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


Happy New Year 2011

The new Executive Committee sends you its best wishes for 2011

The Orion nebula (see page 10)
Annual reception 2 December 2010

Dr Nakatani, representing the DG
(Phot SBT)

Some photos of 2 December reception (photos Samy Kassovsky)

See other photos in French version
EDITORIAL

The elections for the new Executive Committee took place on 21 October.

The new President for the next two years, Jean-Paul MENU was appointed by the Committee. We wish him an excellent mandate (see pages 4 and 5 the messages from the outgoing and the new Presidents).

The influenza vaccination sessions took place on 12 and 19 October, with the usual success: 213 persons responded and were vaccinated.

Unfortunately, despite the usual high level of interest, less people were able to attend our annual reception on 2 December, in view of the heavy snow fall at that time. We wonder if we should organize the reception earlier in the year. Your opinion would be welcome.

We would like to take this opportunity to remind you that this magazine is yours and you are urged to send us your contributions. You are invited to submit articles and letters for including in the sections on Points of view or Readers’ Corner, where we welcome your opinions, agreements or disagreements.

Our desire is to establish a dialogue among readers in order to make this magazine more lively. We wish you all a happy new year, with good health especially, and we hope for peace and prosperity in the world.

DC

Important contacts:
AFSM: see on page 1
Health Insurance (SHI): + 41 (0)22 791 18 18; in case of absence, please leave a message; someone will call back.
Or email to: insurance@who.int
Pensions: +41 (0) 22 928 88 00 ;
email : jspfgva@unog.ch for Geneva
or unispf@un.org for New York
AFSM office manned on Tuesday and Wednesday from 9.30 to 12.30.
Otherwise: please leave a message; someone will call back.
Message from the outgoing President

“The old order changeth yielding place to new”
(Tennyson, Morte d’Arthur)

AFSM-AOMS has gone through another cycle of elections and new office-holders. The following are a few of my personal reflections from the past two years as President.

I believe AFSM exists in order not only to defend the interests of the retired but also to give an opportunity to the retirees to participate in some of the work of the community, WHO and other groups in a collective fashion. Collectivity has its strengths and weaknesses – the major strength is that it allows an active participation that would be difficult as an individual. However, our responsibility is also to support – if not actively, at least passively – the efforts of our colleagues since each individual contributes according to his/her own interests and strengths. This can sometimes be seen as a weakness.

I believe we have achieved some progress. We participate in activities of the City of Geneva for the Elderly, in AAFI-AFICS, and in observing the UN Day of the Aged. We even obtained a 90 minute session on « Redefining functions of WHO » in April 2010 in the Geneva Health Forum organized every two years by the University of Geneva. We have managed to include among us some of the younger people, particularly women – the recently retired – through co-option, election and assignment to broader tasks e.g. Vice-presidency or participation, including Chairmanship, in the WHO Working Group on Staff Health Insurance which will report to the DG in 2011/2012. We have listened to the voices of the membership and adapted the modes of organizing the General Assembly and the Annual Reception in ways that seem to suit them better.

I do not want to narrate only the achievements and gloss over our failures and internal differences of opinion. We have not succeeded in obtaining an adequate presence in the deliberations of WHO programmes, including an active voice in the programme of health of the elderly, nor in electing outside candidates in the last election. Now that Jean-Paul Menu is elected as President for the next two years, we should all support him in his efforts to build an even stronger base for our activities.

In the final analysis, we have to move away from the disease of a misplaced sense of self-importance. It would behove us to examine what we have achieved individually that is of lasting value – usually fairly negligible.

Dev Ray
Passing the baton

The idea to create an association of former WHO staff was launched in 1989. Twenty-one years later, I have the honour to succeed Dev Ray who has recently handed over the chairmanship responsibilities to me. After having spent 6 years as Vice-President then Treasurer, I will endeavour not to let down my predecessors who have built up this Association with and thanks to all of you.

During the coming two years, the Committee will continue to pursue the Association’s three main goals put forward by Alain Vessereau, the founder and first president, as shown below:

- **Friendship**, to ensure a continuing lively camaraderie and often fraternity which started and developed whilst facing our common challenges at work;
- **Solidarity**, because, more often than we think, some colleagues find themselves in difficult situations which can be alleviated through the support of others; and
- **Effectiveness**, because when the conditions for pensions and health insurance are threatened, it is important that a collective voice is raised to convey the concerns of each one of us.

Our membership is constantly increasing. We are well over one thousand paid-up members who reside in 94 countries and almost half of our members live far away from the Geneva region. Such a geographical distribution makes our task complex but it is also our strength because, in spite of the great diversity of our former responsibilities at all levels of WHO, we form a fraternal network united by our past. We have a special duty towards our distant friends even if we cannot provide to them the same service as those who live in the Geneva area. How to reach out to all of you? A difficult task as shown by our reader surveys and the lively debates within the Committee on the best approaches for our participation in social activities.

Whatever the distance that separates us, we must continue to search for the most effective ways of providing the services expected by members, especially when it comes to defending your interests in health insurance where we represent you officially. Our close collaboration with the Association of Former International Civil Servants (AFICS) and with the network of associations of international organizations permits us to get our voice heard in the defence of our pensions.

Our effectiveness is also linked to strengthening our relations with WHO. We can never be grateful enough for the generosity shown to us by the successive WHO leadership since the creation of the AFSM. This is demonstrated in concrete terms by the considerable support and friendship shown to us by all the administrative services.

