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


Mum and I wish you a very Healthy and Happy New Year
Cruise to the Iles de la Madeleine (Magdalen Islands) in the St. Lawrence Bay.

For more details, see the site http://stanislaworzeszyna.pl/?page_id=918

You can reach les Iles de la Madeleine from Montreal either by air or by ship (four hours flight). We took a longer option, three days of sailing and three days of enjoying the Islands. The ship was a cruising vessel called Vacancier, medium size, some forty years old, well maintained, with tiny passenger cabins. The day of departure from Montreal was warm and the seagulls were saying good bye to us in the Port. Everybody was on the deck when we sailed under the Jacques Cartier Bridge. Cartier was the discoverer and creator of la Nouvelle France that is now a part of present Canada. He was the first European to travel inside the American continent. He discovered, among other places, les Iles de la Madeleine in 1534.

A few kilometres down the river we saw on the port side an unusual construction, a housing group, looking like sea containers placed one on another. They are called Habitat 67 and were built for the Expo 1967.

The river was getting larger and larger. We passed two nights on sailing. Both sunsets were spectacular. We arrived at a point where we could hardly see the river southern bank, the northern bank was simply beyond the horizon.

We finally arrived at the main port of the Islands, Cap-aux-Meules. Les Iles de la Madeleine consist of eight major islands with a population of 12 thousand. Most of the islands are connected by bridges so we could easily drive from one island to another to see the landscape, beaches, museums, houses and restaurants.
Dear colleagues,

At this year’s end, the Executive Committee continues its work, as in the past. As you will have seen in the last edition of QNT, Jean-Paul Menu is once again President. We wish him lots of courage in taking on the considerable workload that this entails.

Regarding the newsletter, you will find in this issue an article about the WHO programme on antimicrobial resistance, a subject of great interest at the present time, and which directly concerns our own health.

We proposed this subject also because it follows up a suggestion by readers who asked us to include information about the programmes of our Organization. If your reaction is positive, we will try to publish articles of this type periodically.

We do not forget, that our newsletter is for retired staff and must therefore deal as a priority with issues concerning pensions and health insurance, however, but also needs to be attractive, as we hope it has always been, without forgetting provision of more general information, and a little humour.

We call upon our readers to make greater use of the Readers’ Corner to share with us their interests and suggestions.

On behalf of the Committee, and from me personally, I wish you an excellent year in 2017, in good health, and hoping most sincerely that the global situation will improve.

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DC
What is mindfulness?

**Mindfulness** is a technique derived from Buddhist meditation, but without its mystical character. It was developed in 1979 by a biologist specialized in stress (Dr Jon Kabat-Zin) who introduced it in an American university hospital in Boston, Massachusetts.

WHO considers mindfulness to be a technique aimed at well-being.

**Mindful meditation** does not mean thinking about nothing, but rather about redirecting the attention, either in a specific way towards one or more elements of the present (sensations, respiration, pain, well-being...), or in a non-specific way, by opening the mind and senses to all of the elements present at the moment, gradually as they appear (sounds, thoughts, memories, ambient temperature, projects, feelings, position of the body...).

The thoughts that have a major impact on our feeling of well-being and our daily decisions, mindful meditation, by putting the person into a state of awareness directly with his/her feelings at the present moment, brings about at least a soothing of the psyche.

The therapy known as cognitive MBSR (Mindfulness-Based Stress Reduction) is a programme of meditation exercises aimed at stress reduction and removal of anxiety states. Within a perspective of positive psychology, mindful meditation is a technique aimed at well-being, and at personal development.

**Clinical applications:** The two principal indications are stress reduction and prevention of relapses of depression, but it can be used in domains as diverse as chronic pain relief, palliative care, oncology, psychiatry, and cardiology. It provides effective complementary practices along with standard medical treatments.

The mindfulness technique focuses on the state of becoming deliberately conscious of one’s body, the emotions and thoughts in real time, at the moment of their appearance, and on welcoming them without becoming attached to or identifying oneself with them, or rejecting or judging them.

**Mindfulness-Based Cognitive Therapy for Depression (MBCTD)** is based on the theory that when individuals with a history of depression are overwhelmed or subject to despair, the same automatic mental habits or automatic cognitive processes which caused the depression become reactivated and provoke a new episode of depression. The objective of MBCTD is to get out of this cycle of automatic habits and to give the participant the tools that enable him/her to choose not to react to stimuli, but simply to observe them without judging them. This practice allows the participants to detect the process of automatic thought and to consciously modify their reactions. Research has shown the beneficial effects of MBCTD in individuals who had had three or four episodes of depression, and that the relapse rate was reduced by 50%.

**Comments:**

Mindfulness as defined by Jon Kabat-Zin requires training carried out by instructors who have themselves followed adequate training. The undesirable effects that have been observed (de-personalisation, fragilisation) are due to incorrect practice led by under-qualified instructors. As those who are likely to be interested in mindfulness as a therapy are people who are fragile and vulnerable, they must be treated only by therapists who are qualified to deal with this specific problem.

