – he survived. In 1980, WHO declared the disease eradicated.

Henderson’s leadership and determination were key to success with the support of Director-General H. Mahler. When the health minister of Ethiopia would not cooperate with him, Henderson went to the country and unblocked the situation by befriending the personal physician of the Emperor, Haile Selassie. When Henderson was concerned that the Russians were supplying vaccine of insufficient potency, he travelled to Moscow and demanded better vaccine, violating orders from his superiors who feared a diplomatic crisis. He also by-passed clearance by WHO Regional Offices when quick action was needed to support country programmes.

In February 1977, Henderson left Geneva to become Dean of Johns Hopkins School of Public Health. In October 2001, he was appointed Chair of a new national advisory council on public health preparedness to better counter bioterrorist attacks. He has received many awards and honorary university degrees in the USA and 14 other countries.

Again an iconoclast, Henderson countered conventional wisdom in 2002 by speaking against global efforts to eradicate polio.

WHO still relies on the smallpox eradication success story as evidence that its global work and reach can achieve results. However it remains as the only example of the completed eradication of a specific disease.

Dr Henderson is considered a “real American hero” in his country.

A second part concerning Dr Jonathan Mann will be in QNT’s next issue.

Yves Beigbeder
Passenger on a cargo ship: 46 days crossing the Pacific

Following his retirement as RD EURO, our colleague, Marc Danzon made several trips around the world using non-conventional means. In February 2013, he boarded a cargo ship.

It was a great trip.

A round trip of 46 days in the South Pacific, on the Matisse, a container ship 190 meters long. I used to dream when watching the large cargo ships pass by my office in Copenhagen. They used to dock along the pier below my building. I wondered what sort of life these sailors had, rushing to the pier to do some shopping before returning to their ship. I went to discover the answers by boarding at the port of Manzanillo, gateway to the Panama Canal, Atlantic side.

Formalities completed, the shuttle drives me to the last pier in front of the Matisse. It is night but excitement is all around me. In the air, ballets of containers are being tossed to and fro like straws by monumental cranes. On the ground, another ballet is being performed, that of the trucks delivering and receiving their cargo. I will keep this impression of a giant anthill at each stop.

I somehow succeed in reaching the top of the ladder. The library I carry in my small suitcase weighs a ton! At the top, I am greeted warmly by a Filipino sailor. He shows me to my cabin on the fourth level deck, with an elevator, at the front of the habitable part of the ship. His priority mission is to inform me of the safety instructions, a permanent obsession at sea. The cabin will do! Just as well, for such a long stay. The furniture is simple, heavy and properly secured. The cabin is basic, functional and spacious. A tiny bathroom occupies a corner of the room. I have no complaints about my living space. The Filipino crew and the Indian workers share six-bed dorms. Some stay on board for a whole year. The sea does not erase social inequalities.

Around five in the morning, the last containers loaded, the Matisse slowly moves towards the entrance of the canal. Traffic is dense. You have to wait your turn to start navigating to the Pacific Ocean.

Once on the way, we progress slowly, almost majestically in the meanders of the canal between banks covered by tropical forests, interrupted only by black and red soil scaling parapets and by canal expansion building sites. We go through the locks towed by powerful locomotives roped to the ship. Small pilot boats whirl around us. We pass crafts of all sizes. A great show. I even see a crocodile crawling to the shore. I still think of the thousands of workers killed by malaria in order to build this wonder of the world, paid for at such a heavy price.

Acquiring sea legs when you have moved about only on firm ground for more than sixty years is not an easy thing. So in a few hours I had to learn new laws of balance and gravity. Suffice it to say - totally forget my old way of walking to discover one that adapts to the movements of the boat. Making my way from my cabin to the canteen was for the first few times like going on an obstacle course. Tossed by the rolling of the ship, I bounced off one side of the wall of the long corridors and then side of the wall and then off the other. The pitch of the boat gave me the impression of climbing higher and higher and then suddenly of rushing down a hill whose slope was rapidly rising. After a few days the results are encouraging. I still move with my legs apart to expand my support polygon but I manage to get around keeping almost in a straight line. The Matisse is owned by the French company CGM; the crew consists of twenty-seven people. Croatians and Montenegrins are the officers and engineers, Filipinos are the crew and Indians are the workers temporarily on board for maintenance of the vessel. It is far from the overcrowded crews of cruise ships. It is true that passengers are also very few, five at most. They should in no way disrupt
Cargo ship

