Who do you recognise on this photo (taken in Alexandria in 1973)?
Join the game...
Whoever manages to identify the most individuals shown in the photograph will have his or her photo in the next issue.

We send to our readers and their families our best wishes for the Year 2010 - good health, long life and peace in the world!
General Assembly 29 October 2009

A few shots of the Assembly

Photos by Jean-Paul Menu (others in the French version)
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We pay special tribute
to the Printing, Distribution,
and Mailing Services.

The opinions expressed in this newsletter are	hose of the authors
and not necessarily
those of the editor
or editorial board.

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EDITORIAL

Above all, our apologies for the unusual delay in delivering issue nr 77, although we plead not guilty. The delay was in fact due to an increased workload in the Printing Services and especially mailing².

The current issue (78) deals mainly with our General Assembly, which was held on 29 October 2009. As you know, our statutes require us to hold a General Assembly every other year, with elections for the Committee in the intervening year.

Our General Assembly met with the usual success (see detailed report on pages 4-8) as well as our annual reception which took place on December 3 (see page 8).

Our readership survey has shown that the perception of the newsletter is generally positive and that our readers are keen to stick with the quarterly issuance of a bilingual publication (see details page 15). We shall therefore maintain the current format.

Seasonal flu vaccination:
As discussed in the previous issue, there has been no seasonal flu vaccination on WHO premises this year. You will find the explanation provided by the Administration on page 21. DC

² The QNT is available on our website from 25 of the 3rd month of the quarter.

Important contacts

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Office manned on Tuesday and Wednesday from 9.30 to 12.30.
Otherwise: please leave a message; someone will call back.
29 October 2009 General Assembly

The General Assembly was opened by the President of the Association, Dev Ray. Neel Mani was elected Chairman of the Assembly; Paule Leccia, Andrée Prodham and Claudine Suadeau were elected polling officers. The draft agenda was adopted.

Neel Mani, Chairman of the Assembly

PENSIONS

The Assembly began with an information session on pensions. Presenters were Alan Blythe, Head of the Geneva office of the United Nations Joint Staff Pension Fund, and Roger Eggleston, President of the Association of Former International Civil Servants (AFICS) and representative of the Federation of Associations of Former International Civil Servants (FAFICS) on the Pension Board.

But the Fund has now recovered some of the ground lost as a result of the financial crisis. The advantage of the Pension Fund being a defined benefit scheme is protection when the markets are bad. From a high-point of USD42 billion in October 2007, the market value of the Fund’s assets had declined to below USD 30 billion at certain points since the onset of the financial crisis. The value today (16 October 2009) had increased to USD 37.1 billion.

This volatility needs to be put into context. On 31 December 1950 the market value of the Fund’s assets was USD13.5 million. Today the value of the assets can change by more than that in one day. More important indicators of the Fund’s health are its liquidity and its actuarial position.

Liquidity and Actuarial Balance

In 2008 the Fund received contributions amounting to USD 1,840 million and made nearly 700,000 benefit payments (equivalent to USD 1,879 million). The Fund is highly solvent and has no immediate concerns regarding its own liquidity. Since monthly contributions continue to nearly match monthly benefit payments, the Fund does not have to use investments other than some investment income to meet its obligations to beneficiaries. The Fund’s investment policy is driven by the criteria of safety, profitability, liquidity, and convertibility. The asset allocation is designed to generate over the long term the 3.5 per cent real rate of return required to ensure the Fund will have the resources to meet its long term obligations.

The last six actuarial evaluations have indicated a surplus, the latest amounting to 0.49% of pensionable remuneration. The next actuarial valuation will be completed on values as at 31 December 2009.

Other Issues

A Working Group on Plan Design was established by the Pension Board in 2008. A priority for the Group is to reverse the economy measures put in place in 1985, namely to eliminate the 0.5% reduction on the first benefit adjustment due to an increase in the consumer price index and to change the date of adjustment on a deferred pension benefit from age 55 to 50.

The Group will also examine asset liability management, the two track system, and trends in employment and public sector pensions, as well as human resources policy including the income replacement policy, retirement age and mobility of pensions. An Integrated Pension Administration System (IPAS) is to be implemented in 2010. IPAS will replace the three main systems currently used to administer pensions.

Additional resources have been approved to ensure a
smooth transition with minimal impact on participants and beneficiaries. The decline of the US dollar has not had a direct impact on beneficiaries (except for those on the dollar track in non-dollar areas). Current beneficiaries are still receiving benefits which are in line with income replacement targets. For the future, there is a proposal being considered which would smooth the effect of fluctuating exchange rates by replacing the 36 month average exchange rate with a 120 month average.

Roger Eggleston underlined

that, while the Pension Board was tripartite (members being representatives of Member States, Executive Heads and participants), there was a fourth group – the beneficiaries, represented by FAFICS – who were an important and powerful feature in the deliberations of the Board. Four representatives and two alternates are present and may make interventions at any time. The fact that they do not have a vote has not caused difficulty. Representatives of FAFICS are on the Working Group on Plan Design and on the search committee for the next CEO of the Fund.

The Working Group on Plan Design was studying the implications of the current realities for the Pension Fund. What will improved longevity and a trend towards shorter careers mean for the retirement age? The proposal to increase retirement age from 60/62 to 65 was meeting opposition from the representatives of the Executive Heads. Participants in the Assembly raised questions, the responses to which are summarized below:

- The target of 60% income replacement is based on 25 years of service.
- The Fund cannot restore a full pension benefit to a beneficiary who has elected a lump sum commutation, even after approx 12 years when the lump sum has been amortized since the Fund has lost income on the amount of the lump sum paid out during this period and cannot cover any portion for those who had elapsed before the 12 years.
- Following problems encountered in 2008, the Certificate of Entitlement for 2009 for beneficiaries in Switzerland and Italy would be distributed through the Swiss post office.
- There was no cost of living adjustment to benefits paid in Switzerland in 2009, since the consumer price index had not reached the threshold of 2%. A 3.6% increase was paid in April 2008.

HEALTH INSURANCE

Claude Hennetier, Coordinator, Insurance and Pension Services, gave an overview of developments in Staff Health Insurance. Samantha Bell-Shiers responded to questions. WHO’s Staff Health Insurance (SHI) scheme had been in effect for 50 years. It currently serves 5,500 retirees and 10,000 serving staff. Its assets total USD 384 million.