**Where can one go for this therapy?**

Both group and individual therapies are organized in various hospitals in Europe, the United States, and other countries. In Geneva, contact the Department of mental health and psychiatry at the HUG (University Hospitals of Geneva).

David Cohen

**Sources**

La thérapie cognitive basée sur la pleine conscience pour la dépression : Une nouvelle approche pour prévenir la rechute de Zindel-V Segal, J-Mark-G Williams, John-D Teasdale, De Boeck 2006

The Lancet: Mindfulness based therapy could offer an alternative to antidepressants for preventing depression relapse (April 2015)

Journal of clinical psychology 62 de février 2006
Antimicrobial resistance (AMR)

For several decades antimicrobial resistance (AMR) has been a growing health problem worldwide but has only relatively recently become widely recognized. The public health and other consequences of AMR are now seriously challenging. How have we reached this point and what can be done about it? This article takes a look at the situation, and focuses on the past, present and future efforts of WHO to avert a major crisis in health care, noting that we all have a role and responsibility in this domain.

The background in brief: Many microorganisms which cause disease tend, by a natural (genetic) process of adaptation, to become resistant sooner or later to the medicines used to combat them. While the emergence of resistant strains cannot be completely prevented, it can be limited and contained. However, widespread use and misuse of antimicrobials has accelerated the development of high levels of AMR worldwide and has rendered many common infections difficult, sometimes even impossible, to treat. Combinations of drugs have been devised to treat several major diseases (e.g. malaria, HIV infection, tuberculosis) to overcome AMR as first-line treatment became ineffective, but multidrug resistance has also become problematic, for example with TB control. Another major implication concerns important medical advances such as cancer treatment and organ transplantation, which depend on effective antimicrobial drugs to protect against infections in particularly susceptible patients. New antibiotics are urgently needed but the pharmaceutical industry has little financial incentive to develop them. The rise in AMR levels is also driven by the use of vast quantities of antibiotics for growth promotion and disease prevention in food-producing animals (including poultry and fish), representing an increasing threat for sustainable food production and veterinary care. There is a heavy economic burden due to AMR, enough for the G20 countries and the World Bank and others to regard AMR as a major global economic threat today.

What has WHO done about AMR? Faced with this multisector multifaceted problem, WHO initially focused on the need to obtain and provide factual information on the extent of AMR and trends, development of guidelines, and on raising awareness. Some 30 years ago, surveys by a WHO Collaborating Centre in Boston, USA, of bacteria isolated from hospital patients yielded data on the range of common bacterial infections (many of which were acquired within the hospitals!) and their resistance to the antibiotics used; in 1989 a software programme, WHONET, was developed at this centre for the management and analysis of laboratory data on AMR. Subsequently, WHONET has been updated and expanded and is in use in many countries and in both medical and veterinary sectors, and has facilitated networking and information sharing globally. The WHO programmes on TB, HIV and malaria have for many years included AMR surveillance as an integral component of their control efforts, but much more surveillance of other important pathogens is needed in many countries. Recently, WHO launched the Global AMR Surveillance System to support a standardized approach to the collection, analysis and sharing of AMR data.

In 2001, the WHO Global Strategy for Containment of Antimicrobial Resistance was published, with a set of recommendations for each of the relevant levels, sectors and services. This was an important milestone and the key elements of the strategy remain valid today. There have been several WHA resolutions in the past 20 years on the need to combat AMR worldwide. In 2011 AMR was chosen as the theme for World Health Day, highlighting the essential actions needed to counteract AMR. In 2012 another WHO publication examined the implementation of the 2001 strategy, the lessons learnt during the first 10 years, the remaining gaps and the options for action by the different sectors and services involved. All of these and other publications (available on the WHO website) emphasize the need for involvement at all levels of society including individual members of the public who can contribute by using antimicrobials correctly as prescribed, and disposing of unused medicines responsibly. And consumers, by refusing to buy food products from antibiotic-fed animals, could potentially influence the market and hence the food chain.

A major effort was undertaken by WHO to assemble, for the first time, national surveillance data on AMR collected worldwide in 2013, focusing on commonly occurring bacterial infections in hospitals.
and communities. Despite gaps in the available data, the findings, published as a global report on AMR surveillance in 2014, provided a baseline from which future trends could be monitored. WHO also intensified its efforts to build partnerships and advocate for political engagement. In 2013, the importance of coordinated intersectoral action to address AMR in the human and animal health sectors and the food chain was acknowledged by WHO, OIE and FAO in a tripartite agreement, and these organizations have been working much more closely since then.

