The Schönbrunn castle in Vienna

(AFSM cruise from 30.06.2016 - 07.07.2016)

This very interesting cruise on the Danube led the group (20 participants) from Vienna to Bratislava, Kalocsa, Esztergom, Budapest etc. and return to Vienna
(see pages 2 and 18)
A group photo of the cruise participants

The Central synagogue in Budapest

Embarking

Harvesting paprika in Kalocsa

Horsemen demonstrating in the Puszta

The photos are by JP Menu

Other photos in the French version
This year is the year of our elections in October. You have now received the calls for applications. Many of you recognize the value of our association, including its assistance to those in need, especially with regard to health insurance and pensions. Unfortunately few of you commit yourselves. As we have said many times, our Executive Committee is growing older so it needs to be renewed by bringing in "new blood." Once again, we would like our "young" retirees to join us, but of course anyone who is willing to come to help us out would be most welcome.

As part of our annual trip, a very interesting cruise has just taken place on the Danube from Vienna. It was much appreciated, as usual, by the participants. We hope to continue these trips – usually river cruises but any suggestions would be welcome.

You received the QNT 103 with a big delay. This is due to the work overload of the Printing and Distribution Services. This issue is also distributed with delay due to the holidays. However, as you know, from the beginning of the month of publication, and sometimes earlier, you can find it on our website.

Please remember, for those who can, to attend our annual reception to be held on Thursday 6 October.

It only remains to wish a very good summer to those who live in the northern hemisphere and a very good winter for those in the southern hemisphere.
Our health

Depression Matters, by Martha Peláez

With the kind agreement of the Association of Former PAHO/WHO Staff Members, we are pleased to share below an article on depression in seniors which was published in their April Newsletter.

Including three main components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life, Rowe and Kahn reiterated WHO’s definition of health: successful (healthy) ageing is more than the absence of disease. However, Rowe and Kahn took the concept of health in old age a step further and claimed that absence of disease, and maintaining functional capacity both require “active engagement” with life to lead to a global definition of successful ageing.

Since the work of Rowe and Kahn, the scientific community has continued to create evidence showing a positive correlation between someone’s perceived health, self-efficacy, physical activity, social relationships, and coping skills, among others, with their ability to age more successfully.

Why does depression matter? Depression is often associated with various common symptoms, usually lasting more than two weeks, contributing to “disengagement with life”:

- feeling sad, depressed, or blue
- feeling nervous or emotionally “empty”
- feelings of excessive guilt or worthlessness
- tiredness or a “slowed down” feeling
- restlessness and irritability
- feeling like life is not worth living
- sleep problems, including trouble getting to sleep, wakefulness in the middle of the night, or sleeping too much
- eating more or less than usual, usually with unplanned weight gain or loss
- having persistent headaches, stomachaches, or other chronic pain that does not go away when treated
- loss of interest in once pleasurable activities, including sex
- frequent crying
- difficulty focusing, remembering or making decisions
- thoughts of death or suicide, or a suicide attempt.

Depression is a treatable public health issue, especially in older adults. Depression is the most prevalent mental health problem among older adults but should not be considered a normal part of ageing. Persistent sadness or serious depression is not “normal.” It can and should be treated.

A common rule in medicine is: diagnose first, treat second. However, depression is often not diagnosed because it may occur alongside other serious diseases such as diabetes, cancer, or heart disease; or it may be seen as caused by life events such as the loss of spouse or by a combination of serious family, social, or economic issues. Depression is often associated with medications we take or with vitamin B12 deficiency or thyroid disorders. Older adults may also exhibit different or less obvious depressive symptoms than younger adults, and may be less inclined to experience or acknowledge feelings of sadness or grief. So the first step is to get a good medical evaluation. If you are in doubt, a second opinion by a geriatric physician or psychiatrist can be very helpful.

The WHO Mental Health Gap Action Programme was launched in 2008 to increase services in low income settings across the world; it has never prioritized issues of mental health in aging populations. Yet, late-life depression is fairly easy to detect, highly treatable, and a candidate for prevention efforts – making it an excellent focus for public health activities. Living with untreated depression presents a serious public health problem. Depression complicates chronic conditions, such as heart diseases, diabetes, and stroke; increases health care costs; and often accompanies functional impairment and disability² (Frederick, 2007; Katon, 2003; Snowden, 2008; Unützer, 1997). Late-life depression has also been linked to higher mortality from suicide and cardiac disease (Frederick, 2007; Snowden, 2009).

The World Health Report on Healthy Aging, (2015) highlights the importance of addressing depression and anxiety in older populations. The Report states that one in 10 older adults have substantial depressive symptomatology without often meeting the diagnostic criteria for a depressive disorder. This is referred to as “subthreshold depression” or dysthymia.

Subthreshold depression has a major impact on the quality of life of older people and is a...
Our health

major risk factor for persons living with multiple chronic conditions. Both dysthymia and minor depression, which entails fewer symptoms and less impairment than major depression, are more common than major depression in older adults (Clechanowski, 2004) and yet contribute significantly to disability in older adults. (Wells, 1989, Beekman, 1997).3.

**Becoming more active is key to deal with depression symptoms**

We look at how we can learn from community-based programs and how to build bridges between primary care settings and the community in order to address and cure depression and subthreshold depression symptoms in older adults.