The Joint Meeting of Surveillance Committees which took place in October 2008 made a number of decisions with a view to safeguarding the long-term health of the Insurance. It approved an increase in the rate of contributions and agreed to improvements in certain benefits, namely long-term nursing care, optical benefits, and preventive measures. It also established a Working Group to look at issues such as long-term care, governance, and financing. The Working Group will report to the next Joint Meeting in 2011.

The implementation of the Global Management System in WHO had given rise to a
number of problems, notably late payment of claims. Great efforts had been made to make timely payment of claims, so that now, the turnaround time is in the order of 2 weeks. Participants in the Assembly raised questions, the responses to which are summarized below:

- Direct payments are made for retirees, but only at the rate of 80%.
- Those wishing to contact SHI by telephone should dial the main number 022 791 18 18 and leave a voicemail message. Someone will call back.
- Rates are stated in the SHI Rules in US dollars. These rates are converted at a 3-year average rate of exchange, which is currently 1.2 CHF/USD.
- For accidents involving 3rd party liability, SHI will not reimburse the claim, unless the 3rd party refuses responsibility.
- Certain items which may be prescribed by a physician are not covered by SHI. These include items such as shampoos, lotions, nutritional supplements, “alternative” medicines. SHI policy is based on local practice, i.e. items covered under Swiss and French plans.
- The decision not to provide seasonal flu vaccine to retirees in 2009 was an administrative decision. It was hoped that in 2010 arrangements could again be made to vaccinate retirees.

Former staff attending the General Assembly enjoyed a convivial coffee break catching up with colleagues and friends.

Returning to the meeting, attendees were greeted on behalf of Dr Margaret Chan, Director-General by Dr Isabelle Nuttall, Senior Executive Officer to the WHO Directorate General. Dr Nuttall commended the Association on its activities, with special mention of the Remembering the Past project. She expressed the warm regards and good wishes of Dr Chan as well as her own to WHO retirees.

Dev Ray referred to his AFSM President’s Report for 2008-2009. He highlighted two of his concerns. Firstly that retired WHO staff have little opportunity to give their comments, expertise, or other input to the ongoing work of WHO once they leave the Organization. Dev questioned how a neutral platform could be developed so that the present work could be informed by past experience and knowledge.

Secondly, he pointed out that not enough new members from the newly retired former staff are joining AFSM. He asked for suggestions on how younger retired staff could be attracted to the Association in order to ensure its future well-being.

AFSM Vice-President and former Treasurer Roberto Masironi presented the AFSM financial report. He outlined the various aspects of the financial activity for 2007-2008 concluding that the situation of the Association is very good.

Charles Hager, AFSM Auditor, confirmed this information when he read the auditor’s report. The Assembly accepted the financial report.

Mr. Jean Roussy accompanied by Dr S. William A. Gunn, spoke to the meeting about the activities of the Université du Troisième Age, which
include thought-provoking conferences, lively workshops on informatics, languages, history, philosophy and art as well as visits to points of interest in the Geneva area. The aims of the University are to give retirees the opportunity to develop new awareness and ideas and to meet others with common interests. Dr Gunn confirmed that he thoroughly enjoyed his own participation in the activities of the University; WHO retirees are warmly invited to join this stimulating group. Contact information: Université du Troisième Age, 2, rue de Candolle, 1211 Geneva 4, Tel: +41 22 379.70.42 or +41 22.379.72.57 English contact, E-Mail: uni3@unige. URL: http://www.unige.ch/uta.

David Cohen, Editor of the Quarterly Newsletter, called attention to the recent questionnaire, which gave readers a chance to give their views on the format, content and other aspects of the newsletter. Basically the responses were very positive, warmly endorsing the value of the publication and asking that it remain bilingual and quarterly in frequency; the contents most favoured were articles about pensions, health insurance, individual’s health and the memory of WHO. Details of the questionnaire results will appear in the next issue of the QNT. David Cohen welcomes any further comments or constructive criticism that AFSM members would like to forward to him.

Mr. Derrick Deane gave the assembly an enthusiastic account of his participation in the recent United Nations Inter-Agency Games held in October 2009 at Bad Kleinkirchheim, Austria. The aim of the games is to enable staff members of the agencies and organizations of the United Nations System to get to know each other through sports meetings and thereby to improve mutual understanding. Derrick encouraged WHO retired staff to participate in this exciting event, which will be held next year in Trentino, Italy. For further information the web site is at: http://iag2009.interagencygames.org/

Finally Neel Mani called attention to a group of retired international civil servants from organizations in Geneva that has formed an association, named “Greycells” or “Association of former international civil servants for development” through which they can make their experience and expertise available on a voluntary basis. Greycells has two main lines of action: one is support of the international community’s work in the developing world and secondly, Geneva-based, co-operation with Swiss institutions as well as with intergovernmental organizations accredited country representatives and NGOs, with a view to improving the information capacity, outreach and hospitality facilities of Geneva. For further information, the web site is at: http://www.greycells.ch/.

During a period for other questions and comments, participants made the following suggestions, which will be followed up by the AFSM Executive Committee:

- The food for the December Reception could be arranged on tables throughout the room to avoid long queues and give people more time to meet and greet each other.
- Email messages sent to working staff concerning lunch time seminars and other events of interest could be forwarded to retirees; email messages concerning security issues, disease outbreaks and country situation warnings could also be usefully forwarded to the retired community.
- An outreach process could be established to assist people needing help in case of illness or disability to, for example, to fill out...
General Assembly (Contd)

their health insurance claim forms.

Dev Ray pointed out that the AFSM Executive Committee secretariat has made great progress in the last few months in establishing an email list of AFSM members so that communication could be quicker and more efficient. He asked that members help to ensure that their correct email address is on record with the AFSM office if they wish to receive email messages sent out by AFSM. With thanks to those attending, to Chairman Neel Mani and to President Dev Ray for his AFSM Report as well as other members of the Executive Committee, the October 2009 session of the AFSM General Assembly adjourned.