In 2015 an updated multisectoral WHO Global Action Plan to Combat Antimicrobial Resistance was approved by the WHA. In a landmark event, the UN General Assembly (having held a session on a health topic on only 3 occasions in the past), held a high-level meeting on AMR followed by adoption of a resolution on 5 October 2016 (UNGA resolution A/RES/71/3) on the global threat posed by AMR and the need for concerted global intersectoral action to tackle it, and set out a series of specific areas for this action, based on the WHO global plan.

How is the UNGA resolution influencing the situation and what are WHO’s plans? In late 2016, we can catch up on the latest WHO news and views from Dr Keiji Fukuda, Special Representative of the DG, who kindly agreed to respond to questions for QNT, as follows.

Dr Fukuda’s comments: Following adoption of the 2015 global plan and the UNGA resolution, there is no doubt that international efforts to contain AMR have accelerated and expanded. The UNGA high-level discussion and endorsement of the global plan have brought international awareness to a new level and enabled structures to be put in place to ensure that implementation across sectors will be much better harmonized and will be sustained. Specifically, an Interagency Coordinating Group on AMR is being set up to provide a formal platform for coordination and harmonization across the relevant sectors. And, following the UNGA discussion, the World Bank Group has initiated a financial dialogue to explore funding arrangements for AMR (e.g. better use of existing initiatives to more broadly cover AMR, and mobilization of new funds). Since funding in today’s world is difficult to obtain, the efforts by the World Bank and G20 countries and others will be critical. Such initiatives, as well as earlier work at the World Economic Forum in which pharmaceutical companies also recognized the need to tackle AMR, show that awareness, engagement, and support for the efforts by countries are growing. Nonetheless, much of the world still does not know about AMR, and advocacy and awareness-raising are still essential in all countries. The annual World Antibiotic Awareness Week, initiated in 2015, and ongoing as we speak, is just one example of WHO’s efforts to spread the message more widely.

Lastly, when asked to look into a crystal ball, Dr Fukuda replied “I really believe that we now have a once-in-a-lifetime opportunity to sustainably reduce and contain AMR. The problem will never disappear and ongoing efforts will take a decade or so to have a measurable impact, but I believe we have a fighting chance to do this. I am cautiously optimistic!"

Post script: Dr Keiji Fukuda’s contribution made it possible to bring this article right up to date from the WHO standpoint. We are particularly grateful to him for sharing his experience and insight on the complex AMR problem while he was preparing to leave WHO to take up appointment as Professor of Public Health at the University of Hong Kong in mid-December. With our thanks, we offer best wishes for this new chapter in his distinguished career.

Lindsay Martinez

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1 World Organisation for Animal Health

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New members

We have pleasure in welcoming into the AFSM family the following members

**Life Members**

Mimi Delessert,
Pierluigi & Ruth Elizabeth Malaguti

**Conversion to Life Member**

Leny Borner

**Annual Member**

Siva Kumaran Murugasampillay
News from WHO

- QNT 105 provided details on the procedure for the forthcoming election of a new Director-General from May 2017, including the names of the six candidates. A candidates’ forum took place in Geneva on 1-2 November at which the candidates presented their vision of WHO to Member States and answered questions on their candidacies. The webcast of the forum can be found on the WHO website. In January, the Executive Board will draw up a short-list of five candidates who will be interviewed by EB members. Three will be nominated to go forward to the 70th World Health Assembly in May where Member States will decide on the new Director-General who will take office on 1 July 2017. Before the voting by the Assembly, the candidates will be given the opportunity to make a short address to Member States but there will be no question and answer session. The statements will be broadcast on the WHO website.
- On 27 September, the Region of the Americas was declared the first region in the world to have eliminated measles.
- On World Obesity Day on 11 October, a WHO report was launched calling for global action to curtail consumption and health impacts of sugary drinks.
- In mid-October, the first update of the International Classification of Diseases in 25 years was released by WHO for comment by its Member States at a conference in Tokyo.
- End October, WHO and the Climate & Clean Air Coalition launched a joint campaign called BreatheLife to mobilize cities and individuals to protect our health and planet from the effects of air pollution.
- World Antibiotic Awareness Week took place from 14-20 November. The campaign aimed to increase awareness of global antibiotic resistance and to encourage best practices among the general public, health workers, policy-makers and the agricultural sector to avoid the further emergence and spread of antibiotic resistance. See page .. for an article on antimicrobial resistance.
- On World Diabetes Day on 14 November, WHO called for action to halt the rise of diabetes which is one of the world’s leading causes of death. The number of people living with diabetes has nearly quadrupled since 1980 to 422 million adults, or 1 in 11 people.
- On 15 November, new data were released on the worldwide trends in blood pressure from 1975-2015. The number of people in the world with high blood pressure reached 1.13 billion in 2015, nearly doubling since 1975. The study is the largest ever of its kind and involved WHO and hundreds of scientists throughout the world, incorporating blood pressure measurements from nearly 20 million people.
- On 15-16 November, the third and final consultation was held at headquarters on the Global Action Plan for Influenza Vaccines. This 10-year initiative was set up in 2006 to address the anticipated shortfall in vaccine supply in the event of an influenza pandemic. This decade of effort has shown progress but pandemic influenza remains a global threat.
- Promoting health is central to delivering on the Sustainable Development Goals. The 9th Global Conference on Health Promotion, held in Shanghai from 21-24 November, was tasked to chart a new course for the next 15 years, aimed at inspiring governments, municipal leaders and other stakeholders to grasp the great potential of promoting health across all sectors of society.
- To mark World AIDS Day on 1 December, WHO launched new guidelines of HIV self-testing to encourage countries to promote self-testing and empower more people to test for HIV. WHO also launched a new progress report “Prevent HIV: test and treat all – WHO action for country impact”. The report shows that more than 18 million people living with HIV have access to HIV treatment, but many more lack HIV diagnosis and consequently are missing out on treatment.
- World Health Day 2017 will focus on depression.