Researchers from the University of Washington Health Promotion Research Center have created the Program to Encourage Active and Rewarding Lives for Seniors (PEARLS)4 in close partnership with local aging and social service providers. This program is a community based collaborative care program for older adults with minor depression or dysthymia that uses several treatment methods. One of the most important is problem-solving treatment, or PST, which is based on the fundamental principle that there is a close link between depression and unsolved problems. PEARLS provides a concrete, easy-to-learn, and empowering approach to solving problems. The second treatment is behavioural activation, where PEARLS participants make plans to increase or re-engage in greater physical, social, and pleasant activities. Becoming more active is key to improve older adults’ mood and energy as well. Greater social connections with friends, neighbours, and family leads to more satisfying lives. Research for the programme found that, after participants learned to define and solve their problems and become more active, their depression symptoms were reduced.

The PEARLS program was developed at the University of Washington in the late 1990s by a team led by Mr. Ed Wagner, who is a primary developer of the Chronic Care Model. During the past decade, two randomized controlled trials have demonstrated that the PEARLS Program is effective in reducing depressive symptoms and improving quality of life in older adults and in all-age adults with epilepsy and co-occurring depression. For more information on the PEARLS program including opportunities for training and the program tool kit for ideas on how the program works, visit5.

2 http://nihseniorhealth.gov/depression/aboutdepression/01.html.
4 http://www.pearlsprogram.org/Default.aspx. n 13

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**World No Tobacco Day: Get ready for plain packaging**

Every year, on 31 May, one of WHO’s global public health days is dedicated to the promotion of anti-tobacco activities. On this year’s World No Tobacco Day, WHO and the Secretariat of the WHO Framework Convention on Tobacco Control called upon countries to get ready for plain (standardized) packaging of tobacco products. Plain packaging refers to measures to “restrict or prohibit the use of logos, colours, brand images and promotional information on packaging other than brand and product names displayed in a standard colour and font style”.

Plain packaging of tobacco products is an important demand reduction measure. It reduces the attractiveness of tobacco products, restricts use of tobacco packaging as a form of advertising, limits misleading packaging and labelling, and increases the effectiveness of health warnings. As of today, only a few countries have implemented this legislative measure. At the global level, the first country was Australia, whose poster was used in this campaign: at the European level, the first country was Ireland. In Europe, the aim is to implement this legislative measure in the remaining countries: in fact countries have an obligation to follow a European directive which came into force on 20 May 2016. It is interesting to think back on the themes of the most recent No Tobacco Days:

2015: Stop the illicit trade of tobacco products
2014: Raise taxes on tobacco
2013: Ban tobacco advertising, promotion and sponsorship

Laura Ciaffei
Renewal of prescriptions – A welcome change

In our October 2015 issue (QN101), we wrote to you about renewable prescriptions. We reminded you of the necessity to have them stamped by the Staff Health Insurance (SHI) when submitting them for the first time so that a copy of the prescription could be submitted with subsequent claims.

Recently, SHI informed us of a change in the procedure. The use of the “stamp” has been abolished. Renewable prescriptions must indicate clearly the duration of validity, for example 3, 6, 9 or 12 (maximum) months. A copy of the prescription must be attached to each claim for reimbursement and the original sent only at the end of the treatment with the last bill/receipt.

In cases where the treatment continues beyond one year, the procedure indicated above should be repeated annually.

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Information on the recently-held meeting of the Global Oversight Committee of the Staff Health Insurance

The sixth meeting of the Global Oversight Committee of the Staff Health Insurance (SHI) took place in WHO Geneva on 11 and 12 April 2016. Retired staff at large elect one member (currently Ann Van Hulle) and one alternate member (currently ClasSandström) to this important Committee. Both attended the April session.

The role of this Committee which normally meets twice a year is to advise the Director-General on matters related to the SHI including: operations and management, finance and investments, audit and control, benefits and practices, rules and governance. At this recent meeting, the Committee focused on six main subjects namely the SHI Annual Report, actuarial and financial matters, functions of the Medical Adviser, governance, future IT solutions and matters related to PAHO. Decisions taken by the Director-General following the recommendations of the Committee are communicated in due course to all participants by the SHI Secretariat. This article merely provides information of a more general nature on the matters discussed by the Committee.

The Committee reviewed the Annual Report in detail. The balance of the Fund continues to grow. Nevertheless, although the short-term operational liability is fully funded, 64% of the total long-term actuarial liability for active and retired staff remains to be funded. As mentioned in previous reports, the target is to fund the actuarial liability over a period of about 25 years. For this reason, contributions have been increased over the past few years and a 4% annual increase will continue for a certain number of years. The situation is being closely monitored but the actuaries encourage maintaining the objective of fully funding the actuarial liability. This will ensure that the SHI can meet its obligations to cover medical expenses for all its participants in the medium to long term.

The deficit incurred in respect of retired staff continues to grow. In 2015 for instance, claims exceeded contributions paid on their behalf by USD 7.4 million. This deficit was however fully offset by the “earmarked contributions mechanism” introduced several years ago for financing these deficits. At present, the ratio of active to retired staff participants is 1.96 active to one retiree. This compares with a ratio of 2.3 active to one retiree just over 20 years ago. Obviously, as the number of retired staff grows in relation to active staff, the deficit is expected to increase. It is for this reason that the Committee looks at financing mechanisms at each meeting.

The Actuaries presented their latest evaluation which showed that the Fund was on track or even slightly ahead of previous projections for funding the actuarial deficit.

The Committee also discussed the role and functions of the Medical Adviser as well as the selection mechanism. The Committee made recommendations on this matter to the Director-General.
On Governance, the SHI Regional Surveillance Committees have been replaced as from this year by an enlarged SHI Global Standing Committee which will henceforth deal with regional SHI cases. A new sub-committee is being established for PAHO bearing in mind the specific nature of healthcare in the USA and the importance of PAHO in financial terms within the SHI Fund.

The study to be undertaken on the subject of options for Long-term Care insurance has been delayed. This should have been conducted in 2015 but for a number of reasons it has been postponed. The search is ongoing to identify the ideal person/company to undertake this important study.