Annual reception

As you can see from the two photos above, the arrangements for the annual reception this year were different. Following requests at the General Assembly, the long table in front of which colleagues had to stand in a long queue to be served, was replaced by round tables. The new arrangements thus allowed people to help themselves to the food and chat at the same time. Many people considered that the new arrangements enabled this year’s reception to be more cosy and friendly.
Our health: Cataract

A cataract is the opacification (clouding) of the transparent crystalline lens of the interior of the eye: the lens focusing (accommodation) allows you to focus at a near distance. This close up accommodation ability decreases with age (presbyopia) and from about 45 years of age people generally need to wear glasses to read. Presbyopia is NOT the subject of this article.

The opacification of the crystalline lens, or cataract, leads to a progressive decline in vision, with the first symptom being sensitivity to light (photophobia). Vision becomes blurred, as if looking through a frosty window. Intervention becomes necessary when the opacification becomes serious and vision is severely diminished.

Types and causes
- The vast majority of cataracts occur spontaneously and progressively with age, after 70 years. Certain factors may play a role in contributing to the onset of cataract: prolonged exposure to ultraviolet light, tobacco addiction, heredity, prolonged corticotherapy, diabetes, certain metabolic illnesses etc.
- Heredity – family history of the condition
- Traumatic – often rapid evolution
- Secondary – following other serious eye conditions (previous uveitis or detached retina).

Suspected molecular origin
Recent studies seem to attribute the cause to the presence of particular proteins in the crystalline lens capsule membrane.

Treatment
Surgery is the only effective treatment. In cataract surgery, the opaque crystalline lens is removed by phacoemulsification: through an incision of about 3 mm, the surgeon destroys the opaque crystalline lens with ultrasonic equipment and removes the debris by suction, then replaces the lens with a folded or rolled up replacement lens which is inserted through the tiny incision. The implant lens unfolds and settles in the eye. There is no need for stitches and the wound heals spontaneously. The capsule (envelope) is left in place during the surgery. This extra capsule extraction surgery, which is currently very well developed, is carried out under contact or local anaesthesia. The operation lasts for about 20-30 minutes, is painless and is generally carried out on an outpatient basis or with only a very short period of hospitalization if needed. Sight is very rapidly restored.

The most frequent complication is secondary cataract (when the replacement capsule in the eye becomes cloudy) which may occur from a few days up to several years after the operation. Such opacification is treated by capsulotomy, generally using a YAG laser. The laser rays will destroy the hazy capsule and restore normal vision.

It is not wise to have both eyes operated on at the same time.

Dr David Cohen

The increasing cost of health care is worrying. Let's try to make economies ourselves!

You are certainly aware of the rising cost of health care in many countries - a subject that was discussed at our recent General Assembly. I wish to share with you my personal opinion on this subject. You can then decide for yourselves.

Let's do something!
Among the things we can do to help improve the situation, one is, when receiving a prescription from a doctor, to express our strong preference for a "generic" identical formula1 usually less expensive than a proprietary "brand". Another would be for those who live in the Geneva area to purchase drugs in France where the price difference is significant.2

A quick reminder about "generic drugs"
The active substance of a generic drug is identical or equivalent to a proprietary “brand” (called princeps drug). The "generic" is produced and sold under its chemical name (International Nonproprietary Name (INN)). The "generic" can be produced after the patent of the princeps drug has expired, or if there is no patent. When a patent expires, the chemical formula of the active substance enters the public domain.

Legislation3 specifies that a "generic" has, according to the law, to be as effective as the original product (control, market permit, "quality" of laboratories, dosage, indications and counterindications, side effects and guarantees of safety).

The "generics" cover a wide range of acute or chronic, severe or mild diseases.

Moreover, and this is good news, a "generic" is generally sold at a lower price: it costs on average 20 to 30% less than the proprietary brand. This advantage partly explains why the prescription of "generics" is steadily increasing. For example, in France, sales of generic drugs are rising and in 2005 accounted for 25.2% of the market (17.2% in value) against 13.7% (9.2% in value) in 1999. But this rate is low in comparison, by value, to 63% of the U.S. market in 2007.

SHI has informed us that it does not keep separate statistics on the percentage of "generic" prescriptions among those submitted for reimbursement. Such statistics would be informative about the situation of our Insurance but would require a fairly complex system of follow up and would prolong the time required to record incoming data. Such analyses are not yet included in the software used by SHI, but let's hope they will be in the near future.

But as you can imagine this progression of "generics" does not make the pharmaceutical industry happy.

At best, and then to our benefit, some companies decide to reduce the price of their original medicines to encourage doctors to continue prescribing them. But most often the industry’s response is more underground. Could we then dare to imagine that WHO could have been infiltrated by the industry? Or is that just ancient history?

As we all know WHO aims to control its budget and avoid unnecessary expenses
Therefore it is difficult to believe the Financial Times4 which said that WHO did not take into account the cost advantages of "generics" "The World Health Organization plans to spend USD 500 million on antiviral drugs to treat patients with pandemic flu. The proposal - which Roche and the agency said was not a formal agreement - would result in buying Tamiflu from Roche at just over USD 8 a pack (while) Cipla, an Indian drug manufacturer, is selling a generic version (oseltamivir) for USD 5.50"5 In this case the choice of the "generic" would save over USD 142 million or approximately one third of our SHI budget.

I have too much respect for WHO to believe that it can tolerate such dark manoeuvres.

Dr J-J Guilbert

1. In France a Government decision announced on 31 October 2009 that physicians may no longer oppose substitution: it is no longer permitted to add the handwritten note "irreplaceable" on a prescription.
2. But that would prejudice Swiss pharmacists who have nothing to do with fixing prices.
3 For example, in the United States, the prescription of "generics" has been possible since 1984 ("Drug Price Competition and Patent Restoration Act"); in Brazil it was introduced by Federal law 9787 in 1999; in France it exists under Article L.5121 of the Code of Public Health; in Britain it may be introduced in 2010.
5. To date the Press Office of WHO has not issued a denial of this information.

Association of Former WHO Staff
In wars and disasters, old people get left behind

LONDON (AlertNet) - "When the gunfire starts, everyone has to take off suddenly in whatever direction he can, without knowing where that's heading," said Boniface Banabanga, a Congolese grandfather who hasn't seen his children since he fled when fighting reached his village last year. He grabbed his wife and some of their grandchildren and set off for safety, ending up in a camp near the city of Goma, many days' walk from his home near Rutshuru in the turbulent northeast, he told AlertNet by telephone...