Sue Block Tyrrell
Meeting of the Staff Health Insurance
Global Oversight Committee

The 7th meeting of the Staff Health Insurance (SHI) Global Oversight Committee (GOC) took place on 7 and 8th November 2016. Both Ann Van Hulle-Colbert (member elected by retired staff to this Committee) and Clas Sandström (elected alternate member) attended. For those of you who are not familiar with the GOC, it is a Committee that meets twice a year and advises the Director-General on matters of policy, management and operations of the SHI.

The following subjects were discussed:
- SHI Key Performance Indicators (status report)
- Internal Audit Report related to an audit of SHI currently being performed
- Report of the Chair of the SHI Global Standing Committee on the work of that Committee
- Actuarial projections to support financing discussions
- SHI Rule amendments
- Long-term Care
- SHI IT project including SHI self-service portal demonstration
- PAHO service agreement with external claims’ processor (third party administrator)
- Update on UN/interagency working group on health insurance
- Case Management

The agenda was heavy for a two day meeting but we managed to get through it effectively. All recommendations arising from the meeting are subject to the approval of the Director-General. The purpose of this article is therefore to provide some general information and highlights on the items discussed.

The financing discussions focussed mainly on PAHO including ways to 1. contain medical costs in the USA and 2. finance the PAHO unfunded liability.

1. The GOC discussed several interesting options for reducing costs especially in the USA. Needless to mention, cost containment in other high-cost areas remains also a priority for the SHI in order to keep costs to an acceptable level.

2. Since the introduction of international accounting standards (IPSAS) in 2010 in PAHO and 2012 in WHO, the actuarial liability for current and future retired staff health insurance has been recorded in the SHI financial statements. All participating organizations (WHO, PAHO, UNAIDS, etc) have agreed to record their share of the deficit/unfunded liability in their respective financial statements.

At this meeting, the GOC discussed and agreed on methods of improving the PAHO financing of the deficit in the SHI. As per the last actuarial projections, the global SHI actuarial deficit is planned to be financed over a 25 year period. The changes discussed by the GOC are beneficial to the SHI and means that PAHO’s deficit (and as a consequence the global SHI deficit) could be financed a little earlier than it would otherwise.

The actuarial situation and the related deficit is regularly reviewed by the GOC. In that context, the previously agreed annual increase in contributions for all are also reviewed and may be adjusted in the future if the financial situation allows it but for now it is necessary to continue the 4% a year increase.

There was also a discussion on case management which is a common feature of health insurances and is an effective means of containing costs while at the same time respecting the need for adequate and appropriate health care. The new SHI Medical Adviser will be requested to study options and report back to the GOC at its next meeting.

Long-term Care (LTC) coverage is of course of particular relevance for all of us. We, the retired staff representatives, had asked for a study to be conducted on options for enhancing LTC insurance or for providing external insurance options. The initial report of a consultant was reviewed by
the GOC and was well received. The report gave an up-to-date situation of LTC coverage in various countries throughout the world. Options for SHI were also proposed in the study. The final report will include options for external insurance and will be presented to the GOC at its first meeting in 2017. The proposals have yet to be costed. It therefore remains to be seen whether they are affordable for SHI and for individuals. Participants will be kept informed of developments in this regard.

We had an interesting demonstration on the self-service portal which will be introduced on a gradual basis as from January 2017 and will provide an online platform for SHI claims and direct payment requests’ submission and also for accessing individual and general SHI documents and information. Although we are all encouraged to use this portal in the future, this will remain optional for retired staff and those who prefer to use paper format will be able to continue to submit their claims manually by means of the envelopes and receive information by mail as at present.

The SHI Secretariat provided interesting information on the work of an interagency working group looking into ways of working together to achieve savings. The measures they are envisaging include establishing agreements with healthcare providers collectively in various countries of the globe and sharing information and experience on many other aspects of health insurance within the international organizations.

The next meeting of the GOC is planned to take place in April 2017.

Ann Van Hulle-Colbert

Greetings from Addis Ababa!