The next meeting of the GOC will take place in November 2016.

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**Pensions: are we alright?**

*During the recent ten months, we have been hearing many things which seem to imply all is not well with our pensions. While we have no immediate threat to our pensions, there are some disquieting developments.*

After the appointment of Sergio Arvizu as CEO of the Fund (UNJSPF) about two years ago, we were faced with a spate of accusations that he was trying to steer the Fund into a territory where he would be the "real" CEO for hiring or firing staff, promoting staff and even that he wanted to take over the investments of the assets of the Fund. There were reasons for the delegation of responsibilities for HR management to the CEO since the current procedures of the UN system lead to long delays and some unwanted constraints re promotions of staff. However, it was mishandled and there were calls for his removal and then the revised draft MOU (Memorandum of Understanding) between the UN SG and the CEO of the Fund was withdrawn by the UN. This already cast a cloud of mistrust on Mr Arvizu.

Since then, the Fund has undertaken the development and implementation of an integrated software for the management of the Fund’s operations. As anyone involved in such a vast exercise knows, the introduction of such an integrated software is prone to various problems – claims by the developers of what it would achieve and the practicalities of implementation fraught with delays and patching up of problems (think of implementation of GSM in WHO a few years ago). However, the Fund launched the software in August 2015 and claimed that it had achieved perfectly all that was intended.

Nothing could be further from the truth. While current retirees continued to be paid regularly (it was a remarkable achievement), their quarterly statements are still to be sent out, no explanation is forthcoming regarding the fluctuations in pensions and various other aspects are held up. But the major problem was processing of new retirees’ pensions.

Some of the new retirees have waited five or six months before receiving their pensions with not a word of apology nor any interim help to tide them over this difficult period. The problem is more difficult for recent widows/widowers not only whose pensions have been held up but their continuation in SHI has been in jeopardy except for the understanding showed in WHO. During this period, statements from the top management of the Fund continued to declare how perfect the new system has been. It took some letters from current Staff Associations and Unions of the UN to the SG asking for removal of the CEO to trigger some reactions and the UN secretariat has been obliged to intervene.

The current situation of recent retirees is improving and one may cite different reasons for the overload of the system. However, until recently there has been a deafening silence from the Fund regarding acknowledging some responsibility for the current mess. The situation is gradually improving but still claims are made and not kept and no reason is given e.g. the dispatch of CE’s (certificates of entitlements) promised in May 2016 are only now being received.

Added to these problems is the situation with the investments of the Fund under the Special Representative of the SG—Carol Boykin—
Pensions

of the USA. The external Investment Committee has lost its renowned Chair and the post has not been filled and one hears of noises that the SG SR is trying to manipulate the investments according to her judgement alone. Also many approved positions have been vacant for more than one or two years.

While I think the call for the removal of the CEO of the Fund is unnecessarily harsh, there has also been some contribution from retirees' representatives. For instance the President of FAFICS has remained strangely silent in the middle of all the charges and counter-charges. What are we to make of it???

The AFSM Executive Committee has been following the cases, trying to intervene with the Fund, influencing AAFI-AFICS in taking an active stand vis-à-vis FAFICS and pushing for the WHO Pension Committee to raise many of these issues in the next Pension Board meeting in July. We must remain vigilant but not throw out the baby with the bathwater – it is still a functioning and generous pension scheme.

Dev Ray

WHO/HQ Pre-Retirement Seminar

Each year, the AFSM is invited to give a presentation at the pre-retirement seminar, usually in March or April. This year, some 90+ staff had signed up, comprising those about to retire and those thinking about it in a few years' time. Maria Dwegghah gave an excellent presentation on the benefits of joining the AFSM. For the first time, we ordered a table outside the room on which to put our documentation and also we provided some biscuits and soft drinks to participants throughout the day. As a result, many staff stopped by to chat to us, ask questions, and take our publicity flyer and subscription form. Hopefully, our efforts will lead to an increase in membership!

Thanks to those of you who have already encouraged your non-member friends to join the AFSM and thanks in advance to those of you who will do so in the future. The more members we have, the stronger our voice! As you may be aware, we encourage life membership to avoid problems for our Treasurer in following up each year with those who have not yet paid their annual subscription fee.

Sue Block Tyrrell

News from WHO

Ninety years of the Weekly Epidemiological Record (WER)

As readers who have sent us their email addresses are aware, on 1 April 2016 the WER celebrated its 90th birthday. It was first published in 1926 (an extract from the first cover page is shown next page) by a small team of epidemiologists in the Health Section of the Secretariat of the League of Nations, in Geneva. Its mission was to provide the world with information about disease hazards which, at that time, mostly travelled by sea: plague, cholera, yellow fever, typhus and smallpox. Ninety years later, the WER still informs the world about health threats. Over the decades, the WER has evolved from a simple record of case numbers and locations of the five early notifiable diseases to a source of information on cases and outbreaks of diseases under the International Health Regulations and on other infectious diseases of public health importance. Vaccination policy, treatment, epidemic and pandemic response and preparedness activities now form the bulk of articles and information in the WER.
From April through end May, the WHO/HQ Library hosted an exhibition on the nine decades of the WER. We are informed that Information and the interactive timeline will remain on the WHO website at www.who.int/wer/90-anniversary. Through the link you can also access the special 1 April edition on "A journey through 90 years of the Weekly Epidemiological Record”.
Happy birthday WER and bonne continuation!