"People may have to run for their lives and they can't cope with the burden of taking the old with them," said Marbey Sartie, programme manager in the Democratic Republic of Congo for the charity HelpAge International: "Sometimes older people do try and move with their relatives, but often they die - or are left to die on the way."

This may be one reason why many old people risk staying to face danger in a familiar place rather than setting off into the unknown.

"Whether it is because they are reluctant to leave what they know or because they feel a burden on their families is hard to say," said Jo Wells, humanitarian policy coordinator at the charity - one of very few international NGOs that focus on older people in emergencies...

...Economic migration, deaths from AIDS and other upheavals mean increasing numbers of older people have no family to flee with anyway.

Sartie said many old people who stayed behind were dying in places where conflicts had become protracted as central authority breaks down.

"There is a lot of evidence that those who stay behind get targeted - physically abused, sexually abused and brutally robbed of their possessions," he said.

A 2007 report by the International Federation of Red Cross and Red Crescent Societies gave the story of Halima Ahmed Hissein, an older woman caught up in Sudan's Darfur conflict when armed men came to her village.

"When they attacked I couldn't run. Some neighbours helped me to the fields and hid me under the trees. I stayed there for four days because I was scared," she said. Halima escaped, but some other older people who did not flee had ropes put around their necks and were dragged around by horses until they died, the report said.

When older people do move away, they are more likely to stay as near to home as possible. In the Democratic Republic of Congo, many move into farms in the bush abandoned by relatives or by strangers to eke out a living until the conflict blows over.

"Children sometimes get left behind or lost in the mad rush for life, and those who are left are cared for by older people regardless of whether they are related or not," said Sartie.

In natural disasters, unlike in war, the elderly seem more likely to leave with their families, said Wells - maybe because of earlier warnings, or because of greater optimism that they will all be able to go home soon.

Camp life

When old people go to a camp they are often still at a disadvantage: HelpAge says aid organisations often succumb to the erroneous belief that the elderly will be cared for by their families and that their needs are not addressed, leaving them marginalised and overlooked.

"Maybe we have an exaggerated view in the West of a romantic ideal of older people being well looked after in traditional societies," Wells said. The upheaval caused by a disaster and life in a camp for any amount of time, can change those societies radically and erode respect for elders that may never be re-established even when normality returns.

Tradition under pressure

This kind of change is also coming about in societies in transition, said Francis Markus, a Red Cross federation spokesman involved in the aftermath of China's Sichuan earthquake last year.

"The tradition of families looking after their elderly parents is already coming under economic and social pressure and the earthquake has further intensified this," he said.

As the developing world's population rapidly ages - one in 10 Chinese was over 60 in 2000 but this will be one in three by 2050 - the burden on families of looking after ageing parents is also rising. Internal migration to the cities for work also leaves whole rural areas full of older people.

Experiences in rich countries have shown what can happen in disasters there.

Aid workers say the huge number of old people who died in the 2003 French heat wave was more a sign of how neglected they were by their families - many of whom were away at the coast on holiday - than about their frailty. And in New Orleans, some older people had harsh words to say about how they were overlooked and left behind during Hurricane Katrina.

"It was the worst thing I've ever witnessed in my life... Nobody ever told me anything," Edith Moore, a 70-year-old survivor, told the Red Cross.

"This is America, but they didn't think enough of (older people here) to get them out."

OCTOBER-DECEMBER 2009

My first assignment with WHO: Success or failure?

Recently the Food and Agriculture Organization (FAO) alerted the world to the humanitarian crisis looming around a shrinking Lake Chad which borders Chad, Cameroon, Niger and Nigeria. Once one of the world's largest lakes, it has shrunk considerably during the last four decades, from 26,000 Km² in 1960 down to 1,500 Km² in 2000. This news reminded me of my first assignment with WHO.

In 1972, the World Bank was ready to fund an irrigation project covering several hundreds of thousands of hectares in the north-east corner of Nigeria, drawing water from the lake by means of a 30 km long canal. As usual, the Bank requested FAO to conduct a feasibility study before starting the development project. In turn, FAO asked WHO to study the health situation of existing populations and, more importantly, to determine the impact of the project on health. Studying the possible health consequences of development projects was rather a new concept and, to my knowledge, nobody was considering their ecological aspects.

In agreement with WHO headquarters in Geneva and Lake Chad from 1963 to 2001

FAO headquarters in Rome, the Regional Office in Brazzaville selected me as Epidemiologist, leader of a team consisting of a sanitary engineer, a biologist and a malacologist. In those ancient times, such collaboration was possible and welcome. I am not certain it would still be acceptable.

From September 1972 to March 1973, we spent six months surveying the semi-desert area on the shores of the lake, 100 miles north of the city of Maiduguri. The aim of the survey was to provide an answer to the question: “When the area is irrigated and the population doubles or trebles, what health problems can be expected and how can they be prevented?”. The survey complemented the nearly completed FAO study on agriculture and hydrology.

Housed in the FAO base camp in prefabricated containers, our meals, including breakfast, consisted essentially of goat meat and millet soup. We often shared the villagers' meals but the fare remained the same. I recall that our per diem was 7USD, very meagre even at that time, but quite enough to survive on.

Our report was well received in AFRO, as well as in WHO and FAO headquarters. We were rather proud to have been able to contribute very concretely to the development of the African continent, in line with WHO and UN ideals. The recommendations covered the usual subjects including schistosomiasis and malaria control, water supplies, environmental sanitation, housing and village development and of course health services.

As it turned out, the long term result of our work was quite unexpected for the project as well as for myself.

It so happened that 1973 was the high point of the first major drought since the beginning of the 20th century. Besides being an immediate human disaster (an estimated 200,000 deaths), it led to long term economic and ecological upheaval.

The World Bank gave up its investment project: the gradual shrinking of the lake would have required a considerable lengthening of the canal and, in addition to ecological damage, would have made the project too expensive. WHO and FAO studies became useless and the local populations, far from increasing and prospering, stagnated. Our report went to the archives to collect dust. You can still consult it in the WHO library and perhaps in Rome. In the light of current knowledge it appears that abandoning the project may not have been such a bad idea after all.