Ethiopia is my retirement abode and I love it. I have learned to appreciate the little things of life, such as having a steady supply of electricity and hot water and internet access at all times.

The other day, we had a hailstorm (Addis Ababa (ADD) is at 2355 meters altitude, but close to the equator as well), so it is a rather unusual. Although not that unusual, in that I recall another one, maybe last year?

Once, we had swarms of desert locust flying over. That was very unusual indeed. A first maybe for Addis Ababa (because of distance covered by the locust and because of the altitude of ADD) and for me. People stopped and stared in the street. Cars stopped in their tracks.

Locust are a real threat, eating everything in their way, even thatched roofs and broomsticks. The locust flying over did not do that. The swarms were small. The locust must have been very tired because they died almost immediately - we saw their cadavers in the street the next day - size of big shrimps (to give you an idea of size).

BTW, locust are also very nutritious. They can be eaten cooked, fried or dried. In Cambodia, we saw brightly lighted fields to attract locust at night, to be sold the next day. Recall 3 categories, small, medium and large. Huge swarms can block out the sun. That did not happen in Addis at that time. Rather the swarms looked like dark clouds rapidly crossing the sky.

Speaking of food, the other day, harvested our first avocado! The tree is about 3-4 years old. A proud achievement!

Our Jacaranda tree is also growing fast. It's now about 2.5 meters tall. Hoping for Jacaranda flowers next year, but that may be too early/too optimistic. WE planted a whole bunch of pots, all at the same time some, about 1.5 years ago and watered them daily. Nature did the rest! Good things still happen!!

Of course, the recently declared State of Emergency in Ethiopia is much on our minds as well. We will be guided by Dutch Embassy security advice and UN security phases. We are the lucky ones, having a 2nd home to return to.

Tanja Ellen Sleeuwenhoek
The daughter of a retired WHO staff member awarded in Washington.

Elisabeth Wilson, daughter of Mr Arnold Wilson (Haiti), a retired engineer in Public Health received on 15 October 2016 in Washington, an Award granted by the Global Women Peace Foundation (GWPF) in "Recognition for Continuing to Advocate against FGM in Europe".

Elisabeth Wilson started her career in Canada as broadcast journalist at the Canadian Broadcasting Corporation. She then created her own company in Montreal and worked as a communications consultant. But, raised in Africa in the WHO compound of Brazzaville, she began to miss the humanitarian work and international community. She left Canada in 2006 to settle in the Geneva region where her father had retired. She came accredited to the United Nations Office for a Canadian media. She was anchoring an educational radio program aired in Montreal called “PLANETE ONU”. In parallel she acted as communications consultant notably at WHO. In 2010, she co-founded with her companion, adult education specialist and former WHO consultant Holger Postulart, the Global Alliance against Female Genital Mutilation (GA-FGM), a Geneva-based NGO.

Despite thirty years of active work against FGM, mostly concentrated in Africa, the prevalence in some countries is still around 90%. The couple was always convinced that the fight against FGM needed a major change in its approach and go global. Throughout the years, they assessed some missing strategies and in order to be a true added value, they validated their innovating projects with the IAC\(^2\) the oldest African NGO fighting against FGM. Recognised by the veterans and in response to concrete demands from field actors, they started working on five key projects:

1. a comprehensive FGM literature database;
2. an interactive Mapping tool showing all field NGOs and associations worldwide working against FGM in order to see with transparency who does what, since when and document their results;
3. country sheets with updated data on FGM and their legal framework;
4. a News section covering FGM worldwide.
5. And the GA-FGM plans to develop, in collaboration with a University performing evaluation tools to better assess the work done on the field and finally have comparable results. So far these evaluation tools do not exist. They would facilitate the dissemination of comparable and up to date data, optimize field projects and programs and therefore accelerate FGM abandonment. “There is an urgent need to develop a global scientific approach to save more lives in less time” said Mrs Wilson. Given this finding the GA-FGM’s co-founders have been working since 2010 on the creation the first University Chair specializing on FGM. Formal consultations on this project were undertaken with various universities, amongst them, UNIGE.

“We were often criticized for not conducting field projects. Donors, governments, international organizations and civil society need to understand that ending this complex health and human rights issue cannot be achieved by adding another field actor. The GA-FGM’s place is indeed ‘behind the scene’ while having a direct impact on the field. 200 million women and girls worldwide are living with the consequences of FGM and half a million of them live in Europe. So we are on the field! I feel honoured that the GWPF recognized the importance of advocating against FGM in Europe and that having this University Chair in Europe, collaborating with other universities on the five continents will contribute to accelerate FGM abandonment”, concluded the GA-FGM’s co-founder and Director of communications.

AFSM editor

\(^1\) participated in the first humanitarian contingent ever deployed by WHO in the Belgian-Congo where his daughter Elisabeth was born.