In return, we need to show that WHO remains our family. We should, as mentioned by Dev Ray previously, do all we can to strengthen our cooperation with WHO programmes. But how can we contribute? Our efforts to revive the historic moments of the Organization is one way. Keeping you informed of what WHO is currently doing is another. During the years that we spent in WHO, we each played our part and provided a small stone in the construction of health for the world.

Now, with each of us in our respective country, how can we continue to help, even if it is much more modestly? Several programmes are of particular interest to our members, the first of which is of course on *Ageing and the quality of life*. World Health Day in 2012 will be organized by the Ageing and Life Course Department and we hope that we can give you the opportunity to participate, not only in Geneva, but also in your respective countries of residence.

Please let us hear your views by mail, email, telephone and visits and at the General Assembly on 27 October 2011.

*Jean-Paul Menu*
Elections results

There were 16 candidates for the 12 vacancies

Number of members entitled to vote: 1029. Number of members voting: 432. Number of null and void ballot forms: 35. Number of valid ballot forms: 397.

Those elected (in order of decreasing number of votes obtained):

Dev RAY  
350

David COHEN  
341

Ann VAN HULLE  
339

Jean-Paul MENU  
310

Marjory DAM  
305

Sue BLOCK TYRRELL  
289

Carole MODIS  
276

Yves BEIGBEDER  
274

Samy KOSSOVSKY  
274

Roberto MASIRONI  
262

Jean-Jacques GUILBERT  
259

Anne YAMADA  
231

Bunty MULLER, in 13th position, was unanimously co-opted in view of her past excellent support as a past Committee member.

The four honorary presidents did not vote

Stan FLACHE  
Roger FONTANA  
Rajindar PAL  
Alain VESSEREAU

The new Executive Committee met on 9 November 2010 and elected Jean-Paul Menu.

Appointment of the members of the Bureau and assignment of functions:

President: Jean-Paul MENU

Vice-presidents: Sue BLOCK TYRRELL  
Dev RAY

Treasurer: Anne YAMADA

Assistant treasurer: Bunty MULLER

A new position of Administrator was created, provisionally until approved by the General Assembly, and Roberto Masironi was appointed, as the 6th member of the Bureau.

The other functions will be assigned in due course and we will keep you informed.
Highlights of the main public health events over the past few months are:

- **WHO** had an exhibition in the UN Pavilion at the Shanghai Expo 2010 on the theme “Five keys to safer food for better life: knowledge = prevention”.

- Following an informal consultation in January 2010 on the future financing of WHO, a report was published which identifies issues and raises questions on the areas of WHO’s core business, health and development, partnerships, country level activities and support, technical collaboration and implications for governance and finance. A web-based consultation took place to solicit views of all Member States and other stakeholders and the views collected before 30 June were presented to the WHO Regional Committees. The comments will form the basis for a paper to the Executive Board in January 2011.

- WHO has drawn attention to the ageing population and is working on three areas with a direct impact on ageing: prevention of chronic disease, access to age-friendly primary health care, and creation of age-friendly environments. Guidelines have been developed that help countries to understand the types of programmes they can put in place to improve healthcare settings and cities so that they are better suited to the needs of older people. WHO is also undertaking a study on global ageing and adult health, which involves follow-up of some 50,000 older adults in China, Ghana, India, Mexico, the Russian Federation and South Africa.

- October was breast cancer month, a top cancer in women both in developed and developing countries. The key message is early detection.

- On 13 October the Stop TB Partnership launched a global action plan for 2011-2015 which includes the development and production of rapid tests and vaccines and calls upon the international community for US$ 37 billion for its implementation. The global tuberculosis control report for 2010 was released in mid-November.

- On 14 October, WHO released a report on the new strategies to combat neglected tropical diseases. Existing interventions, including safe, simple and effective medicines, are having an impact.

- 20 October was the first World Statistics Day. WHO is constantly asked for health statistics. Countries need health statistics to be able to identify why people die or what causes illness or injury and this information enables them to target their health problems and prioritize the way they spend money.

- WHO and PAHO have been collaborating with the authorities in Haiti to mitigate the cholera epidemic, working with other organizations and agencies and in coordination with the emergency response centre set up by the Government of Haiti to streamline activities for a multisectoral response. Priorities have focused on the protection of families at the community level, strengthening primary health care centres and establishing a network of cholera treatment centres and hospitals for treatment of severe cases. There is also collaboration with the Ministry of Health of the Dominican Republic in preparing a cholera response.

- During the week of 26 October, a mass polio vaccination campaign was carried out in Africa to reach 72 million children.

- The November edition of the WHO Bulletin contains an article by Professor John Conly on the global spread of antimicrobial resistance. This will be the theme of World Health Day 2011.

- 14 November is World Diabetes Day. More than 220 million people worldwide have diabetes and the number is likely to double by 2030 without intervention. Almost 80% of diabetes deaths occur in low- and middle-income countries.

- 17 November is World Chronic Obstructive Pulmonary Disease Day. Currently 210 million people are estimated to have the illness and WHO predicts that it will become the third leading cause of death worldwide by 2030. Key risk factors are tobacco smoking, indoor and outdoor air pollution and exposure to occupational dusts and chemicals.

- From 15-20 November, the Fourth Session of the Conference of the Parties of the WHO Framework Convention on Tobacco Control was convened in Punta del Este, Uruguay. This Convention is the first international treaty negotiated under the auspices of WHO and provides a new legal dimension for international health cooperation. The Uruguay meeting was held to: review and promote progress made in carrying out the Convention; consider new instruments for implementing the treaty; discuss ways to strengthen international cooperation; and to improve assistance mechanisms.