This was a great disappointment for all of us but a surprise awaited me: a few
months later, the post of Regional Adviser for Education and Training became vacant and I was offered the job with the corresponding promotion. That was the beginning of 17 years in the "HMD" programme in three regional offices and HQ. In spite of the fact that those years were extremely interesting, I sometimes regret having accepted the promotion and not having pursued field epidemiology. Life takes strange turns.

A village


The " Kuala Lumpur syndrome " is spreading

On 23 November 2009 the DG of WHO officially declared open WHO ' s Global Service Centre in Kuala Lumpur (Malaysia).

"The Global Service Centre was established in Kuala Lumpur in 2007 offering a one-stop shop to service WHO's offices worldwide".

Dr M. Chan emphasized that Malaysia had been selected because it offered lower costs with an established base of performing similar services to other international enterprises. Other key criteria included infrastructure and facilities, salary costs, ease of access by international travel, the level of security, languages, and the skills, competencies and educational level of residents who would be serving as a recruitment pool.

The Centre started operating in January 2008 and went live with the Organization's new Global Management System on 1 July 2008. It provides administrative support services to WHO Offices in HQ at Geneva, the Western Pacific Regional Office (WPRO) in Manila and other entities including UNAIDS, UNICEF and UNITAID.

The Director of the KL Centre, Brendan Daly, currently leads a team of 210 staff (out of which 30 internationally recruited professionals).

The Centre is providing services including Human Resources Administration, Finance, Global Procurement and Global Payroll to 11,000 staff.

"In January 2010 the full services of the Centre will be extended to the Regional Office for Europe (EURO), the Regional Office for the Eastern Mediterranean (EMRO), the Regional Office for South-East Asia (SEARO) and it is planned to extend to the Regional Office for Africa (AFRO) later in 2010". This statement may seem rather cryptic to retired staff who left the organization, let us say about year 2000.

Today in 2009, if the computer of a colleague from HQ or WPRO, fails, that colleague calls an internal phone number. The person who answers replies that a repairer will be sent forthwith. This repairer is located some tens of metres away from the computer. The person who answers the telephone is located at the WHO Global Service Centre in Kuala Lumpur.

A retired staff member possibly nostalgic for the good old days might think that, in order to make economies by relocating what used to be called PER & FIN, this decision has also removed good occasions for human contacts and thus lost opportunities to make of all staff members a big WHO family. And it is just too bad.

J-J Guilbert
New Year's Eve at the Berlin Brandenburg Gate in 1989

The 1989 New Year's Eve Celebration at the Brandenburg Gate in Berlin was easily the most exciting and joyful New Year's eve celebration of my life.

I had travelled numerous times by car or train from West Germany to West Berlin during the 60ies, 70ies and 80ies to visit my brother who lived in West Berlin most of this time. Every visit meant a direct confrontation with the darkest sides of the Cold War. One never knew what kind of chicaneries to expect at the few border crossings from West Germany to the GDR and from the GDR to West Berlin. Still now, 20 years after the fall of the wall, a feeling of anxiety lingers when I think of the thick darkness of the autobahn or railway tracks of the GDR and the extremely bright border crossings. And I can still smell the phenol-containing disinfectants that were used to disinfect the trains. In 1988 I was officially invited to visit the GDR and meet officials in the Ministry of Health in East Berlin, and the WHO Collaborating Centres in Dresden and Bad Elster. In my discussions I could sense that the GDR regime was crumbling, but nobody would have seriously believed that the Berlin wall would fall so soon in a completely bloodless revolution. When I crossed Checkpoint Charlie back into West Berlin in the autumn of that year I again felt relieved. Like most of us I followed the breathtaking events of 1989 leading to watching the fall of the wall on television. On 9 November 1989, due to confusion in the communication between GDR officials, some border crossings in Berlin were opened to allow people from the east to cross to West Berlin for the first time in 28 years. The flood gates could not be closed and the Cold War officially ended with the unification of Germany on 3 October 1990.

New Year's Eve 1989 is inseparably linked with the momentous events of these months. On New Year's Eve more than half a million people celebrated festivities at the Brandenburg Gate. My wife and I were lucky to be present too. In December we had decided to travel to Berlin from Geneva. The choice of transport was clear: going to Berlin by train would offer us the most relaxing and participatory way of experiencing the changes that had taken place recently.

We boarded the train in Frankfurt am Main on 28 December. It was jam-packed. As usual it comprised carriages of both the GDR (with the typical phenol smell) and West German coaches. Following the advice of my brother we tried to get a seat in the train's restaurant and were successful. Here, for the first time we met crowds of East and West Germans in a festive mood, singing, eating and chatting. There were stops at the borders, but no East German border guards suspiciously controlling passports and baggage; everybody exuded a certain joy.

In Berlin the streets, restaurants and shopping malls were crowded and the many dialects of East-German citizens abounded. In the early evening of 31 December, we left my brother's apartment in the Berlin Tiergarten and headed towards the Brandenburg Gate. There were about ten of us, relatives and friends, all Berliners except my wife and me. At about 8 pm we reached the area around the Russian memorial in honour of the Russian soldiers who died capturing Berlin in WWII—still being patrolled by Russian elite soldiers. From there it is only a very short distance to the Brandenburg Gate. We couldn't get any closer—hundreds of thousands of people from all over the world had already flooded the “Street of 17 June (1953)”. By sheer coincidence we stood close to a traditional Berliner hurdy-gurdy man who played some of the songs of old Berlin. An exceptional atmosphere hung in the air... Around 11pm the first rockets were shot into the air illuminating the area around the Tiergarten where a sea of people was celebrating. The fireworks started and we were part of an extraordinary moment of history. For me the three most exciting moments of this night were (i) when a group of youngsters climbed the Brandenburg Gate at midnight and hoisted the flags of both the European Union and Germany, illuminated by a burst of colourful light from the fireworks; (ii) when, for the first time we were flooding through the Brandenburg Gate from the West to the East with tens of thousands of people; and (iii) when we walked with East Berliners holding hands on the boulevard Unter den Linden towards Alexanderplatz with people we had never seen before. At that moment, we were all unified.