\(^2\) Inter African Committee
Fishing industry was a predominant economic activity a few decades ago. Now, it is tourism, the Islands’ population is about 10 thousand and the annual number of tourists is estimated to some 80 thousand.

Out of thirty fish smoking plants a few decades ago, only one traditional smoking plant is active now.

The church of Saint-Pierre on the island of Cap-aux-Meules is the second largest wooden church in the Americas. A legend says that it was originally built from the wood recovered after a ship carrying timber crush landed on a beach nearby. The villagers collected the wood and built the church but the wood’s owners were not very happy with such destination, they would have preferred that the wood be sold with a profit.

Tourism is the most important industry on the Islands. There are three hundred kilometres of beaches, most of them very wide, covered with immaculate golden sand but some of them in the form of dangerous cliffs.

Almost all houses on the Islands are painted in bright colours.

There are a few museums on the Islands, probably the most original is the Sand Museum.

On the way back we sailed close to the famous Percé Rock on the tip of Gaspé Peninsula and we sailed to the fjords on the River Saguenay.

However, we missed the beauty of the place because of fog and pouring rain.

**Stanislaw Orseszyna**
Ken Langford (1947-2016), director of Internal Audit from 1995 to 2009, passed away suddenly on 23 September 2016. He was 68. Ken was a true professional internal auditor. He used his extensive experience to assist WHO to maintain high standards. In addition to providing a quality audit service, he also contributed to strengthening and professionalizing the governance of the WHO Staff Health Insurance through forward thinking that resulted in modernized and strengthened governance of the Insurance. Thanks in large part to Ken’s work, good oversight and sustainability of the Insurance, on which so many former staff depend, is ensured.

Ken was raised in Denison, Texas. He was a graduate of Texas A & M University and held numerous professional qualifications, including Certified Public Accountant, Certified Information Systems Auditor, and Certified Internal Auditor.

Despite the serious nature of his job, Ken was blessed with a remarkable sense of humor. He had a strong sense of professionalism, yet that did not prevent him from being able to find the funny side of most situations. With his trademark Texas drawl, he could enliven even the most mundane bureaucratic meetings. In short, he was a joy to work with.

Prior to joining WHO, Ken worked for Saudi Aramco in Dhahran, Saudi Arabia. Following his retirement from WHO in October 2009, he took up several temporary appointments with UNITAID.

Ken is survived by his wife Pia, his son Chris, his daughter Allison Norris, and four grandchildren.

Jack Woodall (1935-2016), co-founder of the Program for Monitoring Emerging Diseases (ProMED) has passed away aged 81. He was educated at Bedford School and Clare College Cambridge, and obtained his PhD in Entomology and Virology at the London School of Hygiene & Tropical Medicine in 1956.

Jack’s first position in public health was as a member of Her Majesty’s Overseas Research Service, working at the East African Virus Research Institute in Entebbe, the capital of Uganda prior to its independence in 1962; his work involved yellow fever and the discovery of new viruses.

In 1965 Jack was appointed Director of the Rockefeller Foundation Virus Laboratory in Belem, Brazil, once again carrying out the same researches. Jack left Belem in 1971 to work for the New York State Department of Health on mosquito and tick borne viruses. In 1975 he became Director of the San Juan Laboratories of the Centre for Disease Control (CDC), US Public Health Service in Puerto Rico, responsible for the dengue and schistosomiasis programmes. In 1980 Jack was seconded to the World Health Organization (WHO), where he travelled extensively leading teams to assist developing countries in improving their health laboratories, health services management, primary health care and health financing. He introduced the WHO programme on AIDS to four African countries and was also a member of the WHO Staff Committee, General Secretary of the Federation of International Civil Servants Associations for a year, and editor of UNSpecial, the monthly magazine for United Nations international civil servants in Geneva.

In 1994 Jack retired from the WHO, returned to his old post with the New York State Department of Health and cofounded ProMED, a free online global network reporting outbreaks of emerging infectious diseases.

After working in the US for 4 years, Jack returned to Brazil in 1998 as Visiting Professor at the Federal University of Rio de Janeiro (UFRJ) carrying out research on emerging diseases. Despite retiring in Rio de Janeiro Brazil in 2007, Jack remained active in ProMED, the Biological Weapons Prevention Project and the One Health Initiative.

Jack sadly passed away in London on Monday 24 October 2016. His career and exhaustive list of achievements is a testament to his dedication to infectious diseases, which will be remembered by all. We offer our condolences and deepest sympathies to his family and friends. Natasha Rodney
In memoriam

Dorothy Nowson. It was with great sorrow that our long-standing colleague and friend sadly passed away on 24 June 2016 in the Val Fleuri nursing home in Geneva, just a few months after her 94th birthday. A funeral service was held at St Georges cemetery in Geneva on 29 June attended by three of her relatives from the UK and a handful of friends. Her ashes were laid to rest alongside her mother and brother in the Châtelaine cemetery.