- This year’s World Health Report, published in November, focuses on “Health systems financing: the path to universal coverage”. It provides practical guidance on ways to finance health care and maps out ways in which countries can modify financing systems in order to increase health coverage and sustain goals already achieved.

> Contd on page 10
Degenerative arthritis (Arthrosis)

Arthrosis is a chronic "degenerative" condition of the cartilage which wraps the end of the bone, at the level of the joint.

In arthrosis, there is no inflammation (nor infection), or, when present, it is extremely low level. The surface of the cartilage of the joints, on all the parts of the body, wears, cracks, and may finally disappear. This process is painful, and movement of the joints is increasingly difficult. The bone under this cartilage in the process of destruction reacts with a proliferation of outgrowths of varying importance: osteophytes, whose radiological aspect seen in profile, led them to be called parrot beaks, nodules at the level of the fingers, accompanied by progressive deformities. The disease is extremely frequent. It generally begins around 40 years of age, but can occur much earlier in life. It affects the spine, at the level of the lumbar region, the neck and the middle of the back. It frequently affects the hips, the knees, the wrists, in fact all joints. This process can involve inflammation of the synovia, the envelope of the joint, with secretion of liquid, swelling and pain.

The causes of this widespread disease remain a mystery (even the term "degenerative" is quite difficult to define). Although genetic predisposition (there are "arthritic families") seems well established, the underlying mechanisms still escape us. Injuries, strain to which joints are subjected (obesity, certain exposed professions, intensive sport) appear to worsen the condition; however, there are differences from one individual to another. No improvement or spontaneous regression can be hoped for. Unfortunately, the condition continues to deteriorate at a variable rhythm.

Prevention
The correction of congenital joint abnormalities during childhood is essential to prevent or, at least, to delay arthrosis in adulthood. The use of walking sticks is recommended to alleviate the strain on the knees, hips and back, during long walks on flat land, or hiking in the mountains. Moderate physical exercise is recommended, in order to muscle the back and the members, to alleviate the strains exerted on the articulations (see next page).

There are no biological signs related to arthrosis. In particular, markers of inflammation are absent. The diagnosis rests on the clinical signs: pain which is more marked at the end of the day, deformities of joints. Radiology enables the extent of the lesions to be determined, although abnormalities detected by x-ray may remain asymptomatic. I remember important degenerative lesions of the spine discovered by chance on abdominal X-rays of subjects who had suffered no back pain at all.

Medical care consists of analgesics (paracetamol), non steroid anti-inflammatory drugs, which have a definite effect, although arthrosis is classified as "non-inflammatory", or steroids, in particular as local infiltrations. Substances which may protect the cartilage, such as hyaluronic acid may also be injected. Chondroprotectors such as chondrosamine, chondroitine sulfate may be used orally as they may slow down further development of the disease. During acute episodes, rest is recommended; it should not, however, be prolonged in order to avoid stiffness of the joints and weakening of muscles.

Physiotherapy is extremely useful. It prevents stiffness of the joints, relieves pain, and reinforces muscles. Kinesitherapy in mineralized water, which reduces the strain of weight on the joints, thermal cures, heat therapy which relieves pain, are measures aimed at slowing down the progression of the disease. However surgery may be essential: correction of abnormalities such as congenital luxation of the hip, genu valgum or genu varum. In the most advanced cases of hip or knee arthrosis in particular, the complete replacement of the joint is indicated. Such surgery is now well mastered and a very satisfactory recovery is the usual outcome.

Dr Samy Kossovsky
Stay active, stay healthy

On 15 November, WHO launched new Global Recommendations on Physical Activity for Health. The recommendations provide practical advice for three age groups: 5–17 years old; 18–64 years old; and 65 years old and above.

For the latter age group, physical activity includes leisure time (e.g. walking, dancing, gardening, hiking, swimming), transportation (e.g. walking or cycling), household chores, games, sports or planned exercise in the context of daily, family and community activities. In order to improve cardiorespiratory and muscular fitness, bone and functional health, reduce the risk of noncommunicable diseases (NCDs), depression and cognitive decline:

- Older adults should do at least 150 minutes of moderate-intensity aerobic physical activity\(^1\) throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate- and vigorous-intensity activity. (This can be accumulated – for example 30 minutes of moderate activity 5 times a week.)
- Aerobic activity should be performed in bouts of at least 10 minutes duration.
- For additional health benefits, older adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week, or engage in 150 minutes of vigorous-intensity aerobic physical activity per week, or an equivalent combination of moderate-and vigorous-intensity activity.
- Older adults, with poor mobility, should perform physical activity to enhance balance and prevent falls on 3 or more days per week.
- Muscle-strengthening activities, involving major muscle groups, should be done on 2 or more days a week.
- When older adults cannot do the recommended amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow.

Older adults who are inactive or who have some disease limitations will have added health benefits if moving from the category of “no activity” to “some levels” of activity. Older adults who currently do not meet the recommendations for physical activity should aim to increase duration, frequency and finally intensity as a target to achieving them.

Overall, strong evidence demonstrates that compared to less active men and women, older adults who are physically active:

- have lower rates of all-cause mortality, coronary heart disease, high blood pressure, stroke, type 2 diabetes, colon cancer and breast cancer, a higher level of cardiorespiratory and muscular fitness, healthier body mass and composition;
- have a biomarker profile that is more favourable for the prevention of cardiovascular disease, type 2 diabetes and the enhancement of bone health; and
- exhibit higher levels of functional health, a lower risk of falling, and better cognitive function; have reduced risk of moderate and severe functional limitations and role limitations.