Life on board is set like clockwork. Breakfast at 7 am, lunch at 12 noon, dinner at 6 pm. In reality this necessary rigidity changes almost every day according to the changing time zones. The food is simple but too seasoned to the Captain's taste, who keeps repeating to the cook that he has had enough of the Filipino diet and wants European food. The cook pays no attention to him. He continues to cook as if he were at home, loudly singing his local songs. The calories are needed by the workers, but less by the passengers. I try to burn them off by forcing myself on the bike for half an hour in the gym while reading the Agatha Christie books I found in the well-stocked and multilingual library. Before starting the trip, I had often wondered how I would occupy my time during the long days. This question seemed to obsess my friends more than me. Many predicted unbearable boredom and recommended that I bring a load of books in my luggage because, unfortunately, I hate reading from a screen. So I carefully selected ten books rejecting the ones that were too big or too bulky. I gave priority to books on sea travel.

I hardly dare admit that I am busy from morning to night. In my free time, I regularly play tennis; well, almost, because I practise in the sailors' living room on a television screen, undulating to the roll and pitch of the ship. The swimming pool is small but it also espouses the movements of the boat to become a pool of waves. I go there frequently. The sailors never go. They must be fed up with seeing water everywhere and all day. Their life on board is dedicated to work from 8 am to 5 pm and by shift of 24 hours for officers. A variety of professions are on board to maintain the vessel: painters, welders, electricians, plumbers. Most are versatile and acrobats. Engineers are the most to be pitied; they spend their time below deck in the heat and noise. Like the rest of the ship, the machinery and the engine are spotless. Along with safety, order and cleanliness are imperatives. Who says men are disorderly? However they often resist personal safety protection. Mandatory helmets for work are on paper only. Marco, the chief officer, asks me to give mine to the workers when I film them. Even in the deafening machine room sound protection helmets remain in the cupboard. They find them too hot for the prevailing heat. A good subject for study and reflection for occupational medicine. I allowed myself some humour. "Soon you will be completely deaf, you won't need them anymore."

All this contrasts with the importance and care devoted to safety. Daily training after work. The captain takes over and carries out a fire drill, a collision simulation exercise or of a man overboard at sea. Under the leadership of Marco, all the crew equipped with helmets and life jackets, react as if it were real. Once a week: first aid classes, CPR, mouth to mouth and defibrillation. The boat is in permanent telephone contact with a hospital for guiding medical interventions in case of need. You never forget that help is often several days-at-sea away. You have to know how to fend for yourself. Contrary to what I believed, even for me, the days pass quickly. After a while, I am free to go where I want as long as I respect the safety rules.

I spend a lot of time on the bridge. Although much is automated, you still need someone to scan the horizon. But it does not serve much purpose in view of the total void around us. Apart from the gannets and diving birds that accompany us and their food source, the flying fish, there is nothing in sight for days and days. You have to approach the coast to see any life. I enjoy being in the midst of this emptiness. Several times a day I am the third person on the bridge. I learn quickly to fix our location on the control screens that tell us in real time about our speed, the depth of the ocean, our geographical position and the rare presence of other ships in the vicinity. I follow our progression on the small-scale charts in the map room. But my prolonged observations of the sea will not enable me to spot the whale, probably a mythical one that the crew have told me about. However, I am delighted to see sperm whales and dolphins playing hide and seek with the boat.
I even get up in the middle of the night to admire the starry sky. I have never seen and I certainly will never see any more beautiful skies. True magic that contrasts with the darkness of the night.

I learn to recognize the constellations of Orion and Sirius. I find them every night. After a few days no one is surprised any longer to see me watching the sky and the sea for hours. I know everyone and vice versa. Surprisingly we do not often meet. The long corridors are often empty. Finally everyone, including myself, is busy. The ship is large, laden with its 1,000 containers whose contents are unknown. We meet in the evening after dinner to pass time but with each social category in its place. Cinema, table tennis tournament for the more sportive, karaoke, video clips; but officially, no alcohol to respect the zero tolerance rule. Safety first. On festive days we gather on the lower deck for a barbecue (see photo) with a few cans of beer circulating but it is kept hush. For Easter, we enjoy some delicious fresh tuna that the captain exchanged with Chinese sailors against cigarettes during the stopover in Fiji. This trip makes me even forget my past as a health promoter!