Dorothy was born and educated in Egypt and worked for various companies there before joining WHO in Alexandria as a senior assistant, transferring to Geneva HQ in 1966 working in the Division of Research into Epidemiology and Communications Science as secretary to the Director, and later in Personnel. She enjoyed her retirement in Geneva until her health began to deteriorate and she could no longer live alone. The last few years of her life were very distressing not only for her but for her friends in Geneva and her family in the UK as Dorothy was suffering from dementia. She always prided herself on her excellent memory.

Rest in peace Dorothy, or Dolly as her family fondly called her.

On behalf of her family and friends,

Diane Thomas

Does anyone remember Irene Herink?

We have been contacted by Irene’s cousin who would like to find out more information about Irene, including her time at WHO. Did any of you know Irene? If so, please let us know and we can put you in touch with Irene’s cousin and/or convey the information to her.

To help jog your memory, here is some brief information on Irene. She was born in the UK in February 1915. She joined UNRRA in 1945 and then started with the WHO Interim Commission in February 1947. She was appointed as a secretary in the Office of the Director of the Division of Epidemiology at HQ in September 1948, then became a sub-editor in the editorial section (documents and official records) in June 1950. She spent the rest of her career in this section and retired end February 1976. Irene held a UN Laissez-Passer from May 1949 – August 1965 and she made several duty travel trips, also many more trips on her British passport. She played oboe in a small chamber music group. Irene lived in Geneva before moving to a home in Geneva. She passed away in December 2014, just short of her 100th birthday.

The Executive Committee welcomes the opportunity to use the QNT in this way and hopes that someone can help Irene’s cousin ...

Other deaths

Albert Weber passed away on 21 November; an obituary will be published in the next issue.

Douglas Marr on 17 November

Maria del Carmen Palazon, aged 100

Klaus Speck

Valerie Taylor (nee Bodger) died on 18 November 2016. She was the widow of Alistair Taylor, once Director of Personnel, but before her marriage had worked in AFRO, EMRO and at Headquarters.

Walther Wernsdorfer died on 19 September 201; an obituary will be published in the next issue (QNT17)
Skies for January–March 2017

Be sure to look to the western sky shortly after sunset where the planets Venus and Mars will be playing a long drawn-out game of tag during almost the whole of this period. Venus is immediately obvious as a very bright star-like object, while Mars is considerably fainter and is not visible until the sky gets quite dark. You will notice that Mars is distinctly reddish compared with Venus, and appears above it and to the left in the northern hemisphere, or to the right in the southern.

Their apparent closeness is purely a line-of-sight effect. Venus starts the year 114 million km away, but swings towards us on its orbit and by mid-March is just 45 million km away. Mars, on the other hand, is moving away from Earth – or rather, we are leaving it behind - and varies in distance between 245 million km and 317 million km.

The two appear closest in early February, when they will be about 5½º apart in the sky – that is just about the field of view of ordinary binoculars. But Venus loses the race, and then begins to drop away back towards the Sun as it gets ever closer to Earth, passing to the north of the Sun at the end of March. By checking their positions every few days, if you can, you will witness the movement of planets in the Solar System.

For more details and a star map go to http://www.popastro.com/youngstargazers/skyguide/.

Article kindly provided by the British Society for Popular Astronomy

UNJSPF Briefing Seminar: In–Retirement
UN City, Copenhagen 25 October 2016

What a pleasure it was to be able to say “Welcome back” to Mr Alan Blythe, Head, UNJSPF Office at Geneva and to welcome Mr Aliamane Bacar-Said, Finance Officer, Manager and Chief Client Services. In March 2010, Alan Blythe, together with Roger Eggleston, President AAFI-AFICS at the time, had given briefings on UN pensions to both serving and former staff in the WHO Regional Office for Europe. It was a pleasure working with them on that occasion, as it was this time with the expertise of Aliamane Bacar-Said.

A three-hour Power Point presentation on The Fund’s many aspects were clear and detailed, making it easy for those who were not familiar with the workings of the UNJSPF to understand. Questions were asked and clarifications provided.

The letter of invitation to the Seminar had been addressed to all former UN staff residing in the Scandinavian countries. It was gratifying that 185 attended; participants even travelled to Copenhagen from Stockholm and Oslo.

A number of participants told me they had thoroughly enjoyed the briefings, and that they had greatly appreciated being invited to such a well-arranged event.

Assistant, EURSA, Ms Kay Miller did a fantastic job, which all of us appreciated greatly.

The brochure ‘To stay in touch and be kept informed, join your Association of Former WHO Staff (AFSM)’ was made available.

Follow-up action involves forwarding the presentations to all invitees, whether they were able to attend or not.

Jill Conway-Fell

Editor’s note: We found the presentation mentioned in the article of particular value for all retirees even for those who did not attend the seminar. For that reason, we added it to our website where you can consult it (http://www.who.int/formerstaff/issues/pensions/en/).
Reader’s Corner

As every year, we received from Dr. Khaled Mneimne a bank transfer of $200 to our Quarterly News. Dr. Mneime concluded with these words.