(Sue Block Tyrrell)

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### RELEVÉ HEBDOMADAIRE N° 1 des rapports concernant la peste, le choléra, la fièvre jaune, le typhus exanthématique et la variole reçus par la Section d’hygiène pendant la semaine se terminant le 31 mars 1926 (not compris les données reçues du Bureau de Singapour).

**WEEKLY RECORD No 1 of Reports regarding the Prevalence of Plague, Cholera, Yellow Fever, Typhus and Smallpox received by the Health Section during the Week ended March 31st, 1926** (not including information received through the Singapore Bureau).

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Fiebre jaune — Yellow Fever
Ndant. — Nd.
Highlights of the 69th World Health Assembly

Under the presidency of Dr Ahmed bin Mohammed al-Saidi, Minister of Health of Oman, the 69th Assembly met in Geneva from 23-28 May, with a record-breaking number of participants and agenda items. In her opening statement, Dr Margaret Chan, Director-General, celebrated recent progress in global public health but warned about the resurging threat of emerging and re-emerging infectious diseases and the “slow motion” disasters of a changing climate, antimicrobial resistance and the rise of chronic noncommunicable diseases like cancer, heart and lung disease and diabetes. However, the 2030 agenda for sustainable development aims to avert such disasters and inspires “optimism and hope”.

Ms Christiana Figueres, Executive Secretary of the UN Framework Convention on Climate Change, was invited to speak on climate change and the challenges it poses to global public health.

Many resolutions and decisions were approved, including in the following areas:

- Establishment of a new Health Emergencies Programme, adding operational capabilities for outbreaks and humanitarian emergencies to complement WHO’s technical and normative roles, under a single workforce in one programme covering the full emergency risk management cycle of prevention, preparedness, response and early recovery, and with an Independent Oversight and Advisory Committee; readers may be interested to watch a video clip on the reform of WHO’s work in outbreaks and emergencies - https://www.youtube.com/watch?v=kc6U8Hp0WbQ
- Global Strategy and Action Plan on Ageing and Health, 2016-2020 – the aim of the strategy is for every country to commit to action on healthy ageing, with age-friendly environments and the alignment of health systems to the needs of older populations
- Adoption of the WHO Framework of Engagement with Non-State Actors
- Air pollution - delegates welcomed a new road map responding to the adverse health effects of air pollution
- The health sector’s role in the sound management of chemicals
- The health workforce – a Global Strategy on Human Resources for Health: Workforce 2030 was adopted
- Ending childhood obesity
- Global plan of action on violence
- Prevention and control of noncommunicable diseases
- The health-related Sustainable Development Goals
- The International Health Regulations
- Tobacco control
- Road traffic deaths and injuries
- Nutrition
- Three global health sector strategies – on HIV, viral hepatitis and sexually-transmitted infections for the period 2016-2021
- Mycetoma
- Access to medicines and vaccines
- Research and development – acceleration of the development of the WHO Global Observatory on Health Research and Development
- Adoption of the WHO Framework on Integrated, People-Centred Health Services
- Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016-2030
- Authorization to the Director-General to proceed with the renovation of the main headquarters building and with the construction of a new building
- Increased transparency in the process for election of the Director-General.

On 24 May, on the 10th anniversary of the death of former Director-General Dr Lee Jong-wook, Assembly delegates and WHO staff were invited to attend a special commemorative event in his memory.

In her closing remarks, Dr Chan referred to the one overarching message she had taken from the Assembly – “We can do anything in the world we want to, provided we speak with a united voice.”
Polio was a high point during the Assembly and the DG commented “What will surely be one of the greatest achievements in the history of public health is now within our grasp.” She concluded by commending the delegates for getting through 76 agenda items in 6 days, under the outstanding skills of the President, Committee chairs and other Assembly officers.

For the first time, the general public was invited to ask a question on global health to experts at the Assembly during three 45-minute broadcasts on 24-26 May through a World Health+Social Good Livestream organized by WHO and the United Nations Foundation.

Other items

- On 1 April, a new Supplement on Healthy Ageing was published in *The Gerontologist*, which expands on the major themes of the recent WHO *World Report on Ageing and Health*
- On 19 May, WHO announced that life expectancy had increased by 5 years between 2000-2015, the fastest increase since the 1960s, with the greatest increase in the WHO Region for Africa
- From 23-24 May, WHO took part in the first ever World Humanitarian Summit convened by the UN Secretary-General in Istanbul to set an agenda for future humanitarian action, presenting a position paper for the centrality of health in humanitarian action
- On 28 May, WHO advised that cancelling or changing the location of the 2016 Olympics will not significantly alter the international spread of Zika virus: WHO/PAHO is providing public health advice to the Government of Brazil and the Rio 2016 Organizing Committee on ways to further mitigate the risk of athletes and visitors contracting the virus during the Games
- On 14 June, the third meeting of the Emergency Committee noted that the individual risks in areas of transmission are the same whether or not a mass gathering like the Olympic Games is conducted and can be minimized by good public health measures.
- 14 June is World Blood Donor Day. This year’s theme was “Blood connects us all” and WHO emphasized that voluntary unpaid blood donations must increase rapidly in more than half the world’s countries. Many readers may consider donating blood. In Switzerland for example, you can give blood up to the age of 70 years.
- Names of recipients of the WHO staff Rewards for Excellence 2015 were announced by the Director-General on 7 April, on the occasion of World Health Day, following nominations made by colleagues:

  **Director-General’s Rewards**
  - AFRO: Dr Zabulon Yoti, Regional Adviser, for his strong dedication to control Ebola in Sierra Leone and his ability to bring nationals and partners together for a strong and coordinated response
  - EMRO: Dr Mahmoud Deeb Daher, National Professional Officer, for his ability to position the WHO Office in Gaza as the leading authority among health partners in Gaza, through its capacity to respond promptly to crisis and maintain the lead role at all times
  - EURO: Interdivisional Core Team (led by Dr Santino Severoni) for their work in “Stepping up action on refugee and migrant health” including the coordination of a high level collaborative meeting in November 2015 in Rome
  - HQ: The Be Healthy be Mobile team for its initiative to use access opportunities offered by mobile technology to increase access to primary health care for NCDs in countries around the world
  - SEARO: Dr Francisco Katayama, Programme Management Officer, for his leadership in developing the Resource Mobilization Management System (RMMS): his advocacy for the RRMS led to
News from WHO

this concept being adopted by headquarters for global use and placed SEARO in the limelight in Planning and Budget in WHO.