Wilfried Kreisel
Results of our survey on our Quarterly News

Following the questionnaire that we included in QNT 76, we had received 63 replies up to 1 November. We warmly thank all those who took the trouble to respond; however, as we have 1000 members, we urge those who have not yet responded to kindly send their views also!

Here are the results so far with some of your comments.

The majority of replies (37/63) came from staff living in the Geneva area but we also received replies from 17 former staff in Australia, Belgium, China, Denmark, France, Germany, Italy, Japan, Kenya, Lebanon, Luxembourg, Spain, Sweden, Switzerland, Trinidad and Tobago, UK and USA.

Thirty-seven had worked only at headquarters and 23 in the regions. Three gave no indication. The ages ranged from 58 to 94 and 45 were over 70. Thirty nine (63%) have access to internet and an e-mail address. Nevertheless, only 3 consult our website regularly and 12 occasionally. “the site is very good”, “I did not know there was a website”, “my eyesight has become too bad”, “I have too many other things to do”, “it takes too much effort for elderly retirees to read the website”, “it is very good but I don’t often think of consulting it”.

76% of you wish the QNT to remain bilingual and 89% wish to continue to receive it quarterly. Only 9 responders would agree to read it exclusively on the internet. “I try to read articles in their original language”, “bilingual but without translation, original texts in French or English”, “I can read it when and where I want”

Seventeen share their copy with colleagues provided they are neighbours and do not receive it themselves!

We asked for your opinion on the main sections of the newsletter. As we might have expected articles on “pensions “, “health insurance” and “our health” are very popular, followed closely by “the history of WHO” and “memories of our colleagues”, information on our Association, on readers’ letters, humour and photographs. All these sections were considered indispensable or very interesting.

We also requested your opinion on two sections that we are thinking of developing “WHO programmes” and “news from the regions and regional associations”. You were not very enthusiastic and they only received moderate support. Of course, information for the inhabitants of the Geneva region is considered essential for those who live in that region but of no interest to others.

Here are a few comments on the contents:

“photos of former colleagues and the section In memoriam are interesting”, “include more brief book reviews”, “ memories of our colleagues remind us of the time when field work brought concrete results”, “more details concerning subjects like pensions and taxes”, “the readers’ letters are a must”, “more about the activities of the members of the Committee”, “humour has a beneficial impact on the process of ageing”, “this is my only source of information concerning changes related to pensions and health insurance”. Several of you requested more information on health insurance, the name of the staff responsible, the rules of the health insurance, etc.

What conclusions can be drawn from your responses?

The current format seems overall to please our readers: we need to develop certain sections and perhaps reduce others.

Obviously we are very pleased, but the survey has inspired us to do better and we will try to do so. We will publish in the next issue of the QNT some concrete information on SHI.

J-P. Menu, D. Cohen
New members

We have pleasure in welcoming to the large AFSM family the following new members and we congratulate them on their decision.

Life members:
Nida BESBELL; Janet CLEVENSTINE; Rosemary DUFOUR-ENSELL; José MICO; Benedetto SARACENO; Ambi SUNDARAM.

Conversion from annual member to life member:
Martha ANKER; Assia BRANDRUP-LUKANOW; Jean-François BLONDIAUX; Annette CHANEL; Annie LE GUENNE-RICHARD; Emigdio MANALILI.

Annual members:
Pierre BELOT; Tina COLOMBO; Muriel GRAMICCIA; Jeanine GNAVI-JURIENS; Annie LE GUENNE-RICHARD; Emigdio MANALILI.

Erratum

Dr Fitzroy G. JOSEPH wrote to us to point out that his name is not included in the 2009 directory. We apologize for this inadvertent error which will of course be corrected in the next version of the directory.

His details are: Dr Fitzroy G. JOSEPH, Box 5053 TTPOST, Tragarete Road,

Port of Spain
Trinidad and Tobago

Missing son of one of our members

In early November, AFSM was informed of the disappearance of the son of Hubert and Lynn Dixon. Michael, age 33, is a British journalist who was last seen on 19 October in Costa Rica where he was on vacation. AFSM has informed its members that a rescue relief fund has been established. AFSM and several members have made donations. At the time of writing these lines, the search continues. Our thoughts are with the family.

Trip to Croatia:

Please accept our apologies for having omitted to highlight the dates of the cruise in Croatia: it will take place from 6 – 13 May and NOT from 15 – 22 April as originally indicated.

All the details were given in QNT 77: those who still wish to sign up should hurry up (by email to: dacohen@sunrise.ch or by post).
In memoriam

Eric Giroult died at home in France on 29 September 2009 after a long struggle with cancer.

Born in Morocco on 28 September 1936, son of a French army officer, Eric graduated from the Ecole Polytechnique (X) and Ponts et Chaussées in Paris and went on to work for the French Ministry of Public Works. He joined the WHO European Office in 1970, his first assignment being as Project Manager of a UNDP Anti-Pollution programme in Romania. In 1973, on the completion of the project, he joined the small Sanitary Engineering team of the European Regional Office in Copenhagen, initially as Sanitary Engineer and eventually as Regional Officer for Environmental Health Planning and Management. During this time Eric developed many successful country and inter-country projects in the field of environmental sanitation, housing and urbanization. In 1991 he was reassigned to the Environmental Health unit at WHO Headquarters in Geneva. He retired from WHO in 1996 after which he returned to a further six, happy professional years at the French Ministry of Public Works in Paris.

Eric was much liked by his colleagues, always helpful and friendly as well as appreciative of their activities. His family and friends have lost a good and reliable person.

Our sincere condolences go to his wife, Ileana, and their three children who were able to accompany him during the last difficult years enriching them in every way possible.

Michael Suess (formerly of WHO/EURO).