Again, I wish to repeat to you and to my colleagues my sincere good wishes for a Merry X-Mas and a very Happy New Year with good healthy life all through 2017 and the following years.

Dr. Khaled Mneimne
Beirut, Lebanon

Many thanks to you, Dr. Mneimne for your loyalty to our Association and the Quarterly News. We wish you and your family all the best.

In the Geneva area – Solidarity Fair

The 22nd Solidarity Fair was held on 7 December 2016 to help replenish the Solidarity Fund, set up in 1995 after the Reduction in Force exercise, to help staff in emergencies and difficult situations. Since then, thousands of francs have been distributed either as grants or interest-free loans to our colleagues and to other charitable causes.

Many humanitarian associations participated with stalls selling food from around the world, arts and crafts, the usual bake sale and there were musicians to entertain us. The main stall was M’Pakasso Village Mali. The AFSM was pleased to continue to organize its now traditional tombola, helped by Sue Block Tyrrell, and by Maria Dweggah who founded the Fund. We provided two prizes of Italian confectionery, and AFSM member Barbara Suffredini, who used to manage the bake sale with her colleagues during the early years of the Fair, kindly donated a lovely homemade fruit cake for the third prize. We raised the amount of CHF 640, beating our 2014 record of CHF 550, which will be donated to the Solidarity Fund. Three active staff won the prizes – Evelyn Murphy, Technical Officer in the programme for Unintentional Injury Prevention, Samir M.A. Abdel Wahab El Hemsy, IT Technical Officer in EMRO and Jenny Murcott, Administrative Assistant, in the Reproductive Health and Research programme.

We are pleased to continue to support this event to demonstrate our solidarity with the staff and the Fund. It also provides an excellent opportunity for us to promote our Association. A few people asked for information and/or took documentation and one new member signed up. Several local AFSM members came to the Fair and stopped by for a chat.

Sue Block Tyrrell and Maria Dweggah

UN Special

The AFSM Executive Committee was pleased to collaborate with the editorial team of the UN Special in the preparation of the November 2016 issue which focuses on The Golden Age of retirement. It contains articles by several members of the Executive Committee and some photos of active AFSM members. For readers in Geneva who would like a copy, we have a supply in our office 4141. Other readers may like to find the magazine on line at www.unspecial.org.

Executive Committee
Coffees and lunches 2017 dates

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**: Coffee get-together from 10.00 – 12 noon at the tearoom Le Cham’, 2 route de St Cergue, behind Nyon station, facing the post office - on Mondays – 9 January, 3 April, 3 July and 2 October; **Wednesdays** – 1 February, 3 May, 2 August and 1 November; and **Fridays** – 3 March, 2 June, 1 September and 1 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](http://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.

Answer to the diagnosis of the «plague of Athens»:

The epidemiologists have not reached agreement on what has been called *the plague of Athens*. The various hypotheses include: typhus, smallpox, measles, typhoid, as well as Ebola, secondary viral infection, or even the possibility of several diseases in a non-immunized population. So we remain in the dark, wondering if perhaps one day light will be shed on the mystery.

**Corrigendum**: In the paper version of QNT105, two misprints unfortunately occurred:

In the French version: page 6: instead of «il y a 500 ans» it should have read «il y a 2500 ans». The reader would certainly have made the correction.


Thanks to Stan Orseszyna and J-M Leclercq for pointing out these errors.

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On the lighter side

**THANK GOODNESS YOU’RE HOME...**

...THE CHRISTMAS TREE FAINTED.

**I now pronounce you husband and wife!**

**You may update your Facebook status!**

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Death of Dr Halfdan Mahler

Dear Members,

We are sorry to inform you of the death of Dr Mahler on 14 December. Below is the message from the Director-General sent to all staff on 15 December.

“Dear Colleagues,

I am deeply saddened to inform you that the former WHO Director-General, Dr Halfdan T. Mahler, died yesterday. Dr Mahler served as WHO Director-General for three terms, from 1973 to 1988. He will be remembered as the architect of Health For All and the Alma Ata declaration - the foundations of the Primary Health Care movement.

Many staff have fond memories of Dr Mahler, and of his extraordinary contribution to global health. I invite HQ staff to a commemoration of his life and work, which will be held today, Thursday 15 December, at 13:00h (Geneva time) in the Executive Board Room in Geneva. I hope that many staff will be able to attend, and encourage you to share your experiences and reflections of working under the leadership of Dr Mahler, and his contribution to global health.

Margaret Chan”

Three of the AFSM Executive Committee members were able to attend the commemoration event on 15 December.

A condolences book for the family will be made available. If you would like to send us a message for inserting into the book, kindly send it to us by email or by post and we will ensure that it is included in the book.

Kindly inform your colleagues who do not have an email address.

The AFSM Executive Committee