Life is difficult on board in this exclusively male universe, away from families for long periods. The length of stay on the Matisse is 3, 6, 9 up to 12 months. A young sailor tells me he has just seen the birth of his child. He will only see him again in six months’ time. Another will get off at the next stop after a year spent on board. Internet access is limited. There is only one computer for the whole crew. Telephone calls are expensive especially for those on low sailors’ wages and who sometimes support an entire family back home. The crews change every trip. It is the company that makes up the crews as needed. On Sundays you can sense the nostalgia and melancholy. But no-one complains. They surely prefer to dream of reunions however far off in the future.

And what about the stop-overs I hear you ask? They were brief. Whatever, they were not my primary objective. Of course I will remember the arrival in Tahiti at sunrise, the tornado in the Fiji Islands, the beauty of the coast of New Caledonia, my walk in the middle of Sydney harbour, the vastness of the bay of Melbourne, my visit of the city of Taranga in New Zealand; but, above all, the almost three weeks without stopping before returning to the port of Manzanillo.

After brief and sober farewells to my friends, the people of the sea, I found myself alone on land. I felt that having acquired sea legs, I had lost my land legs. Luckily I found them after a few days.

PS: I ordered my trip through a specialized travel agency, the CCC Catalina Cargo Conseil in Paris 
http://www.cargo-voyages.com

Marc Danzon
Jumping into the void

A free-fall skydive with a parachute is a spectacular activity but it does not require any particular sporting qualities. You can do it at any age. On the internet you can read about a Brazilian lady who jumped at 103 years of age.

At age 75, I was determined to have a go. In November, in beautiful weather, about ten of us were crammed into a small plane which took us up to 4000 m above the plain of Pô, opposite the Alps.

As a beginner, I was strapped to an instructor and when the door opened we just let ourselves fall out into the void. Very simple. Then you have to open your arms to fall face down towards the ground for about a minute, at 200 km per hour. At 1500 m, you open the parachute and, several minutes later, land gently.

However, such jumps are not without risk – the risk of wanting to do it again. Which will probably be my case. How about you?

Jean-Paul Menu

Ex WHO V building to host asylum seekers

The Hospice general of Geneva, which is responsible for housing, financially supporting and integrating asylum seekers attributed to the Canton of Geneva, has for some time been looking for alternatives to the civil protection shelters currently used to house asylum seekers. When the Canton of Geneva acquired the V building, now to be known as bâtiment Appia, the Hospice agreed to use it as a temporary shelter.

The refitting of the building will start in October. It will take about 3 months, to be used as from early 2016. Inhabitants of the building will be single men, most likely from Eritrea and Syria, who have either been granted refugee status or are awaiting the outcome of their asylum request.

Jean-Paul Menu
This year a panel discussion and exhibition on "How to get to 100 – and enjoy it!" were organized at the Palais des Nations in Geneva by the United Nations Economic Commission for Europe (UNECE), in cooperation with the NGO Committee on Ageing, Geneva.

The interactive exhibition prepared by Population Europe and others, took a life-course approach, using tablet computers to take visitors into a virtual world, with expert interviews, data, questionnaires and other games. It attempted to reverse fears about ageing, showing the enjoyable parts without brushing over its challenges. One such programme asked some life-style questions and computed the life-expectancy of the visitor.

Four panellists led the discussions, moderated by Alanna Armitage, Director of UNFPA, Geneva:
- Vitalija Gaucaite Wittich, Chief Population Unit, UNECE
- Alana Officer, Senior Health Adviser and Editor of the World report on ageing and health, Department of Ageing and Life Course, WHO
- Xenia Schell-Adlung, Health Policy Coordinator and author of the study Long-term care for older persons: A review of coverage deficits in 46 countries, ILO; and
- Silvia Perel-Levin, Chair of the NGO Committee on Ageing, Geneva.

In her presentation, Dr Officer referred to the recently issued World report on ageing and health, and invited participants to make comments on the draft WHO Global Strategy and Action Plan on Ageing and Health prior to a consultation on healthy ageing held at WHO/HQ on 29 and 30 October. The attention of readers for whom we have email addresses, was drawn to the World report and the draft Strategy on 5 October. The final draft of the Strategy will be submitted to the Executive Board in January 2016.

Sue Block Tyrrell

The United Nations Office in Geneva had an open house on 24th October to celebrate its 70th anniversary. People were invited to visit the UN building and the park without any prior clearance. Although the UN expected about 10,000 visitors, about 19,000 turned up. The UN also invited the specialized agencies and various offices to set up demonstration stalls. The buildings were overcrowded and some of the offices could not even be entered due to crush of visitors.