List of deaths of WHO retirees communicated by AAFI/AFICS

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<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tr>
<td>ARREAZA Nelia</td>
<td>22 08 2009</td>
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<td>BISHT Desh Bandhu</td>
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<td>BUFFET Marcelle</td>
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<td>CHARNESS Virginia</td>
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<td>CHU Kuang Yu</td>
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<td>DAHL Phyllis</td>
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<td>DORDEVIC Petar</td>
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<td>DOSS Richard Hallock</td>
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<td>WILLIAMs Hodson</td>
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<td>ZALESZCZANSKA Olga</td>
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Dear annual members of the Association
We kindly remind you to send us your dues for 2010.
You will find the usual form in this Quarterly News. Of course you can at any time convert your annual membership into life membership. 2/3 of the dues already paid will be deducted. Do not hesitate to call on us, in person, by telephone, letter or electronic mail.
We remind you that the Quarterly News is now sent only to life members and paid up annual members.
With warm regards

Anne Yamada and Jean-Paul Menu, Treasurers
Readers’ Corner

Dear Friends,

The readers’ corner is a section which we would like to develop to the maximum. Please feel free to send us your letters and messages and we shall be delighted to publish them. You can thus have a discussion and why not arguments amongst yourselves have if you like. It is through such exchange of views among us all that this newsletter will stay alive and interesting.

The President of AFSM,

I read your 2007 – 2009 Report to the General Assembly to be held soon in WHO Headquarters in Geneva. I wish to congratulate you for your excellent report and for the good work you have done on our behalf under very trying conditions. I wish through you to congratulate the excellent team of devoted colleagues who have worked by your side to accomplish these tasks. I am a life member who would have liked to be in Geneva at this time to participate at the General Assembly. Unfortunately my schedule has not allowed me to be in Geneva at this time.

I hope it never ever crosses your mind to think that you are doing a thankless job. It will be a gross error to think so. When some of us see the extent to which you go to fight for our rights and entitlements not only on the Pensions Fund front but also importantly to ensure that our Staff Health Insurance is maintained on a good footing. This is the only life line to our existence. I find it sad that many of us who come from Low Income Countries, particularly those in Africa, might be handicapped in our direct involvement in many of the activities you have been battling with so courageously and successfully including attending the General Assembly. I have often wished I could.

I want this message to convey to you the only thing I can do and that is to say CONGRATULATIONS FOR AN EXCELLENT REPORT AND FOR THE GOOD WORK YOU HAVE BEEN DOING. I wish you a nice Assembly.

Sincerely yours,

Dr Thomas C. NCHINDA, retired staff member from the TDR Programme (1983-1996)

Dear Colleagues,

My assignment in Mogadishu was between 1964 and 1968. I consider those years as the “good years of Somalia” after it became an independent country early in the sixties of the last century. The Republic of Somalia had an estimated population of about 3,000,000 persons (1968). Its capital Mogadishu had then an approximate population of 200,000. The Somali Republic is an extensive strip of land with a coast line extending from the Red Sea along the Gulf of Aden to the Indian Ocean. On its Western side, it has long borders with Ethiopia and Kenya.

Health problems in Somalia were numerous. Serious nutritional deficiency and environmental health problems were considered major contributing factors to high mortality among children. Others were tuberculosis, water-borne diseases, childhood and diarrhoeal diseases. Malaria and schistosomiasis were very common, especially along the banks of the Shebelli and Juba rivers. Smallpox was endemic in Ethiopia, and cases of smallpox at the borders of Somalia and Ethiopia were reported during my assignment.

I was placed at the Health Training Institute in Mogadishu, which was one of the WHO supported projects in Somalia.

It is important to indicate that the people of Somalia were very enthusiastic and eager to learn and serve their country in order to compensate for the bad years when Somalia was under British and Italian colonial rule.

My Terms of Reference were to work with the national counterparts to establish and develop three-year training programmes to prepare different categories of health personnel, including paramedical and nursing graduates to work in the different health services all over Somalia. Training of different categories of health and paramedical personnel were important and essential.
Readers' Corner (Cont.)

to the Republic in order to prepare and create manpower in the medical and public health fields to control possible outbreaks of communicable diseases and combat existing ones.

I successfully established an excellent relationship and contacts with national and international officials. Partners were the government officials, WHO and other UN Organizations that were operating in Somalia. During the period of my assignment, our dear colleague the late Dr. Nuhad Beyhum was the WHO Representative.

I was able to fulfill my duties and responsibilities according to the established Terms of Reference. Three-year training programmes were established and a number of Health Superintendents, Sanitarians, P.H. Nurses/Midwives and Laboratory Technicians graduated. All those graduates were appointed by the government in the different health services of the country.

Having witnessed the good years of Somalia during the sixties, it is so sad for me to watch all the tragic events of Somalia since they started late in the sixties/early seventies, especially after the assassination of the late president Sharmarki (the father of the present president), and Somalia has not recovered.

Let us hope and pray for Somalia that the existing conflicts among its people will end soon in order to regain the confidence of the international community and to reform and re-build its socio-economic structures to enable the Somali people to contribute to the development of acceptable basic services in their country.

(the whole interview will be available on our website by January 2010: “Remembering the past” - English only).

Dr Khaled Mneimne, Beirut

Dear Dr Jean-Paul Menu,
... I wish to inform you that today, I have transferred USD 200 to the AFSM Account...This amount is my yearly contribution to support our AFSM Quarterly News.

May I also take this opportunity to extend to you and to all the AFSM Editorial team and the rest of the executive AFSM members and their families warmest greetings from me and my wife Leila and good wishes for a very happy Xmas, happiness and good health all through the coming New Year 2010. HAPPY NEW YEAR

Dr Khaled Mneimne

Dear Dr Cohen,
I should like to refer to page 15 of the latest issue of the quarterly news, where in the section "comments on the new edition of AFSM's directory 2009", my point of view has been quoted in a very abbreviated and thereby distorted form.

My comment had been that non-paid up members should NOT figure in the main list but that I had sympathy for not wishing to lose those addresses and that if one wished, non paid up members could be listed separately at the back of the list or kept in in the office for the use of the Committee. I do not mind that you mention my name but then my comments should be given as they were and not in this abbreviated form which is a misrepresentation of what I said. I hope you will inform Mrs Yamada and Dr Menu.

Coby Sikkens

Dear Friends,
I am pleased to share with you a few recollections brought to mind by the recent QNT, for which I thank you.