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\(^1\) In the report, the concept of aerobic physical activity is described as activity in which the body’s large muscles move in a rhythmic manner for a sustained period of time. Examples of aerobic activity, also called endurance activity, include walking, running, bicycling and swimming.
News from WHO (Cont’d)

- 1 December is World AIDS Day. The theme for 2009-2010 is “Universal Access and Human Rights”.
- WHO is of course monitoring the influenza situation, notably following the human case of Avian influenza H5N1 identified in Hong Kong in November.
- The UN has a new agency to protect the rights of women and children to promote gender equality and women’s empowerment. It is known as “UN Women”.
- WHO headquarters has two new Assistant Directors-General: Flavia Bustreo heads the Family and Community Health Cluster (she joined WHO in 1994) and Marie-Paule Kieny heads the cluster for Information, Evidence and Research (she joined WHO in 2001). These two ladies join the ADG team of Ala Alwan, Noncommunicable Diseases and Mental Health, Carissa F. Etienne, Health Systems and Services, Keiji Fukuda, Health Security and Environment, Mohamed Abdi Jama, General Management, Eric Laroche, Health Action in Crises, Hiroki Nakatani, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases, Werner Obermeyer, Assistant Director-General Ad Interim of the WHO Office at the UN and Susanne Weber-Mosdorf, Executive Director of the WHO Office at the European Union.

Sue Block Tyrrell

Further information and documentation can be found on the new WHO website – www.who.int

The European sky for winter 2010-2011

One of the best-known constellations, Orion the Hunter, rides high on winter evenings, at about 11 pm GMT in December or 7 pm GMT by March. It has more bright stars than any other, and the three stars in a line of Orion’s Belt are unmistakable. They are surrounded by a large rectangle of four stars. Look below the middle Belt star with binoculars to find the famous Orion Nebula. With average binoculars magnifying eight times or so, it is about one field of view due south. You will see a misty patch surrounding a close group of stars. This is a starbirth nebula, but you will not see a new star suddenly popping into existence - they take thousands of years to form.

Many of Orion’s stars are young and massive blue stars just a few million years old, but at the top left of the four rectangle stars is an old, red giant star - Betelgeuse. It is noticeably redder than the others, so if you thought all stars were white, compare it with blue Rigel at the bottom right of the rectangle.

Follow the line of Orion’s Belt to the southeast to find brilliant Sirius, the brightest star in the night sky. It is also one of the closest, about eight light years away compared with Rigel’s 800 light years.

As for planets, Jupiter is still around but it sets in the west during the evening, leaving the winter skies free from planets but glittering with stars. If you want help with finding more constellations, go to the Society for Popular Astronomy website: http://www.popastro.com/youngstargazers/thismonth.html.

Article kindly provided by the British Society for Popular Astronomy

Are any readers in other parts of the world able to provide information on what can be seen in your skies, including the Southern Hemisphere?
Together tomorrow, inter-generational relations

The conference room of the City Seniors¹ was jam-packed on 14 October 2010 on the occasion of the round table organized for the closure of the exhibition dedicated to inter-generational relations, entitled Together tomorrow.

Many people came to hear Albert Jacquard, a well known 85 year old population geneticist, who had written a preface for the book Carnet de voyage intergénérationnel (Inter-generational travel diary — available only in French) in connection with the exhibition.

With much optimism, Albert Jacquard raised the issue of the increase in life expectancy in our society and invited the audience to look at ageing in a different way: not by counting the number of years already lived, but by focusing on the remaining time to live.

Representatives of the Parisian association Together tomorrow then showed a video on examples of help exchanges between “old” and young people in Paris where “substitute” grandparents look after disadvantaged children, and adolescents help old people who are alone. These exchanges, where both sides benefit, have helped to reduce delinquency in poor areas of Paris.

Manuel Tornare, Administrative Counsellor, cited several projects initiated by the City of Geneva, within the context of his proximity policy, in order to develop fruitful inter-generational contacts.

As an example of inter-generational relations, Albert Jacquard was accompanied by his granddaughter, an internationally recognized pianist. She provided some much appreciated musical interludes. Finally Albert Jacquard concluded this exceptional morning by reminding us of the fact that belonging to humanity is far more important than focusing on age criteria.

An excellent buffet offered by the City Seniors enabled those present to continue their discussions.

David Cohen

1. Meeting place for seniors in Geneva, offered by the City of Geneva. Website: seniors.geneve.ch

Thinking about the future

(Adapted from an article that appeared in the AAFI/AFICS Bulletin, October 2010)

A seminar on wills and successions, organized by AAFI/AFICS, took place in Geneva on 28 September 2010. The seminar mainly concerned legal requirements in case of death in France and in the Swiss Cantons. Maître Nathalie Andrier, a notary from Annemasse, covered the requirements in France and Maître Laurent Besso, a notary from Lausanne, covered the requirements in the Swiss Cantons (emphasizing Geneva and Vaud). The issues presented by the notaries included tax obligations and death duties, the various formats wills could take and their language, and warnings about the immediate closure of bank accounts in the event of death.

AAFI/AFICS has prepared a very useful booklet containing checklists on arrangements you should make and actions your survivors must take, an outline of inheritance laws in Switzerland and France, examples of last wishes, and some useful addresses. Members of AAFI/AFICS may request a copy of this booklet by sending an e-mail to aafi-afics@unog.ch, or writing a letter to AAFI/AFICS, Room A-265, Palais des Nations, CH-1211 Geneva 10.