WPRO: Mr Ramanadh Duraiswami, Budget and Finance Officer, for his exceptional impact as a change leader in Direct Financial Cooperation management, compliance and accountability across the region, working tirelessly with countries and regional counterparts to ensure solutions are found both within and outside his area of responsibility

Health Emergency Team Rewards

Logistics team (HQ) for their tireless efforts and ability to overcome seemingly insurmountable logistical challenges during the Ebola response

Staff Health and Wellbeing Services is acknowledged and rewarded for their level of commitment, dedication and responsiveness to individual staff members and the Organization as a whole during the Ebola response

Syria Country Office led by Dr Elizabeth Hoff for having shown exceptional ability to work under very difficult conditions and in amongst the most challenging working environments, against a backdrop of one of the world’s most serious, chronic emergencies

Ukraine Country Office led by Dr Dorit Nitzan for the contribution and leadership of this office as highly acknowledged by all partners and donors at country level and documented by the oversight team that visited the region in November 2015.

Deputy Director-General’s Reward

Mr Kamal Ait-Ikhlef, Technical Officer (Logistics), for his tremendous contribution to the work of WHO in 2015. Mr Ait-Ikhlef was in the front line of the Ebola response and did not spare any effort. His dedication, selflessness and contribution to the Organization have been unanimously recognized by the many staff members who nominated him for a reward

Sue Block Tyrrell

Further information and documentation can be found on the WHO web site – www.who.int

Astronomy

Night Sky for July-September 2016

The night sky can be pretty confusing, so you need a clear starting point. At this time of year the star Vega is a good way to begin as it is virtually overhead as seen from most of the northern hemisphere and is the brightest star high up right now. From the southern hemisphere it is low down in the north.

Having found it, look for a small parallelogram of fainter stars close to it – within a hand’s breadth at arm’s length. They are roughly below the star in the northern hemisphere and above it in the southern. Together with Vega, these make up most of the constellation of Lyra, the Lyre, the only musical instrument in the sky. If you have a telescope, look roughly halfway between the two stars farthest from Vega, using a magnification of 50 or more, and you should spot a tiny ghostly doughnut. This is the Ring Nebula - a planetary nebula.

These objects are so called because they are often circular and about the same size in the sky as a planet. However, they are actually shells of gas puffed out by ordinary stars nearing the ends of their lives. In about four billion years, our Sun will do the same as it becomes a white dwarf. The white dwarf at the centre of the Ring Nebula is visible through large amateur telescopes.

For more details of what is up in the sky go to http://www.popastro.com/youngstargazers/skyguide/.

Article kindly provided by the British Society for Popular Astronomy
We have pleasure in welcoming to the large AFSM family the following members and we congratulate them on their decision.

**Life Members**

Félie Bayenga-Dupont, Gian Luca Burci, Brendan Daly, Mary Dillon, Brigitte Genet-Megelas, Matthews Mathai, Denis Maire, Dominique Mermet, Bruce Plotkin, Saw Hua Pui, Constanza Vallenas,

**Conversion to life members**

Janos Annus, Janet Simkin, Anthea Crobsy, Jacqueline Forget, Gillian Mignon, Margaret Skold-, Hooman Momen, Carlos Oppenheimer, Jean Martin-Zanolin,

**Annual Members**

Ginette Burki-Barlow, Pamela Mari, Montserrat Pont Esteve, Pascal Le Quéré

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**Oral history and Remembering the past**

Those of you who consult the AFSM website will have seen the articles on history matters/remembering the past. Carole Modis and Jean-Jacques Guilbert, both former members of the Executive Committee, were instrumental in organizing and writing up interviews with former staff and posting them on our site. They did a fantastic job. However, since their departure, we have not found anyone to step into their shoes and take on this function - we would warmly welcome any volunteers!

Recently, Bernardette Rivett was kind enough to share with us her personal memories of WHO and, with her permission, we are pleased to post them on our site: we hope you will enjoy reading them. Memories from other AFSM members will be most welcome!

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**Lunch for former WHO Staff, Charlotttehaven, Copenhagen, 10 March 2016**

On 10 March 2016, a group of 35 former WHO-EURO staff met for lunch at Restaurant Charlotttehaven. There would have been a larger number if it had not been for last-minute cancellations due to illness and hospital appointments.

As on previous occasions, buffet dishes were fresh and imaginative: a variety of fish and meat dishes; a good selection of salads and dressings; a reasonable choice of cheese; and an apple and whipped cream dessert. No one went away hungry!

There was a great deal of laughter and good conversation, which is always the case when we get together. Unfortunately, our male colleagues rarely participate, in spite of the fact that I have tried to persuade them to join in. It appears they prefer to go to a pub for a couple of beers.

Towards the end of the lunch, I briefed a number of those present about the chaotic state of the UNJSPF’s computer system (IPAS), and that monthly payments could well be delayed, even stopped when changing address or bank account.