On page 15 you asked for views on the publication of information on those who do not pay their subscriptions. I am COMPLETELY IN FAVOUR of keeping all the existing information in the directory. Aside from the matter of principle (perhaps people have simply forgotten to pay, or in certain countries the international transfer of money is not as easy as in Europe), I think that it is good to keep all the information and you should not discriminate in this way.

In addition, from the logistical point of view, I do not see the need for spending time on cleaning up the list. In cases where the person renews his/her membership, it is a complete waste of time. Time would be better spent on the problem of finding out which members have passed away and to remove their names from the list, unfortunately definitively.

On a related matter, I am always very moved when I read about the deaths of people I have known (and unfortunately I know almost all of those mentioned since I left WHO five years ago). But even so, it gives me a sense of having belonged (and still belonging) to a community. As far as my husband is concerned, every day he reads the obituary column in his home country of Luxembourg (which he has never left), a small country where many people know each other.

I have obviously not had this feeling of belonging to a country or place, and this gap is filled by our large international family.
Readers’Corner (Cont’d)

On a brighter note, the article on Fez awoke some epic memories of the history of WHO. I wonder how many readers still remember the EURO Regional Committee held in Fez in 1980. For me it was an initiation experience, if I can say that, as I had just started in WHO and I had never made such a trip. Apart from the logistics tribulations, some specific memories have stayed with me. All the office equipment had to come by lorry from Copenhagen (not an ordinary trip in those days). As there was only one photocopying machine (for the RD’s Office), all the papers had to be typed on stencils which, at that time, were not generally still in use in WHO. There were no toilets for women (it was a conference centre where only men were expected) and we had to stand guard to avoid the delegates (who were also mainly men at that time).

When a large part of the secretariat fell ill, I found myself the only “survivor” one evening, a novice, to prepare the documents in English and French. However, this spared me from the cocktail of the Minister of Health at which all those who were not yet sick, became ill (including the delegates)!

As a result of writing this article, I searched for my photo album of those days and I am pleased to send you, for your amusement, a few of the photos:

... two photos taken with my colleagues in the English and Russian pools, and one of the official reception of the Minister of Health at which we all had to remain serene whilst eating with our hands, under the mocking gaze of the Moroccan waiters. I wonder how many of those in the photos remember this!

Best wishes and keep up the good work with the QNT.

Mary Rolf-Vallanjon

(whole interview is available on our website by January 2010: “Souvenirs du passé - French only”)

Don’t forget: all your contributions to the QNT will be welcomed!
On the lighter side

Once all villagers decided to pray for rain – on the day of prayer, everybody gathered and only one boy came with an umbrella – that is **Confidence**.

Trust is like the feeling of a small baby – when we throw him in the air, he laughs... because he knows we will catch him – that is **Trust**.

Every night we go to bed – we have no assurance to get up alive next morning, but still have plans for the coming day – that is **Hope**.

*From: P.K. Bansal, a WHO retiree.*

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Delay in the distribution of QNT 77 and in the information about influenza vaccination

Several readers have written to us about their surprise in only having received very late, during November, information on seasonal influenza vaccination!

As indicated in the Editorial section, you should have received the newsletter one month earlier and thus been informed early October.

Unfortunately, the printing services and especially the distribution service, which had received the newsletter in time, were unable, despite their devotion and willingness, to produce and distribute the newsletter in time, in view of their exceptionally heavy workload.

Kindly note, however, that all those who have given us their email address had been forewarned by email.

The explanation given by the Administration concerning the stoppage this year of the influenza vaccination of retired staff at WHO was that the arrival of influenza A H1N1 completely disrupted all their plans; moreover, any possible interaction between the two vaccines could have given rise to legal problems for the Administration, which they wanted to avoid. We have been assured that next year the vaccination will take place as usual. Duly noted.

**Influenza A (H1N1) vaccination in Switzerland:**

We have received the following information from SHI:

Retired international civil servants can be vaccinated free of charge, if they wish, at a Swiss Armed Forces vaccination centre: they should make an appointment in advance by telephone and on arrival show their health insurance card to the medical personnel at the centre.

**Geneva:** Vernets Barracks, Infirmary, Quai des Vernets, 1211 Geneva 26: tel. 079 781 55 25

**Vaud:** Bière Barracks, Infirmary, 1145 Bière: tel. 021 809 02 11

**Basel-Landschaft:** Liestal Barracks, Infirmary, Kasernenstrasse 13, 4410 Liestal: tel. 061 926 75 55

**Bern:** Bern Barracks, Infirmary, 3000 Bern 22, tel: 031 324 44 47

**Zürich:** Zürich-Reppischtalt Cantonal Arsenal, Infirmary, 8903 Birmensdorf, tel: 044 739 33 10

People who prefer to be vaccinated by their own doctor may do so: the vaccine dose is free of charge and the doctor's fees will be reimbursed in line with SHI rules.

**Vaccination in France:** those affiliated to Social Security: wait for the convocation; others, please seek advice in the « mairie » of the place where you live.

**Vaccination in other countries:** please seek advice in the place where you live.
Joining AFSM – Updating membership

It is intended only for those who are not yet members, or are annual members.

Are you still not a member of AFSM? Is it because you don’t like it or what it stands for? Let us know. Or, do you keep forgetting to join?

We hope you will become a life member – it costs 250 CHF – and you will never again have to remember to pay your dues. Or, you want to give it a try? Then join for a year at 25 CHF – and decide after a year. Fill in the form below and send us your payment.

- I am not yet a member and I want to join
  - as a life member
  - as an annual member

(Please fill in the application form below)

- I am already an annual member and I want
  - to convert into a life member
  - to pay my dues for the current year

Dues can be paid either in cash at the office or through a postal form (add 2 CHF for charges) for persons who live in Switzerland, or by bank transfer to the AFSM account number (+ bank charge, if any):

IBAN: CH 4100279279-D310-2973-1
SWIFT: UBSWCHZH80A

APPLICATION to JOIN

Name ………………………….. First Name……………………………………………………

Address:

Postal Code ………………… City…………… Country……………………………………………………………………………………………

Phone …….. Fax ………………… e-mail ………

Date of Birth ………………… Nationality ……………………………………………………

Date of separation from WHO …………………………… Length of service with WHO …………………………………

I should like to receive documentation in □ English □ French

Date ……………………………………………………………………………………………… Signature