Marjory Dam
Linking serving staff with the AFSM: Solidarity Fair

The 16th Solidarity Fair was held at WHO headquarters during the lunch break on 24 November. There were many food stalls and others selling handicrafts from all parts of the world and a variety of singers and dancers to entertain the staff. The AFSM had its own stall to raise awareness of the Association and to recruit new members of staff who are about to retire or leave the Organization. One colleague signed and paid up on the spot!

The photo shows Sue Block Tyrrell who volunteered to run the stall at the Fair.

It was indeed a colourful occasion and livened up the main lobby at headquarters.

The money raised is kept in the Solidarity Fund which helps WHO staff in emergency situations or in financial difficulty. It was set up in 1995 after a Reduction in Force exercise.

Jean-Paul Menu

Coffee mornings in Nyon

For those of you in the Geneva/Vaud area, we would like to draw your attention to the monthly coffee mornings held at the Sunset restaurant opposite Nyon station for former UN staff. About a dozen people usually come along and enjoy an informal chat over coffee. It is a good opportunity to meet up with former WHO colleagues and to make new friends from other organizations. The dates for the next four months are Tuesday 18 January, Wednesday 16 February, Thursday 17 March and Tuesday 19 April

ERRATA

In QNT 81, in the French version of the response by John Fraser to the article by J.-J. Guilbert under Points of View, the expression “soul-searching” had been erroneously translated by “se creuser les méninges”. It should have been translated as “introspection” or “faire son examen de conscience”. We apologize both to John Fraser and to our readers.

In the article by Dr Delon, it should read pseudo-pandemic and not pseudo-endemic.
Retirement and Memory

At a time when many industrialised countries experience economic and social upheavals, a study led by two economists has been given wide publicity in the media. It is traditionally accepted that retired people can maintain their cognitive abilities though intellectually stimulating activities such as playing bridge, reading or doing crossword puzzles.

The authors of the study consider that the efficacy of such activities is far from being unequivocally proven. In their paper, they address the question of whether retirement leads to cognitive decline. They compared retirement age in twelve European countries and in the USA with the performance of a sample of older persons at a cognitive test. They found that the longer a person stays in the labour force, the higher will his/her score will be in the cognitive test and they conclude that early retirement appears to have a significant negative impact on their cognitive ability. They argue that this effect is causal and suggest further research work to explore the respective role of work and leisure. These conclusions are far from being accepted by the entire scientific community and at any rate the practical consequences of such a study for our readers are not obvious. We thought, however, that it was worth mentioning it.

For full details of the study, please refer to the original article.

Jean-Paul Menu

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Celebrating the Classics and meeting old friends

The 19th Swiss Classic British Car meeting (1) which took place on 2nd October in Morges, Switzerland, under a beautiful autumn sky, drew over 1600 cars from all over Europe and attracted some 20 000 visitors. Started in 1992 by Keith Wynn, formerly head of the Publications Printing Services at Headquarters, the first meeting took place in a car park with 150 “participants”. Their popularity grew in leaps and bounds and Keith was obliged to seek a new venue. The Morges authorities he approached sensed the potential of such an event and gave their full cooperation. Initially allocated the quay along the banks of Lac Leman, the cars now also invade the park and several pedestrian areas of the town. The meeting has become the biggest event of its kind in Europe and has even spawned two “offsprings” in France, at Nantua and Bandol.

Keith has long been a fan of classic cars, at one time owning 6 which included a 1914 Rochet Schneider. The oldest “participant” this year was a 1922 Austin; the oldest motorbike a 1922 Dunelt. One oldie – a 1926 Austin 7 - had travelled from the Isle of Man via Scotland (to collect a passenger) to reach Morges. Like many of its human counterparts of a certain age, it travels widely and recently visited Argentina via the USA. Others included a 1958 Aston Martin DB 3S bought at auction for GBP 2 million and a stainless steel Jaguar; but many cars had been rescued from junk yards or back yards and lovingly restored to their former glory - a pleasure to see in this age of consumables and throwables. This does, however, raise the fundamental question of whether such events and such cars will continue to survive in a world of uncontrolled and uncontrollable change, and one that has short memories and seeks instant gratification.

Entrance for visitors and participants is free. Services, such as police, signs, stalls, are provided by the town authorities. To cover the cost of expenses e.g parking attendants, insurance (CHF 5 million cover for one day) Keith obtained sponsorship from Avia, Autobritt (importers of Jaguar and Morgan cars) and the Banque cantonale de Vaud (BCV). The Swiss veteran car club has just become a (sleeping) partner in the event, organized so far singlehandedly by Keith.

The meeting takes place annually on the first Saturday in October and is open to British cars of all makes and ages. This year the “stars” of the event were the Riley and the Triumph; next year – the 20th - it will be the Jaguar. Some hotels in Morges are reportedly already fully booked! Any retirees who come may even find former colleagues proudly displaying their prized “oldies”. Congratulations and thanks to Keith on turning a hobby into an event which can be enjoyed by, and bring pleasure to, so many.

We would be delighted to hear from, or about, any other former colleagues around the world who have taken up interesting activities in their retirement.

Rosemary Villars

1. www.British-cars.ch
Readers’ Corner

I have been wondering how many survivors remain of WHO’s Interim Commission which existed between June 1946 and August 1948. According to the account in the first Ten Years of the World Health Organization, at page 69, there were about 200 persons distributed between the New York Office, the Geneva Office, the Singapore Epidemiological Station and the field missions. Assuming that probably the youngest age for recruitment at the time was not less than 25, this would mean that survivors like myself would be in their late 80’s or their 90’s (or more!).

I joined the Commission in May 1948 and am now just over 90 years old. I wonder if there is any way of tracing the survivors. Some might be receiving pensions but others might have taken cash sums or to have left before pensionable rights fell in.