If the forthcoming summer proves more clement than last year, a trip to ‘Sofiero’ in Sweden will be arranged. ‘Sofiero’ is a charming stately home surrounded by a glorious rhododendron park. It was once used as a summer home by the Swedish royal family, where Princess Ingrid spent her summer holidays. The Princess later married the Danish King, Frederik IX, who was the father of the present Queen Margrethe II of Denmark.

Jill Conway-Fell
The organization had been entirely in the hands of ex-WHO staff members which ensured, of course, a perfectly smooth and painless operation of the event. The Norfolk Hotel which reflects a little the nostalgia of an old fashioned seaside hotel is in the centre of the town close to the main square and only a short walk from the pier and the beach. As usual there were about 80 participants who all arrived during Friday, in time for tea. I myself had a close encounter with the hazards of British Rail after a smooth Easyjet flight from Geneva into Gatwick, an uneventful train ride to Clapham Junction where I came to a dead stop. The train that was supposed to take me directly to Bournemouth from there was cancelled due to signal problems. I waited together with a lot of other unhappy people until I was advised to take a train to Exeter, but get off at Basingstoke and then wait for a train to come that would go to Bournemouth; of course all this caused changes of platforms and lugging a suitcase up steps and down again and that more than once. Such are the delights of train travel in Britain…….. .

However, once I got there all was in perfect order. There was even time for a quick look at the sea. The Friday evening dinner saw ex-WHO gathered around its usual communal table happily exchanging news and discussing the possible consequences of BREXIT which was much on people’s mind, just as the Scottish referendum had been when we were in Edinburgh two years ago.

On Saturday morning after the opening by the President, Sue Block Tyrrell conveyed wishes for a successful reunion from AFSM and then parole was given to this year’s first speaker, Sir Mark Lyall Grant, the current security adviser to the British Prime Minister and former representative of the United Kingdom to the United Nations. Sir Mark spoke about the role of Britain in the UN Security Council and the new 2015 National Security Strategy and Strategic Defence and Security Review. He explained how Britain as the world’s leading soft power has great international influence. Its diplomatic service has a strong global reputation and the 0.7% target for development also enhances Britain’s power to pursue an international rules-based organization of security. Sir Mark is involved in the hearings of potential new UN SGs. His talk was laced with humour and made it clear we should not “ignore the bleeding obvious”. It was followed by an hour of lively discussion. After coffee break the agenda of the BAFUNCS General Assembly was dealt with in record time.

After a buffet lunch the Saturday afternoon excursions could take participants to either Kingston Lacy, a National Trust property; Exbury Gardens with their exquisite rhododendrons and azaleas or there was a guided walking tour of the old and historic city of Salisbury. We were lucky with the weather which was beautiful the whole weekend. The gala dinner in the evening saw the traditional toast to the Queen and was followed by a lovely concert on the Paraguayan harp by Sheila Colby, also an ex-WHO staff member, who after leaving WHO pursued her career in the Foreign Office, largely in South America.

The Sunday morning speaker was Clare Short, Britain’s first Cabinet Secretary for International Development, a position she resigned from in May 2003. She stated that the UK Government was not giving enough attention to the UN and that the UK should stop hanging onto US coat tails. It should reconsider its Middle East policies. These days Britain’s development policy is marked by lack of vision. Her statement also was followed by an intensive discussion. After this the BAFUNCS General Assembly continued with the traditional validation and the reading of the UN Charter after which the President closed the 2016 General Assembly and Annual Reunion.

Next year the Reunion will take place in the Dukes Head Hotel in Kings Lynn, Norfolk, from 12 to 14 May 2017, and in 2018 we shall have the pleasure of hosting the event in Geneva.

Coby Sikkens
Notre Santé dans l’arène politique mondiale (Our health in the global political arena)

Health crises, lobbies of all kinds, etc. The inside information by two former WHO experts, Marc Danzon and Yves Charpak (in French only) Editions Belin, 2016, 20€, www.editions-belin.com

This is a most original book in more ways than one. It was written as a duet piece by Marc Danzon (WHO Regional Director for Europe, 1999-2010 and an AFSM member) and by Yves Charpak, his principal Adviser from 2000 to 2007.

Each of the twelve main chapters is derived from events experienced by the authors during their years of partnership in the WHO European Regional Office. They are written in the form of an exchange of correspondence between the two authors. Through these exchanges, often lively and contradictory, the authors make an attempt to uncover the hidden agendas - “le dessous des cartes” - on topical issues such as: vaccination campaigns, scientific evidence and decision making, health crises and preventing the international spread of panic, measuring health systems performance, health and the environment, alcohol and society, ideology, utopia versus expert knowledge, myths and realities of planning and evaluation, taboos about depression and suicide, and so on. All are issues of the utmost concern to WHO and national institutions alike. Particular attention is paid to the health policies of France, the country the authors “know best”.

The authors, one a decision-maker and the other a scientist, draw on their professional experience to illustrate the difficulty of coming to a politically acceptable decision on the basis of available scientific evidence, more often than not leading to conflictual negotiations both within the WHO Secretariat and in countries.

It is most refreshing to hear a former WHO leader expressing himself so candidly and without waffling on his relationship with the scientific staff of the Regional Office, the other WHO leaders and, above all, the national policy makers.

Finally, in perusing this book you will be reminded of many of our cited colleagues. I recommend it to all those who read French.

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Fernando S. Antezana Araníbar sadly passed away on Saturday 19 March 2016.

Born in Cochabamba, Bolivia, he dedicated a large part of his life to public health and the cause of developing countries. He was one of the founders and advocates of the essential drugs concept initiated by the former Director-General of the World Health Organization, Halfdan Mahler, who invited him to work in the Medicines Division of WHO around the time of the Alma Ata Conference on primary health care. He joined WHO in 1976 and held various positions in the Organization, including that of WHO Representative in Guatemala, Director of the Action Programme on Essential Drugs, Assistant Director-General and then Deputy Director-General before his retirement from the Organization in 1998.