Photos showing Roger Fontana and Maria Dweggah who joined the active staff at the WHO stand
Your Executive Committee enjoys excellent collaboration with the WHO/HQ communications team. We have worked with them on the International Day of Older Persons, on articles for the HQ Intranet and in October they invited us to join them at the WHO stand at the Palais des Nations on the occasion of the 70th anniversary of the United Nations – see the article above. Earlier in October, they published an article for the Intranet under the above title to inform active staff about our activities. Below are a few quotes from their article: “They are a strong network advocating for key matters concerning staff, such as health insurance and pension benefits. They spend their time leading an active life travelling, writing, and teaching. They are a repository of information about WHO’s history, and more.”

“They never cease to provide useful information and contacts to enliven the lives of retirees.”

“Helping retired staff contribute, says Dev Ray, current President: “We try to be helpful to retired staff while trying to contribute to the goals of WHO. We also save the Organization some of its time and resources by addressing the requests of retirees instead of them approaching WHO itself. In addition, we are helping to protect the interests of current staff who will be retirees in the future.”

Adds Jean-Paul Menu, his deputy: “While providing as much service as possible to those members living in the Geneva area, our goal is also to strengthen links and contacts with our colleagues all over the world, either directly or through sister regional associations in the Americas, Africa, Asia and the Pacific and Europe.”

Many thanks to the communications team and we look forward to our future collaboration!

Executive Committee

AFSM: Retired but active in WHO

Day event on loneliness organized by the «Platform of Associations of Older Persons” in Geneva

This association, which includes most of the associations of seniors in Geneva, and of which the AFSM is a member, held an entire day seminar on 5 November devoted to the loneliness of older persons. In the morning there were presentations by those responsible for various groups in Geneva and France. The relevant Geneva authorities participated and presented ways to combat the loneliness of older persons. The afternoon was dedicated to workshops dealing with various subjects: prevention of loneliness, detection of loneliness, steps to be taken etc. The seminar was a great success: 80 participants were expected and 188 turned.

David Cohen and Roger Fontana represented AFSM

David Cohen
The Colour Wheel

I am a quilter. I was introduced to the world of patchwork and quilting during my six-year spell at the WHO Office in Brussels in the mid-1990s and, realizing that it could easily devour my free time, decided to put it on hold until retirement, when I could devote as many hours as I liked to this craft.

I have always enjoyed sewing – in fact, all types of “needle work”, in the broadest sense of the term. When I was young, my mother used to make most of our clothes, so it was second nature to follow her example. She even encouraged me, aged 10, to use her electric sewing machine. I never looked back. It was a pleasure to shop for material and to turn it into something unique, and that pleasure still remains.

Patchwork is different, and opens up the world of colour in a totally different way. Dressmaking may be considered to be restrictive, in that you usually choose one fabric in the colour to suit your taste; patchwork, on the other hand, demands a variety of colours which work well together in one project, be it a quilt or something smaller, e.g. placemats, table runner or wall-hanging. You quickly need to learn how best to use colour in order to create something stunning.

The basic rule of thumb I learnt early on was that “one dark, one light and a couple of mid-tones (or neutrals)” produce a good contrast, although probably not outstanding. Rules of this nature are made to be broken, and these days almost anything goes – and the more variety the better! In the colour stakes, however, things are somewhat different. The colour wheel is an indispensable tool of the trade – showing not only the primary, secondary and tertiary colours, but also the analogous, complementary and triadic hues. Choice of colours and their placement within a quilt can totally transform your work from the mundane to the outstanding. It also depends on what effect you want to achieve. I am not sure that you would get a good night’s sleep under a predominantly red quilt – the colour red excites and signals danger. However, a principally red wall-hanging would be inspiring in an area where you wanted stimulation – a workshop or exercise area. Blues and greens are generally more restful shades, and judiciously combined can produce spectacular results. We are taught to be wary of using too much yellow as a contrast in a quilt, as our eyes are automatically drawn to it; you can test this yourself by squinting at a crowd of spectators at any event (tennis at Wimbledon comes to my mind!) and noticing which colour stands out. Yellow has the highest light reflectivity – hence its use in high-visibility jackets.