Whether this is of any interest to AFSM or to Quarterly News I do not know as we are now ghosts of the past but maybe some other survivors might contact you and relate their experiences.

Frank Gutteridge (ex LEG)

Editor’s comment: Thank you Mr Gutteridge. We shall be very pleased to receive messages from other colleagues in this Commission.

Dear President,
First of all, I wish to congratulate the newly elected AFSM Committee 2010-2012. I am still waiting to receive the names of the new elected members.

As I did in the previous years, I am pleased to inform you that today, Saturday 13 November 2010, I have transferred the sum of USD 200.--- as my yearly contribution to support our AFSM Quarterly News. Attached is a copy of HSBC Bank Middle East, Beirut, Lebanon, document reflecting my order to transfer the mentioned amount.

May I take this happy occasion to convey to you and to the members of the AFSM Committee and their families my and my wife Leila’s good wishes for the coming X-Mas wishing you all good health and happiness all through the coming 2011 New Year. Happy New Year.

With kind regards.

Dr. Khaled Mneimne, Beirut, Lebanon

Editor’s comment - Thank you Dr Mneimne for your good wishes and your generosity which remains unchanged over the years. In turn, we send you our warmest wishes, with our hope for peace in the world

New members

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

New life members:
Sheila COOPER, Genevieve McCONE, Renée MÉTRALCOURT, Ian NEIL, Michel PITETTI, Marion REVERDIN

New annual members:
Marcelle CLAUDE, Elena KING, Ravi ILYENGAR, Oswald WIELAND

Conversion from annual member to life member:
Oumiu Younoussa BAH-SOW, Robert DAVIES, Jean FROMEN, Dorothy HALL, Lydia KURKCUOGLU, Liliane LARTIGUE, Catherine MOUTIA, Monique SCHMID
On the lighter side

For or against artistic and cultural changes between continents?

Michael-Angelo’s DAVID was lent for two years to an American gallery...
We are pleased to announce that after two years of being on show in a travelling exhibition around major American cities, Michael Angelo’s David has returned to Rome...

The sponsors

Letter to MEN
The first protective shell for testicles was used for ice hockey in 1874 ... and the first protective helmet for motorbikes in 1974. It therefore took 100 years for men to finally understand that the brain is also important.
Signed: a WOMAN

A poster seen in Lyon, France

We have to stop cutting down trees
This is getting serious
On the lighter side (Cont’d)

The acronym jungle

Whilst waiting for an AFSM Committee meeting to start, my attention was drawn to the title of a WHO flyer: UN Reform: Eight Pilots.

I quickly understood that it did not relate to a sudden WHO interest in aviation or to the Swiss navy searching for pilots for its fleet on the Rhine. However, I had great difficulty in understanding what the flyer was all about. I have to admit that, with advancing years, I have difficulty in capturing the sense of an article riddled with more than three acronyms. In the four pages of this flyer, I counted more than 133 acronyms – yes, I did say one hundred and thirty-three!

For example HATS refers to WHO’s role in monitoring progress towards the Paris Declaration within the context of the OECD DAC Working Party on Aid Effectiveness thanks to its TT HATS (Task Team on Health as a Tracer Sector).

We find ourselves well informed about the DaO (Delivering as One) and about the establishment of “Green UN Houses in DaO pilot countries”, which agree to take part in the “DaO pilot experiences adopting the Dao approach” also called the “DaO initiative” or the “DaO management system”. But there is no need to worry, we are told, because the pilot countries are all volunteers.

You will certainly also be interested to know that the Roll-out guidance package of the new UNDAF is now available in case you decide to prepare one during your holidays, voluntarily of course.

One last comment for the road: if you would like the new treasurer of your favourite political party to set up an MDTF (Multi-Donor Trust Fund), please be aware that the documents (including a standard MOU and TOR) are available on the MDTF Office Gateway and that the FMOG reviews deviations from the standard MOU, SAA and SC Terms of Reference.

If you would like to know more about the other 125 acronyms, please google countryfocus@who.int. From your in-depth reading, it will also become clear that “Considering your AMC the DAH of GAVI will provide a GBS and an MTEF derived from the HMN in order to calculate not only the GDP of the GFATM but also of the IFFim based on a PRSP with SWAps”.

This is quite reassuring, don’t you think?

Jean-Jacques GUILBERT

Mini-glossary

AMC Advance Market Commitments  
DAH Development assistance for health  
GAVI Global Alliance for Vaccines and Immunizations  
GBS General budget support  
GDP Gross domestic product  
GFATM Global Fund to Fight AIDS, Tuberculosis and Malaria  
HMN Health Metrics Network  
IFFim International Finance Facility for Immunization  
MTEF Medium-Term Expenditure Framework  
PRSP Poverty Reduction Strategy Paper  
SWAps Sector-Wide Approaches

Acronyms – a help or a headache?

A poem by Sue Block Tyrrell

Acronyms help reduce text space,  
But can our brains keep up the pace?  
We used to have just but a few,  
Yet now they are a daily stew,  
All mixed together in a pot.  
Is this good sense? Or merely rot?  
Groups “in the know” may use them well,  
But outsiders struggle, cannot tell  
What the topic is all about,  
“Say it in full”, they have to shout.  
HATS used to be just what you wear,  
A TOR was high rock at which to stare,  
DAC was short for being d’accord,  
And I’m sure we can think of many more …  
Some long-term ones are still around,  
Yet others are buried underground.  
We know DG, WHA, RC, EB  
And you still can find some PHC,  
But HFA, “What’s that?” the new staff ask,  
Reaching the MDGs is now the task.  
So, is it a question of timing and memory?  
Perhaps our headache pill is a good glossary!