During this period, he was a key player in WHO’s efforts to improve access to medicines and promote the essential medicines concept. His commitment to public health did not stop upon his retirement and he subsequently became Minister of Health and Sports of Bolivia from 2003 to 2005 and also Chairman of the Executive Board of the World Health Organization in 2006. Dr Antezana held several academic appointments, including a Doctorate honoris causa from the University of Buenos Aires in Argentina, and the Universidad Del Valle in Colombia. He was also honoured with the Grand Cross by King Juan Carlos I of Spain and the Papal Order of Saint Gregory the Great.

He will be remembered as a very kind, humble, honest and softly spoken man who worked tirelessly to promote access to medicines as a fundamental human right.

Germán Velasquez
Loss of our centenarian Ronnie Peters, 30 March 1915 - 4 March 2016

One year ago, we were celebrating the 100th birthday of this amazing lady, and we were about to search for a card for her 101st birthday. Sadly, Ronnie passed away just a few weeks before her next special day.

Readers will recall the article and photos in QNT 99, April 2015. Ronnie lived life to the fullest, making many friends of all generations around the world. In 1940 she volunteered for service in the First Aid Nursing Yeomanry, (known as the FANYS) who taught her how to drive (ambulances and lorries). After the war, she joined UNRRA, spending one year in Poland, the country of her father’s birth.

In 1947 Ronnie was recruited to the Interim Commission in Geneva, which went on to become the headquarters of WHO. In 1948, she served as Personal Assistant to the first Director-General, Dr Brock Chisholm, and went on to work in four of WHO’s Regional Offices, before retiring from HQ in 1976.

After retirement, Ronnie continued to satisfy her love of travel and adventure. More importantly, she could now, at last, fulfill her desire to own and spoil a canine pet. In addition to her long-standing passion for black and white photography, she took up painting on porcelain, followed by experimentation with water colours, oils and pastels.

About 50 people attended the celebration of her life: in addition to former WHO staff, there were friends from many of the groups in which Ronnie had participated including the local International Women’s Club, music appreciation, dog walking and the book review club. Many friends shared anecdotes about their friendship with Ronnie and one (who prefers to be named just GR) recited a poem:

“With 26 days to one hundred and one, Ronnie left as she lived, a phenomenon,
In her home she’d insisted that she’d always stay, so from home to the hospital, then – away,
Role model she was, if of fiery bent, holding on to those sparks of Ronnie intent,
A grand old lady, a true legend, Ronnie Peters – my friend.”

Ronnie will be fondly remembered and sorely missed by her family and all who knew her.

Howard Engers

Patricia Brown

Our dear friend Pat Brown passed away on 5 April, a few months before her 84th birthday. The funeral service was held in Esher, England, on 3 May, attended by many friends from WHO.

Pat’s long and successful career at WHO began in the mid-1950s, before moving to New York to work with the UN Scientific Committee on the Effects of Atomic Radiation (UNSCEAR) in the early 1960’s. Pat returned to WHO headquarters mid-1960 and worked in the Radiation unit and then the Virus Diseases unit. In 1974 Pat was invited by the Regional Director, Dr Francisco Dy, to transfer to WPRO as a Reports Officer. Pat took up the offer, taking both her mother and her full size black poodle Katie with her. In 1983, she returned to headquarters to work in Publications but when Dr Hiroshi Nakajima moved from WPRO to become Director-General, he requested Pat’s transfer to his office where she wrote many a speech for him. Pat retired in 1994 and returned to her home country, the United Kingdom. There she maintained her commitment to the UN system through active involvement in the British Association of Former UN Civil Servants (BAFUNCS), taking on the role of Chair of its Executive Committee from 2005-2009, and then becoming a Vice-President until her death.

Pat was an amazing lady, highly competent and totally committed to the goals of the UN and WHO. She set for herself the highest standard of work ethics, possessing a vast knowledge of all the WHO rules and procedures, and she expected others to work in a similar manner. Underneath her somewhat daunting exterior (she was actually quite shy), Pat had a heart of gold, and was a fiercely loyal friend – she had a good sense of humour, enjoyed helping friends and relaxing with them after a busy, stressful day. Pat was also an animal lover – especially dogs. On one occasion, in full view of one side of the HQ building, she strode outside to separate a huge dog from a little one, tearing the skirt of her elegant suit in the process – she was more concerned about the little dog than her skirt!

We shall miss you Pat – may you rest in peace.

Sue Block Tyrrell, Judith Munzinger, Bernadette Rivett, Doreen Sayers and Rosemary Villars
Dear AFSM,

Thank you and Yves Beigbeder for the lovely article on Jonathan Mann in QNT103. Jonathan was a manager, administrator, leader and a convincing speaker all combined in one. Above all he was a great human being who was concerned for the people. The best was his ability to get the people to work for him. All GPA staff without any exception loved Jonathan. He knew the first name of all his 280 staff. His staff would work for him day and night when required. When Jonathan announced that he was leaving GPA and WHO his staff wept and cried. It is very unfortunate and sad that we lost him, WHO lost him and the world lost him.

Touching on the “cadre of loyal professionals Jonathan developed” as mentioned in the latter section on JM, two of his stalwarts missed are doctors Tarantola and Manuel Carballo, who continued to fight the Global Pandemic and are leaders in their own right.

Kind regards

Hema Dassanayake

PS - please pass this on to Ms Edith Bernard, whose email address I do not have. Thank you.

Impressions of Portugal

Following the article by Tanja Sleuwenhoek, which I read with pleasure having been to Java and Bali in 2002, I am sending you in turn an article on my trip to Portugal. This country is not limited to the Algarve, far from it.

The following saying summarizes what I saw:

When Lisbon makes itself beautiful
   You work in Porto
   You pray in Braga
   You sing in Coimbra.

We travelled from North to South (1000 kms) starting in Porto, where the famous port wine is made. It is produced by adding clear fruit brandy which stops the fermentation whilst retaining a sufficient amount of the residual sugar. There is ruby port, which is aged for several years in casks, tawny port, white port which is drunk chilled as a pre-dinner drink, and lastly the vintage ports and the late bottled vintages, bottled after 6 years in casks. The main port wine merchants of British origin are Cockburn, Sandeman, Croft, Offley, etc.

Braga is a town which was under the powerful influence of the Church: the Holy Week festivals are supposed to be magnificent. You can find the Church of Bom Jesus do Monte, renowned for its hundreds of steps (about 600), which pilgrims climb up on their knees. There is a cable car which is great fun for the tourists….

Coimbra is a charming little town with one of the oldest universities in Europe. You can visit the university with its impressive library. At night, several bats can be seen chasing insects!....

Lisbon is a beautiful big city which housed Expo 98. The town sits on several hills and there are several large bridges (one of which was built by the company which constructed the Golden Gate). The Lisbon inhabitants still talk of the major earthquake of 1755 (level 9 on the Richter scale). There are cable cars, trams, an underground and an old part of town: the Alfama with its taverns for listening to fado music.

In fact, Portugal is the most westerly country of Europe with a magnificent viewpoint at Cabo da Roca… see the photo on page 2 of the French version

Annette Chanel

Trip in Provence from 7 -11 September (5 days/4 nights in Aix-en-Provence) including tour in Cassis and the calanques: for infos please contact Valérie Vieille

email: info@cb-events.com or tel: Switzerland: +41788359418
    France:+33699288979
Cruise on the Danube, 30 June – 7 July 2016

This year the AFSM organized an 8-day trip on the Danube. The group of 20 met in Vienna where we had time to do some sightseeing before boarding our ship, MS Beethoven, later in the day. An excursion was organized in the evening to see Vienna by night. The ship cruised to Melk where we visited a beautiful Benedictine Abbey, reknown for its incredible library. Part of the Abbey is used as a school with 900 students and the day of our visit was the last day of the school year, when the students receive their certificates, so there were many happy faces! The ship continued through the picturesque valley of the Wachau, an area which is recognized as a UNESCO List of World Heritage Sites for its architectural and agricultural history. We stopped at Dürnstein, where the ruins remain of a castle in which, during the 12th century, Richard the Lion Heart of England was held captive by Duke Leopold V, at the end of the 3rd crusade, and was only eventually released after paying a ransom of 35,000 kg of silver!

Our next stop was Bratislava, the capital of Slovakia, where we had a coach and walking tour of its attractive town and visit to its baroque palace, a massive rectangular building with four corner towers standing on an isolated rocky hill overlooking the Danube and with lovely views of the area. We cruised on to Hungary, and visited Kalocsa, which is famous for producing paprika, apricots and also for the manufacture of porcelain. We visited a paprika museum and a typical 19th century Hungarian house before attending a Hungarian horse show on a ranch in the Pusztas countryside, where the Magyar cowboys demonstrated their equestrian skills. We were able to take a ride around the ranch in a horse-drawn carriage.

Budapest, considered one of the most beautiful cities in Europe, was our next stop. In the 18th century Budapest became a single city occupying both sides of the Danube with the unification of Buda on the west bank with Pest on the east bank. Our tour took us to see, amongst others, the Royal Palace, Buda Castle Hill which is a World Heritage Site, Matthias church, the Heroes’ Square, the Fisherman’s Bastion parliament building, the Turkish baths, as well as one of the largest synagogues in the world and the large covered market. In the evening a delightful folklore performance of gipsy music with dancers in traditional costumes ended our day in Budapest.

On our way back to Vienna, we visited Esztgertgrom which is situated on the right bank of the river Danube where it forms the border with Slovakia. It is one of the oldest towns in Hungary and is dominated by its Basilica which is the largest church in Hungary.

We arrived back in Vienna for our last full day of the cruise, and the morning was spent visiting the Schönbrunn Palace. The 1,400 room Baroque palace is one of the most important architectural and historical monuments in Austria, and was the summer residence of the Hapsburg family, rulers of the Austro-Hungarian Empire.

We then visited the immense Hofburg Imperial Palace which was the principal winter residence of the Hapsburg dynasty. We had a tour of the Sissi Museum in the Imperial Apartments which included numerous personal objects as well as paintings of her and her family. Sissi, Empress of Austria was married to Franz Joseph, Emperor of Austria and King of Hungary, and she was very popular with the people. Sadly, she was assassinated in Geneva in 1898.

Our last evening was spent at a wonderful concert of Viennese musique, performed by a celebrated group, the Wiener Residenzorchester, and included pieces by Strauss and Mozart. An excursion had been organized for our last morning in Vienna to the Vienna Woods, and we visited the Seegrotte, an underground cave system including Europe’s largest underground lake. We also went to the Heiligenkreuz Abbey, a Cistercian monastery, which is the oldest continuously occupied Cistercian monastery in the world.

At the end of the tour the coach took us to the airport for our return flight to Geneva.

Bunty Muller

Readers who would like to receive by email regular updates of key issues from WHO can do so through the following link:

http://who.int/mediacentre/multimedia/newsletter/en/#.V2DnpRZrFi0.email