Quilters are helped in our choice of colours by the fabric manufacturers who, unlike dress material producers, launch assortments to blend in with each other – often around six different patterns at a time, giving us a good selection. My current favourites are three designers all with different styles working independently although as a group for one manufacturer, with one of the three coordinating the colour schemes issued on each occasion. They launch between 50 and 60 fabrics twice a year, and annually publish a book showcasing ideas for their use in combination. Two of the three travel the world giving lectures on the use of colour and inspiring quilters by leading classes focusing on their patchwork patterns. The quilts they produce can only be described as “vibrant”. Not perhaps to everyone’s taste, but they do have a huge worldwide following.

While I would not necessarily advocate applying the quilting colour “skills” to clothing, it would be wonderful to see the older generation re-investing in colour. Tradition has it that babies are dressed in pastels, but it seems we come full circle in our later years and take cover in a variety of muted beiges, drab greys and creams, not to mention the ubiquitous black. Let’s find our joie de vivre again, and give some wardrobe space to the bright hues and jewel tones that would brighten our days – particularly in the dreary winter months – raise our spirits and boost our morale.

Patricia Downes

If someone among our members has a hobby, please let us know
Our 101st issue (October 2015) elicited reactions from readers who found several articles, ranging from health insurance to book reviews, of direct interest. We were delighted to hear from them.

Special thanks to Tanja Sleuwenhoek (Ethiopia) who wrote: “I really like reading the Quarterly. It reminds me of the (good) old days and of WHO in general and more. Staying in touch, particularly when not living in the western world is important”.

Roger Aertgeerts (Belgium) wrote us a long and interesting letter. Here are some extracts:

Dear President,

Thank you for the October 2015 issue of AFSM News. Several articles caught my attention. I would like to respond, share my thoughts...

1. Concerning driving and seniors, particularly the dangers of retinopathy in diabetic patients. … In Belgium, patients with diabetes II are followed every six months and undergo a complete medical examination, including tests on potential visual impairment, at least once per year. In Belgium the law requires you to report to the town hall immediately upon diagnosis of diabetes for the purpose of surrendering the standard unlimited driving licence. Within a few days, a time-limited driving licence is issued based on a medical certificate issued by the treating endocrinologist. This driving license is typically for five years from the first change-over. One is also required to inform the insurance company of the diagnosis. However, it is important to realize that it is the treating physician who decides on the physical fitness to operate a motor vehicle, and not the insurance company.

2. Concerning the difference in mentality between older and newer retirees. I agree that there is a significant difference in the attitude towards the Organization between older and younger retirees. I would submit that this is caused to great extent by the changed approach of the Organization to its staff. I remember that until the early 1980s the standard career path at the UN and its specialized agencies was an initial trial period of up to three years followed, by a permanent appointment upon satisfactory service. The last few years (I retired in 2012) witnessed a continuous degradation of the conditions of employment – repeated short-term contracts, reduction in conditions of official missions, near-permanent and unrewarded overtime including during weekends and national holidays… the list is endless. I appreciate that this erosion in the conditions of employment was caused in no small measure by increasing demands, failure of provision of adequate resources by member states, and consequently increased reliance on unreliable voluntary donations by the Organization. But people can hardly be expected to feel much permanent commitment to an Organisation that treats them not as valuable assets which form a permanent part of the Organization, but more as easily replaceable resources to be used and discarded as needed…

I appreciate the information in AFSM News and would appreciate it if you could transmit my thanks to the people who make this publication possible.

Jill Conway-Fell (Denmark) also responded to the article “driving and seniors” …When I reached the age of 70, I had to undergo a medical examination performed by my local GP. There was a fee equivalent to approximately 75 CHF, although this varies enormously as some people I know have paid quite a lot more.

My doctor then completed a certificate, to which he attached a photo I had to have taken for the occasion, which I then had to submit to my local authority in person, providing ID. Approximately 6 weeks passed before receiving my new driving license by post. Some have waited for such a long time that the old license had expired, necessitating obtaining a temporary one.

Since I renewed my driving license, the law has been amended so that the first renewal will be at age 75, after which it will be every other year until one reaches the age of 80, after which it will be every year. An expensive business for many pensioners!

Jill Conway-Fell

Dr Mneimne from Beirut, Lebanon, sent to us his greetings for the season holiday, with, as every year, a contribution of USD 200

Dear Dr Mneimne,

Many thanks for your generous annual donation to AFSM. The Executive Committee wishes you a happy New Year and especially a good health in peace.