1 Update February 2010, Issue 11, Upcoming events,WHO/CCO/10.03
In memoriam

Leopold DREXLER, born 02.04.1921, died on 4th Oct. 2010 in Zwischenwasser, Austria. Before, he lived in Wenzgasse 4, A-1130 Vienna, Austria.

My father worked from 1961 to 1976 as a professor for the WHO at the University of Kinshasa (1961: Leopoldville) University of Kinshasa (1961: Leopoldville), also for about one year in Lubumbashi, Zaire, Republic of Congo and from 1976 to 1977 at the University of Monrovia, Liberia. Before Congo he was Assistant at the University of Vienna and „Dozent“ in Fribourg (Switzerland). After Congo and Liberia he was the Chief („Primarius“) for the Department of Radiology at the Hospital “Landeskrankenhaus Feldkirch” in Vorarlberg, Austria.

Yours sincerely

Dr. Leopold Drexler MSc. Jr Oberberg 3, A-6835 Zwischenwasser, Austria

Kathleen DUCKWORTH-BARKER
Kathleen, aged 107, died peacefully in her sleep in a nursing home in Hampshire, England, on 4 November 2010.

Unfortunately we have only managed to learn snippets of her long life. She was orphaned when a very little girl and cared for by a relative. In the 1930s she married Ernest Naylor. She was in Italy during World War II, hidden in a convent but later interned and released following high-level intervention. She joined WHO early in the 1950s and worked in the Translation Unit. We understand she was very competent, with very high standards. She translated a book from Italian into English – “A Cure for Serpents”, the memoirs of Dr Alberto Denti di Pirajno, a public health doctor in Libya during the Italian occupation. It was published by Andre Deutsch in 1955.

Kathleen later married a UN Director, Vernon Duckworth-Barker (whom she always referred to as “my beloved Todd”). After retirement, they lived happily together in Hampshire, where she remained after her husband’s death.

Those who knew Kathleen as a younger woman talk of her as a most glamorous, elegant and beautiful lady, with very high standards. These qualities she retained until her death. She maintained an interest in local, WHO and international affairs, reading her newspaper daily (she gave up her television as she could not stand “the rubbish”). A remarkable lady. If only we had learned more of her life!

Fred Beer

Brian Edwards, a previously high-ranking Administrator in WHO, passed away on 23 October 2010. He had a very successful career starting with his services with UN Korea Reconstruction Agency (UNKRA) which was a UN economic rehabilitation programme established to help South Korea after its 1945 partition. His work with refugee and humanitarian agencies probably was motivated by his four year internment outside Paris during the Second World War.

He joined WHO in 1959 in one of the anti-malaria programmes in Africa and was appointed soon thereafter – in 1961 – as Chief of Administration in SEARO in Delhi. After four years in Delhi he served in a similar capacity in EURO and AFRO until he was reassigned in 1973 to Headquarters in Geneva. In 1977 he was appointed as Chief of Conference and Office Services until his retirement in 1984. Brian was a truly remarkable international civil servant and is remembered fondly by all those who came into contact with him. We offer his wife and family our condolences.

Based on a contribution by Roger Eggleston

1. By the Germans as British civilian internee. He had shared custody with my father, whom he had then well known; he often talked of him when we met at WHO, both still active

Samy Kossovsky
In memoriam (Cont*)

Tony INGRAM passed away on 13 October 2010

Tony was born in London in 1923 and was still a teenager when he started training as an accountant. He loved jazz and played the clarinet and saxophone in clubs in the capital. In fact, his passion for music was so great that he had some difficulty in choosing between this and accountancy for his future career path. During the Second World War, Tony served in the Royal Tank Regiment in North Africa and Italy and kept in contact with his comrades from that time for the rest of his life.

He moved to Geneva in 1948 and after working for the International Refugee Organization for a couple of years, he was selected for a post in WHO. Tony was popular with his colleagues and he held the post of Chief, Internal Audit, until his retirement in 1985. His work took him to all the regional offices and many field offices.

Despite living outside of the UK for over 40 years, Tony remained the quintessential English gentleman and was well known for his generosity, love of life and sense of humour. He continued to travel widely and appreciated fine wines and whiskies. Although he only started playing golf upon his retirement, he attained a very respectable level of proficiency.

Tony is survived by his daughter Anita and his long-term partner Monica.

Richard Saynor

René Le Berre died on December 6, 2010.

He was born in Brest, France, on March 3, 1932. Trained in entomology at Rennes University he later joined ORSTOM. René was a visionary and a man of conviction. As a result of his research in entomology in Upper Volta (today Burkina Faso) in the 1960s, he strongly believed that it would be possible to control onchocerciasis (river blindness) on a large scale in West Africa.

He was able to convince Robert McNamara, then President of the World Bank, that in addition to the health benefits, controlling the disease would open up fertile river valleys for development at a time when severe drought was affecting sub Saharan Africa.

Thanks to his pioneering work, the Onchocerciasis Control Programme was launched in 1974. It was one of the largest public health endeavours carried out by WHO, co-sponsored by the World Bank, UNDP and FAO and saved millions of Africans from contracting river blindness.

The elimination of onchocerciasis as a public health problem and barrier to socio-economic development was one of the great successes of WHO.

After his field work where he was known as the entomologist at the end of the dust track, René continued to be involved in the fight against parasitic diseases. He moved to Geneva in the late 70s and headed the Filariasis Unit at WHO Headquarters. He was the recipient of “The Royal Entomological Society Medal for major achievement in applied entomology” an important award of “The Royal Entomological Society of London”.

René had a reputation for intensity and zest for life: he was known to slice the top of a champagne bottle with a machete and visitors to the bush wearing a neck tie risked it being cut in two!

René leaves a wife, Eliane and a son, François, to whom we extend our deepest sympathy.

Marc Karam

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Mary ISMAEL  27. 09. 2010
Vladimir IVANOV  10. 12. 2010
Peter OZORIA  31. 12. 2010 (An obituary will appear in the next issue)
Publications

Our colleague, Yves Beigbeder, has published a study on “World Health Organization Partnerships” in the Canadian magazine *Etudes internationales (International studies – available only in French)*, June 2010.

Beigbeder recalls that WHO has developed guiding principles concerning its collaboration with the private sector. According to him, the increasing amount of voluntary contributions compared to the regular budget – 77% compared to 23% - has resulted in the loss of control by the Organization’s governing bodies over its programmes and priorities, leading to a “privatization” of WHO to the detriment of its Member States.

Moreover, WHO’s activities in the fields of essential drugs and intellectual property have come up against opposition by the pharmaceutical industry and the World Trade Organization. Some examples of public-private partnerships in health are cited as well as conflicts with the private sector.

In conclusion, Beigbeder considers that WHO’s collaboration with its partners, including with the private sector, is both a necessity and an asset, materialized by partnerships and alliances. WHO should, however, maintain its integrity by ensuring that ethical principles are respected within the partnerships, and WHO should reinforce its scientific and technical expertise and ensure its autonomy – these are necessary conditions for its recommendations and advice.

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It was the best of times: from local to global health by Dr Adetokunbo O. Lucas, Adjunct Professor, Department of Global Health, Harvard School of Public Health, former Director TDR at WHO, from 1976-1986

This autobiography not only describes the life and experiences of Dr Lucas but also provides insight into the development of global health programmes over the past few decades. From its Foreword by Jimmy Carter, former President of the United States of America, the author takes us through the early years of his life growing up in Nigeria, his university education in the United Kingdom (with some unfortunate racist experiences), his career in medicine in Nigeria and his switch to public health, to his move into the international health area, with his work on various committees and his leadership of the TDR programme. Dr Lucas describes the challenges of securing the support for TDR by the donors, the co-sponsoring agencies - UNDP and The World Bank, the scientific community, the pharmaceutical industry and the WHO staff, before handing over, a decade later, to his successor, Dr Tore Godal, a well-respected programme supported by a vast global network. Dr Lucas then continues his journey, describing his work with the Carnegie Corporation of New York, Harvard University, his chairmanship of the Foundation Council of the new Global Forum for Health Research, and his participation until the present day in many other scientific and technical advisory bodies, whose recommendations have led to important developments in global health.

The book is wonderfully written, full of anecdotes and photos of key collaborators, family and friends.


Web site – www.bookbuilderseditionsafrica.com

Sue Block Tyrrell
Travel 2011

Tour of Sardinia (7-14 May)

7 May: Olbia – Costa Smeralda – Arzachena
Arrival in Olbia at 15.00 hours and visit the Emerald Coast (Porto Cervo, Cala di Volpe, Baja Sardinia). Continuation to Arzachena. Dinner and overnight stay.

8 May: Arzachena – Maddalena and Caprera – Santa Teresa di Gallura – Alghero
After breakfast, transfer to Palau. Board the ferry and visit the islands of Maddalena and Caprera (Garibaldi Museum). In the afternoon, visit Santa Teresa di Gallura and Castel Sardo (old town, cathedral, Elephant Rock). Transfer to the hotel in Alghero. Dinner and overnight stay (two nights).

9 May: Alghero – Capo Caccia and Porto Conte – Alghero
Breakfast at the hotel. Visit Capo Caccia (Neptune’s Grotto) and Porto Conte (Nuraghe Palmavera). In the afternoon, tour of Alghero (cathedral, St. Francis’ cloisters, Aragon walls). Dinner and overnight stay (Alghero).

10 May: Alghero – Bosa – Cabras – Tharros –

Oristano
After breakfast, visit Bosa and the Sinis peninsula: Cabras and Tharros fishing villages with their old ruins of the Punic town. Transfer to Oristano. Dinner and overnight stay at the hotel.

11 May: Oristano – Barumini – Cagliari – Quartu Sant Elena
Breakfast at the hotel. Tour of Barumini in the morning and of Cagliari in the afternoon (Roman amphitheatre, Bonaria cathedral, castle, St Pancras). Dinner and overnight stay (two nights) in Quartu Sant Elena.

12 May: Quartu Sant Elena – Nora – Pula – Quartu Sant Elena
After breakfast at the hotel, excursion to Nora (with its Punic – Roman ruins) and St Margherita di Pula. Return to Quartu Sant Elena. Dinner and overnight stay.

13 May: Quartu Sant Elena - Nuoro- Orgasolo - Nuoro
After breakfast, transfer to Nuoro and visit the city (Costume Museum). Lunch with Orgosolo shepherds, then, tour of Nuoro, dinner and overnight.

14 May: After breakfast, tour of Cala Gonone then departure for Olbia. Arrival at the airport at 13.00 hours for boarding the flight at 15.35 hours. Price: less than EUR 1 500 (single: add about € 200).

Sign up form

Surname and first name:
I am interested in participating in the trip to Sardinia from 7 – 14 May 2011

Number of people: Tel:
Address: Email:
Date: Signature: